

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 06/29/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND 1141 HARBOR BAY PKWY STE 100 ALAMEDA, CA 94502	2b Employer Identification Number (EIN) 94-6096327
		2c Plan Sponsor's telephone number 510-671-8800
		2d Business code (see instructions) 236200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9264
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 9093 6a(2) 9107 6b 0 6c 0 6d 9107 6e 6f 9107 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 2049

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4D 4E 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 10
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HAWAII DENTAL SERVICE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0107971	0000	870	1449	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	542150
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2931460	N/A	140108	817	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions		0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account (4) Other (specify below)..... ▶	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
	7e(5)	
(5) Total deductions		0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	21577
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	7703	1574	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	12468026
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	N/A	09576	9921	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶ 7e(1) 7e(2) 7e(3) 7e(4)		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	6648252	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		6648252
b Benefit charges (1) Claims paid	9b(1)	5865470	
(2) Increase (decrease) in claim reserves	9b(2)	75490	
(3) Incurred claims (add (1) and (2))	9b(3)		5940960
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	631631	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		631631
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	1310	183	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1237976
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10382	817	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 22321	(b) Total amount of fees paid
---	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEGAL CONSULTING
333 W 34TH ST
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10000			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DOUGLAS A WOLMAN INC.
809 ALOHA ST
EDMONDS, WA 98020

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12321			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1757505
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier HEALTH NET					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4402957	N/A	6183SM 61838S	7	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	56933
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HMSA HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	203672	186	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1498067
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821	N/A	00872000	8813	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☒ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1017774	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		1017774
b Benefit charges (1) Claims paid	9b(1)	922718	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		922718
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	95056	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		95056
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
SAFEGUARD HEALTH PLANS INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2879515	96030	5752016	131	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	16932
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GROSVENOR CAPITAL MANAGEMENT, L.P.	
36-3795985	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE BANK OF NEW YORK MELLON	101 BARCLAY ST 20TH FL W NEW YORK, NY 10286

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JMB INSURANCE AGENCY, INC.	
36-2711359	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
--	--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

OPTUMRX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	599708	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

ANTHEM BLUE CROSS LIFE AND HEALTH

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 19 62	NONE	1684623	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52 53	NONE	14064	Yes ☒ No ☐	Yes ☐ No ☒	14	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE SEGAL COMPANY

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	145421	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHARTWELL INVESTMENT PARTNERS

1235 WESTLAKES DR STE 400
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	242610	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MCMORGAN & COMPANY LLC

52-2334338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	119621	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	85975	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SALTZMAN & JOHNSON LAW CORPORATION

94-2376174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	46018	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

INVESTMENT PERFORMANCE SERVICES LLC

58-1645862

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	65683	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASSISTANCE RECOVERY PROGRAM

94-3042622

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	121594	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MAILRITE PRINT & MAIL, INC.

834 STRIKER AVE STE C
SACRAMENTO, CA 95834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	33300	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ZENITH AMERICAN SOLUTIONS

1141 HARBOR BAY PKWY STE 100
ALAMEDA, CA 94502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	3475125	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STEPHEN HORN INSURANCE SVCS

94-3249244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	8755	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48900	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MULTI-PLAN SERVICES AGENCY INC.

81-3751949

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 15 50	NONE	800704	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PHARMACY BENEFIT SOLUTIONS, INC.

371 NEVADA ST
AUBURN, CA 95603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	58650	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BOEHM & ASSOCIATES

94-2361175

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	16079	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PNC BANK

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	8322	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	52	14
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DREYFUS CASH MGMT FUND 13-3430985	SUB-ADMINISTRATION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESTMENT PERFORMANCE SERVICES LLC	27	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESTMENT PERFORMANCE SERVICES LLC 58-1645862	IPS RECEIVED INDIRECT COMP FROM ATTENDEES OF EPIC, AN EDUCATIONAL CONFERENCE HOSTED BY IPS. THE AMOUNT RECEIVED BY ATTENDEES LESS THE COST OF THE EVENT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS				D Employer Identification Number (EIN) 94-6096327	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX VEBA FD					
b Name of sponsor of entity listed in (a): AMALGAMATED BANK					
c EIN-PN 13-4015803-008		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23717971	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS	D Employer Identification Number (EIN) 94-6096327	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	20948883	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10514876	8306436
(2) Participant contributions.....	1b(2)	608638	2966472
(3) Other	1b(3)	19952799	23466917
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4969027	19803569
(2) U.S. Government securities	1c(2)	49709360	45563298
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	47787184	10435772
(B) All other.....	1c(3)(B)	75416566	127242405
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	34705496	33760526
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18974709	23717971
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	2724	46107
f Total assets (add all amounts in lines 1a through 1e).....	1f	283590262	295309473
Liabilities			
g Benefit claims payable	1g	11051219	13864968
h Operating payables	1h	254707	293313
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	369048	431234
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11674974	14589515
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	271915288	280719958

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	84448969	
(B) Participants	2a(1)(B)	33423071	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		117872040
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	715500	
(B) U.S. Government securities	2b(1)(B)	1996516	
(C) Corporate debt instruments	2b(1)(C)	6062282	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	113888	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8888186
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	173768910	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	174797479	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1028569
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4712988	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10880782
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		364648
d Total income. Add all income amounts in column (b) and enter total	2d		132264099

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	91494267	
(2) To insurance carriers for the provision of benefits	2e(2)	23691704	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		115185971
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3475125	
(3) Recordkeeping fees	2i(3)	800704	
(4) IQPA audit fees	2i(4)	48900	
(5) Investment advisory and investment management fees	2i(5)	510912	
(6) Bank or trust company trustee/custodial fees	2i(6)	22386	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	46018	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	195671	
(11) Other expenses	2i(11)	3173742	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8273458
j Total expenses. Add all expense amounts in column (b) and enter total	2j		123459429

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8804670
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		33760526
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Pensioned Operating Engineers
Health and Welfare Trust Fund
1141 Harbor Bay Parkway, Suite 100
Alameda, California 94502

Members of the Board:

Opinion

We have audited the accompanying financial statements of Pensioned Operating Engineers Health and Welfare Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations and schedules in support of statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 17, 2025

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2024	December 31, 2023
ASSETS		
CASH	\$ 15,426,157	\$ 20,948,883
INVESTMENTS - AT FAIR VALUE		
Short Term Investment Funds	\$ 4,377,412	\$ 4,969,027
Government Debt Securities	45,563,298	49,709,360
Corporate Debt Securities	137,678,177	123,203,750
Common/Collective Trust	23,717,971	18,974,709
Limited Partnerships	33,760,526	34,705,496
	<u>245,097,384</u>	<u>231,562,342</u>
TOTAL CASH AND INVESTMENTS	260,523,541	252,511,225
RECEIVABLES		
Employer Contributions	5,811,424	6,563,085
Employer Contributions Due From MPSA, Inc.	2,495,012	3,951,791
Due from Pension Plan	2,966,472	608,638
Investment Income	2,147,816	2,061,023
Due from MPSA, Inc.	32,746	-
Due from Other Trusts, Net	10,769	2,102
Stop-Loss Reimbursements	319,493	232,001
Prescription Rebates	19,460,701	15,440,002
Medicare Drug Subsidy	1,207,144	836,915
Experience Refunds	140,600	1,111,698
Other	147,648	269,058
	<u>34,739,825</u>	<u>31,076,313</u>
TOTAL RECEIVABLES	34,739,825	31,076,313
PREPAID EXPENSES	46,107	2,724
	<u>46,107</u>	<u>2,724</u>
TOTAL ASSETS	295,309,473	283,590,262
LIABILITIES		
Accounts Payable	293,313	254,707
Deferred Revenue - Participant Contributions	373,194	339,901
Due to MPSA, Inc.	-	29,147
Due to Investment Purchases, Net	58,040	-
	<u>724,547</u>	<u>623,755</u>
TOTAL LIABILITIES	724,547	623,755
NET ASSETS AVAILABLE FOR BENEFITS	294,584,926	282,966,507
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	<u>13,864,968</u>	<u>11,051,219</u>
Excess of Net Assets Available for Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	<u>\$ 280,719,958</u>	<u>\$ 271,915,288</u>

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
CONTRIBUTIONS AND OTHER INCOME		
Employers	\$ 84,367,959	\$ 82,278,252
Participants	33,423,071	34,816,640
Liquidated Damages	81,010	73,071
Other Income	364,648	88,945
	<u>118,236,688</u>	<u>117,256,908</u>
TOTAL CONTRIBUTIONS AND OTHER INCOME	118,236,688	117,256,908
NET INVESTMENT INCOME		
Interest and Dividends	8,888,186	9,405,729
Net Appreciation of Investments	5,139,225	6,745,265
Less: Investment Expenses	(533,298)	(443,974)
	<u>13,494,113</u>	<u>15,707,020</u>
NET INVESTMENT INCOME	13,494,113	15,707,020
TOTAL ADDITIONS	<u>131,730,801</u>	<u>132,963,928</u>
DEDUCTIONS		
NET BENEFITS	112,372,222	106,170,504
GENERAL AND ADMINISTRATIVE EXPENSES		
Administrative Fees:		
Zenith	3,475,125	3,289,065
Vision Service Plan	94,972	101,042
Prescription Service	599,708	413,789
Elevance Health	413,170	425,935
Prudent Buyer Plan	1,348,338	1,331,258
Zelis Fees	363,835	377,063
TPL Claims Recovery Fees	16,079	254,603
Consulting Fees - The Segal Group	145,421	200,651
Consulting Fees - Part D Advisors	-	571,115
Legal Fees	46,018	48,229
Audit Fees	48,900	57,250
Prescription Review Fees - PBS	58,650	-
MPSA, Inc. - Administrative Expenses	800,704	838,525
Printing, Postage and Office Expenses	68,829	197,356
Seminars, Conferences and Meetings	195,671	176,327
Insurance	56,589	54,510
PCORI Fees	8,151	7,961
	<u>7,740,160</u>	<u>8,344,679</u>
TOTAL GENERAL AND ADMINISTRATIVE EXPENSES	7,740,160	8,344,679
TOTAL DEDUCTIONS	<u>120,112,382</u>	<u>114,515,183</u>
NET INCREASE FOR THE YEAR	11,618,419	18,448,745
NET ASSETS AVAILABLE FOR BENEFITS		
Balance, January 1	<u>282,966,507</u>	<u>264,517,762</u>
Balance, December 31	<u>\$ 294,584,926</u>	<u>\$ 282,966,507</u>

(Attached notes are an integral part of this statement)

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

SCHEDULES OF BENEFITS PAID

	January 1, 2024 to December 31, 2024		January 1, 2023 to December 31, 2023	
PREMIUMS PAID				
Medical:				
Kaiser Foundation Health Plan	\$ 12,741,418		\$ 11,969,392	
Health Net	56,933		62,565	
UnitedHealthcare	21,577		26,366	
Assistance and Recovery Program	121,594		121,595	
Hawaii Medical Service Association	<u>1,798,134</u>	\$ 14,739,656	<u>1,495,477</u>	\$ 13,675,395
Dental:				
Safeguard	16,790		19,560	
Hawaii Dental Service	529,021		553,242	
Delta Dental	<u>6,648,252</u>	7,194,063	<u>6,346,722</u>	6,919,524
Stop Loss:				
Union Labor Life Insurance Company	<u>1,757,985</u>	<u>1,757,985</u>	<u>1,757,519</u>	<u>1,757,519</u>
TOTAL PREMIUMS PAID		23,691,704		22,352,438
CLAIMS PAID				
Medical	44,455,796		45,911,382	
Prescription Drug	78,598,461		68,701,937	
Vision	<u>927,618</u>		<u>956,921</u>	
TOTAL CLAIMS PAID		123,981,875		115,570,240
REIMBURSEMENTS				
Less: Stop-Loss Reimbursements	(773,410)		(1,454,256)	
Prescription Rebates	(28,023,694)		(22,022,020)	
Dental Experience Refunds	(1,134)		(1,111,698)	
ULLICO Experience Refunds	(140,600)		(147,840)	
TPL Claims Recoveries	(80,877)		(437,961)	
Medicare Drug Subsidy	<u>(6,281,642)</u>		<u>(6,578,399)</u>	
TOTAL REIMBURSEMENTS		<u>(35,301,357)</u>		<u>(31,752,174)</u>
NET BENEFITS		\$ 112,372,222		\$ 106,170,504

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	<u>\$ 3,704,968</u>	<u>\$ 3,626,219</u>
	<u>3,704,968</u>	<u>3,626,219</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	<u>10,160,000</u>	<u>7,425,000</u>
	<u>10,160,000</u>	<u>7,425,000</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>13,864,968</u>	<u>11,051,219</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees, Beneficiaries and Dependents	1,709,677,640	1,556,715,274
Active Participants Fully Eligible for Benefits	742,270,164	784,932,364
Active Participants Not Fully Eligible for Benefits	<u>729,077,943</u>	<u>910,684,506</u>
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	<u>3,181,025,747</u>	<u>3,252,332,144</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 3,194,890,715</u></u>	<u><u>\$ 3,263,383,363</u></u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable, Beginning of Year	\$ -	\$ -
Premiums for Participants Eligible for Coverage During the Year	23,691,704	22,352,438
Premiums Paid	<u>(23,691,704)</u>	<u>(22,352,438)</u>
Premiums Payable, End of Year	<u>-</u>	<u>-</u>
Claims Payable, Beginning of Year	3,626,219	4,393,088
Claims Reported and Approved for Payment	88,759,267	83,051,197
Claims Paid	<u>(88,680,518)</u>	<u>(83,818,066)</u>
Claims Payable, End of Year	<u>3,704,968</u>	<u>3,626,219</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance, Beginning of Year	7,425,000	7,630,000
Net Change During the Year:		
Claims Incurred But Not Reported	<u>2,735,000</u>	<u>(205,000)</u>
Balance, End of Year	<u>10,160,000</u>	<u>7,425,000</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>13,864,968</u>	<u>11,051,219</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance, Beginning of Year	3,252,332,144	2,609,184,917
Net Change During the Year:		
Service Cost	94,292,729	62,311,062
Interest Cost	156,755,647	131,346,293
Expected Benefits Paid Net of Retiree Contributions	(94,103,682)	(90,240,885)
Actuarial Experience	-	126,458,122
Changes in Actuarial Assumptions	155,384,893	413,272,635
Plan Amendments	<u>(383,635,984)</u>	<u>-</u>
	<u>3,181,025,747</u>	<u>3,252,332,144</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 3,194,890,715</u>	<u>\$ 3,263,383,363</u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Pensioned Operating Engineers Health and Welfare Trust Fund (the "Plan"), a multiemployer defined benefit welfare plan, was established on June 29, 1962 to provide health care benefits during retirement to eligible Operating Engineers covered by collective bargaining agreements between the International Union of Operating Engineers Local No. 3 ("Local No. 3"), employer associations and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Contributions and Contributions Receivable

Employer contributions as reported are contributions made by employers on behalf of employees for the hours worked during the year, together with related liquidated damages which may be imposed. Employer contributions receivable is based on contributions received subsequent to the end of the year. No allowance is provided for estimated uncollectible accounts.

Participant contributions reported in the financial statements relate to self-payment for coverage.

D. Employer Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The Plan's system of internal control provides for examination of employers' records under a separate employer compliance program.

E. Benefits

A pensioner who meets the eligibility requirements of the Plan is initially covered on the first day of the month during which his or her application for a pension has been submitted, immediately prior to the effective date of his or her pension award, or upon the date his or her eligibility under the Operating Engineers Health and Welfare Trust Fund for active employees terminates, if such date is later.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Benefits (Continued)

During the years ended December 31, 2024 and 2023 the following insured benefits were in effect:

<u>Coverage</u>
Medical
Dental
Prescription Drug
Assistance and Recovery

During the years ended December 31, 2024 and 2023, the following self-funded benefits were in effect:

<u>Coverage</u>
Medical
Prescription Drug
Vision

During the year ended December 31, 2024 and 2023, the Plan was reimbursed under its stop loss insurance policy for individual participants' benefits in excess of \$550,000 and \$500,000, respectively.

F. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investments. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 3 - POSTRETIREMENT BENEFITS

Accounting principles generally accepted in the United States of America require that defined benefit health and welfare plans report postretirement benefit obligations for retired participants including beneficiaries and covered dependents, active and terminated participants who are fully eligible to receive postretirement benefits, and active participants not yet fully eligible for postretirement benefits.

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31, reduced by the actuarial present value of contributions expected to be received in the future from current plan

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - POSTRETIREMENT BENEFITS (Continued)

participants. Postretirement benefits include future benefits expected to be paid to or for 1) currently retired or terminated participants and their beneficiaries and dependents and 2) active participants and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The postretirement benefit obligations were determined by actuaries from Segal and are the amounts that result from applying actuarial assumptions to historical benefit cost data to estimate future annual benefit costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability or withdrawal) between the valuation date and the expected date of payment.

The significant actuarial assumptions and methods used were: (a) Discount Rate: 5.50% (b) Postretirement Mortality Rates: Healthy Lives – Pri-2012 Health Retiree Headcount-weighted Blue Collar Mortality Tables, projected generationally with 25% of Scale MP-2021, Disabled Lives – Pri-2012 Disabled Retire Headcount-Weighted Mortality Tables, projected generationally with 25% of Scale MP-2021 and (c) Actuarial Cost Method: Projected Unit Credit Method.

Changes in the actuarial assumptions from December 31, 2023 to December 31, 2024 were as follows: (a) Discount rate increased from 4.75% to 5.50%, (b) Changes to the mortality tables for healthy and disabled participants, (c) Health Trend rates for indemnity medical, HMO medical/drug, and indemnity drug changed as follows:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Indemnity Non-Medicare Medical	7.00% graded to 4.50% over 10 years	7.00% graded to 4.50% over 10 years
Indemnity Medicare Medical	5.50% graded to 4.50% over 4 years	5.50% graded to 4.50% over 4 years
HMO Non-Medicare Medical/Drug	8.00% graded to 4.50% over 14 years	8.00% graded to 4.50% over 14 years
HMO Medicare Medical/Drug	8.00%, graded to 4.50% over 14 years	18.44%, then 7.75% graded to 4.50% over 13 year
Indemnity Drug	12.00% graded to 4.50% over 15 years	12.00% graded to 4.50% over 15 years

The changes in actuarial assumptions increased the postretirement benefit obligations by \$155,384,893 for the year ended December 31, 2024. A Plan amendment, effective September 1, 2024, to change eligibility requirements to require 10 years of covered employment under the Plan and to require 10,000 hours in the last 120 months before pension effective date, decreased the postretirement benefit obligations by \$383,635,984.

The health care cost-trend rates have a significant effect on the postretirement benefit obligations. A 1% increase in the health care cost-trend rate would increase the net postretirement benefit obligation as of December 31, 2024 and 2023 by \$494,970,357 and \$593,781,791, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue to provide retiree benefits. Were retiree benefits to be terminated or be amended, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - MEDICARE SUBSIDY

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) includes a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the Plan and not the individual employers participating in the Plan. The subsidy received was \$6,281,642 and \$6,578,399 for the years ended December 31, 2024 and 2023, respectively.

NOTE 5 - TAX-EXEMPT STATUS

The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i. Therefore, no provision for federal or state income tax is made.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - PLAN TERMINATION

The Trust Agreement provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the continuance of one or more benefit in accordance with the provisions of the Trust Agreement until the Plan is exhausted.

NOTE 7 - CONCENTRATION OF CREDIT RISK

During the year, the Plan had deposits with Fremont Bank which exceeded the Federal Deposit Insurance Corporation insurance limit of \$250,000 per bank. The Board believes the bank is creditworthy and to date has not incurred any losses.

NOTE 8 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023. Level 1 investments consist of short term investment funds, U.S treasury notes and U.S. treasury bonds recorded at fair value based on quoted market prices. Level 2 investments consist of government debt securities that are not direct U.S treasury notes or U.S. treasury bonds and corporate debt securities recorded at fair value based on closing prices provided by third party pricing sources. The Plan did not have any transfers into or out of Levels 1, 2 or 3 for the years ended December 31, 2024 and 2023.

The Grosvenor Institutional Partners limited partnership records investments in portfolio funds at fair value based on financial data, which is generally an amount equal to the net asset value per share or the limited partnership's proportionate interest in the net assets of the portfolio funds as determined by each portfolio fund's general partner or investment manager.

The Boyd Watterson State Government Fund L.P. is a limited partnership invested in real estate commercial property primarily leased to state government agencies. The Boyd Watterson GSA Fund limited partnership is invested in real estate commercial property primarily leased to the U.S. federal government. Real estate values are based upon estimated fair values which involve subjective judgement because actual fair value of real estate can be determined only by negotiation between the parties in a sales transaction. Therefore, these estimated fair values may vary significantly from the actual fair value if the real estate investment were to sell. Although the estimated fair values represent subjective estimates, management of the Boyd Watterson Funds believes these estimated fair values are a reasonable approximation of market value at year end. The values of the underlying real estate properties have been prepared giving consideration to the income, cost, and sales comparison approaches for estimating property value. During the years ended December 31, 2024 and 2023, both the income and sales approach were used to value all of the real estate investments. Each real estate property is to be appraised at regular intervals by a qualified independent appraiser.

The Longview Large Cap 500 VEBA Index Fund is a common/collective trust fund established by Amalgamated Bank as an investment option offered to trusts exempt from federal income tax. The fund primarily invested in common stock and real estate investment trusts traded on a national securities exchange. The fair value of the fund is based on the value of the underlying securities which are valued at quoted market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short Term Investment Fund	\$ 4,377,412	\$ -	\$ -	\$ 4,377,412
Government Debt Securities	40,967,477	4,595,821	-	45,563,298
Corporate Debt Securities	-	137,678,177	-	137,678,177
	<u>\$ 45,344,889</u>	<u>\$ 142,273,998</u>	<u>\$ -</u>	<u>187,618,887</u>
Investments Measured at NAV ^A				<u>57,478,497</u>
				<u>\$ 245,097,384</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short Term Investment Funds	\$ 4,969,027	\$ -	\$ -	\$ 4,969,027
Government Debt Securities	45,803,580	3,905,780	-	49,709,360
Corporate Debt Securities	-	123,203,750	-	123,203,750
	<u>\$ 50,772,607</u>	<u>\$ 127,109,530</u>	<u>\$ -</u>	<u>177,882,137</u>
Investments Measured at NAV ^A				<u>53,680,205</u>
				<u>\$ 231,562,342</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The Plan uses the NAV to determine the fair value of all investments which do not have a readily determinable fair value and prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

The following table presents the fair value, unfunded commitments, and information about redemptions for those investments where the fair value is determined by the NAV per share or its equivalent as of December 31:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	December 31, 2024	December 31, 2023			
Grosvenor Institutional Partners, L.P.	\$ 13,641,978	\$ 12,107,161	None	Quarterly	70 Days
Boyd Watterson GSA Fund L.P.	9,602,352	10,805,605	None	Quarterly	60 Days
Boyd Watterson State Gov. Fund L.P.	10,516,196	11,792,730	None	Quarterly	60 Days
Longview Large Cap 500 VEBA Index Fd	23,717,971	18,974,709	None	Daily	Daily

The investment strategies for the investments valued at net asset value are as follows:

Grosvenor Institutional Partners, L.P. serves as a master fund investment vehicle for Grosvenor Institutional Partners, Ltd., a Cayman Islands exempted company which has the same investment objectives as the fund which is to generally implement "non-traditional" or "alternative" investment strategies. The fund also invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

Boyd Watterson State Government Fund, L.P. is a limited partnership with an investment objective to acquire, develop, and operate a diversified portfolio of investments in commercial property leased to state government agencies to generate a high, stable stream of income while providing for the preservation of capital with the opportunity of longer-term capital appreciation.

Boyd Watterson GSA Fund, L.P. is a limited partnership with an investment objective to acquire, develop, and operate a diversified portfolio of investments in commercial property leased to the U.S. federal government to generate a high, stable stream of income while providing for the preservation of capital with the opportunity of longer-term capital appreciation.

Longview Large Cap 500 VEBA Index Fund is a nonregistered diversified index fund with an objective to provide investment results that approximate the performance of the S&P 500 index through the use of diversified passive index investment strategies.

Purchases and sales of securities are recorded on the transaction trade date. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' costs for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

NOTE 9 - MULTI-PLAN SERVICES AGENCY, INC.

Multi-Plan Services Agency Inc, ("MPSA, Inc.") was organized to provide a cost sharing arrangement for services provided to the participating entities. MPSA, Inc. and the Plan share board members. Per the cost sharing arrangement between the participating entities and MPSA, Inc., MPSA, Inc. provides employer contributions collection, accounting, payroll compliance, and other various services listed in the cost sharing agreement. MPSA, Inc. receives monthly amounts from the Plan as outlined in the Plan's cost sharing agreement.

The Plan paid MPSA, Inc. a monthly amount of \$68,625 during the years 2024 and 2023, based on the budgeted estimated and as defined in the cost sharing agreement. Each month and at year end a true-up based on actual expenses is performed amongst the participating entities and MPSA, Inc. At December 31, 2024, the MPSA, Inc. owed the Plan \$32,746 for reimbursement of its cost sharing amount. At December 31, 2023, the Plan owed MPSA, Inc. \$29,147 for reimbursement of its cost sharing amount.

At December 31, 2024 and 2023, MPSA, Inc. owed the Plan \$2,495,012 and \$3,951,791, respectively, for employer contributions.

NOTE 10 - RELATED PARTY TRANSACTIONS

Local No. 3, a party to the collective bargaining agreement, is a contributing employer to the Plan.

Assistance and Recovery Program, Inc. (the "Program"), a party to the collective bargaining agreement, is a contributing employer to the Plan. In addition, the Plan pays the Program a monthly premium fee of \$1.15 per participant.

A participant who received a pension from the Pension Trust Fund for Operating Engineers ("Pension Plan") can elect to have their medical coverage contributions deducted from their monthly pension check and transmitted to the Plan. During the years ended December 31, 2024 and 2023

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 - RELATED PARTY TRANSACTIONS (Continued)

the Pension Plan transmitted \$24,434,484 and \$26,050,710, respectively, in contributions to the Plan on behalf of participants. At December 31, 2024 and 2023, the Pension Plan owed the Plan \$2,966,472 and \$608,638, respectively, for participant contributions.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 294,584,926	\$ 282,966,507
Less: Benefit Obligations Other Than Postretirement Benefit Obligations	<u>(13,864,968)</u>	<u>(11,051,219)</u>
Net Assets Per the Form 5500	<u>\$ 280,719,958</u>	<u>\$ 271,915,288</u>

The following is a reconciliation of net benefits for participants, beneficiaries and dependents per the financial statements to the Form 5500:

	<u>January 1, 2024 to December 31, 2024</u>
Benefits Per the Financial Statements	\$ 112,372,222
Add: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2024	13,864,968
Less: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2023	<u>(11,051,219)</u>
Benefits Per the Form 5500	<u>\$ 115,185,971</u>

NOTE 12 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 17, 2025, the date on which the financial statements were available to be issued. There were no subsequent events that required recognition or additional disclosures in these financial statements.

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H – PART IV, LINE 4

E.I.N. 94-6096327; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Pensioned Operating Engineers
Health and Welfare Trust Fund
1141 Harbor Bay Parkway, Suite 100
Alameda, California 94502

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 17, 2025

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	SHORT TERM INVESTMENT FUND	FAIR VALUE	COST
\$ 4,377,412	FEDERATED HERMES GOVT OBLIGATION FUND	\$ 4,377,412	\$ 4,377,412
<u>CORPORATE DEBT SECURITIES</u>			
\$ 200,000	11/26/2027 VAR% 11/26/2028	\$ 200,222	\$ 200,000
175,000	ABBVIE INC 08/21/2029 03.200% 11/21/2029	162,426	180,995
78,672	AIR CANADA 2015-1A PTT SEDOL CA009090AA93 03.600% 09/15/2028	76,548	78,672
145,000	AIR LEASE CORP 01/01/2025 03.250% 03/01/2025	144,585	139,181
65,000	AIR LEASE CORP 01/01/2025 03.250% 03/01/2025	64,814	63,503
94,000	AIR LEASE CORP 11/15/2027 05.850% 12/15/2027	96,357	93,025
1,960,000	ALBERTSONS COS/SAFEWAY 03.250% 03/15/2026	1,912,137	1,959,299
100,000	ALEN 2021-ACEN MORTGAGE TRUST 2021 ACEN A VAR% 04/15/2034	92,749	90,969
120,000	ALEXANDRIA REAL ESTATE E 04/01/2030 COGT 04.700% 07/01/2030	117,139	113,810
141,000	ALEXANDRIA REAL ESTATE E 05/15/2031 COGT 03.375% 08/15/2031	126,187	158,817
261,000	ALLEGION US HOLDING CO 02/28/2034 COGT 05.600% 05/29/2034	262,313	260,131
85,000	ALLY AUTO RECEIVABLES TRUST 2023 05.270% 11/15/2028	86,080	84,728
170,000	AMAZON.COM INC 02/13/2029 03.450% 04/13/2029	163,028	169,633
50,772	AMER AIRLN 15-2 A PASS T SER A PASS 04.000% 03/22/2029	48,806	41,528
1,445,000	AMERICAN AIRLINES/AADVAN SEDOL BM8H716 05.500% 04/20/2026	1,440,333	1,422,856
510,000	AMERICAN AIRLINES/AADVAN SEDOL BM8H783 05.750% 04/20/2029	505,762	501,978
155,000	AMERICAN ELECTRIC POWER 12/01/2032 05.625% 03/01/2033	156,583	155,831
115,000	AMERICAN EXPRESS CO 10/30/2030 VAR% 10/30/2031	122,921	115,000
200,000	AMERICAN HOMES 4 RENT 11/01/2033 05.500% 02/01/2034	199,174	199,786
165,000	AMERICAN HONDA FINANCE 04.700% 01/12/2028	164,559	165,108
140,000	AMERICAN HONDA FINANCE SER MTN 01.200% 07/08/2025	137,596	139,966
138,000	AMERICAN TOWER TRUST I 03/15/2027 SECR 05.490% 03/15/2053	139,343	138,000
38,202	AMERICREDIT AUTOMOBILE C 00.890% 10/19/2026	37,870	35,665
50,000	AMERICREDIT AUTOMOBILE RECEIVA D 01.210% 12/18/2026	49,146	45,813
47,891	AMSR TRUST 2020 SFR5 A 01.379% 11/17/2037	46,742	47,890
145,000	ANHEUSER BUSCH INBEV WORLDWIDE 04.750% 01/23/2029	144,942	144,104
280,000	APPLOVIN CORP 10/01/2031 05.375% 12/01/2031	280,073	279,659
105,000	APTIV IRISH HOLDINGS LTD SEDOL BNYF3Q8 03.250% 03/01/2032	90,597	104,580
125,000	ARIZONA PUBLIC SERVICE 09/15/2032 06.350% 12/15/2032	131,999	128,889
207,000	ASHTAD CAPITAL INC SER 01/15/2034 05.800% 04/15/2034	207,157	209,271
121,000	AVIATION CAPITAL GROUP SER 12/30/2025 01.950% 01/30/2026	117,157	119,843
260,000	AVIS BUDGET RENTAL CAR FUNDING A 05.230% 12/20/2030	261,628	259,881
150,000	AVOLON HOLDINGS FNDG LTD 05.750% 11/15/2029	151,830	148,790
105,000	AVOLON HOLDINGS FNDG LTD SEDOL N.A. 04.950% 01/15/2028	104,047	104,575
150,000	AVOLON HOLDINGS FNDG LTD SEDOL 2G9YBS8 02.875% 02/15/2025	149,508	147,405
107,000	BAE SYSTEMS HOLDINGS INC SER 03.850% 12/15/2025	106,009	121,163
206,000	BAE SYSTEMS PLC SEDOL US05523RAJ68 05.125% 03/26/2029	206,457	205,355
125,000	BALTIMORE GAS & ELECTRIC 05/15/2026 02.400% 08/15/2026	120,600	117,306
80,000	BANC ONE CORP SUB DEB 07.625% 10/15/2026	83,928	100,421
127,000	BANK 2017 BNK6 A5 03.518% 07/15/2060	122,443	121,622
141,000	BANK 2017 BNK9 A4 03.538% 11/15/2054	135,412	131,863
178,000	BANK 2018 BN10 A5 03.688% 02/15/2061	171,247	171,338
80,000	BANK 2019 BN19 AS 03.446% 08/15/2061	70,978	66,659
52,000	BANK OF AMERICA CORP 04/23/2026 @100 VAR% 04/23/2027	51,165	57,171
	<u>Forward</u>	\$ 9,260,597	\$ 9,342,079

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 9,260,597	\$ 9,342,079
\$ 66,000	BANK OF AMERICA CORP 07/22/2027 VAR% 07/22/2028	66,139	66,000
80,000	BANK OF AMERICA CORP 10/20/2031 VAR% 10/20/2032	67,502	74,507
95,000	BANK OF AMERICA CORP MTN @ 100 VAR% 01/20/2028	93,085	98,019
135,000	BANK OF AMERICA CORP SER MTN 04/02/2025 VAR% 04/02/2026	134,478	132,973
308,000	BANK OF AMERICA CORP SR UNSEC @ 100 VAR% 12/20/2028	295,301	303,733
145,000	BANK OF AMERICA CORPORATION SER MTN @ 100 VAR% 02/13/2031	127,497	138,534
40,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 04/22/2032	34,384	40,000
126,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 07/22/2027	120,120	126,000
65,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 07/22/2027	61,966	65,000
140,000	BANK OF AMERICA CREDIT CARD TR 2022 05.000% 04/17/2028	140,717	141,548
205,000	BANK OF MONTREAL SEDOL US06368FAJ84 02.650% 03/08/2027	196,773	188,028
120,000	BANK OF MONTREAL SER MTN SEDOL 03.700% 06/07/2025	119,447	117,845
160,000	BANK OF NY MELLON CORP 07/22/2031 VAR% 07/22/2032	159,594	160,000
125,000	BARCLAYS COMMERCIAL MORTGAGE S 2018 TALL A VAR% 03/15/2037	118,281	117,595
271,000	BARCLAYS PLC 09/13/2028 VAR% 09/13/2029	281,864	278,406
130,000	BAT CAPITAL CORP 12/20/2030 COGT 05.834% 02/20/2031	132,894	130,000
105,000	BAT INTL FINANCE PLC SEDOL QAP54 04.448% 03/16/2028	103,308	103,190
100,000	BAYER US FINANCE LLC 06.500% 11/21/2033	101,741	199,478
135,000	BENCHMARK MORTGAGE TRUST 2018 B1 C VAR% 01/15/2051	115,264	108,885
80,000	BENCHMARK MORTGAGE TRUST 2018 B3 A5 04.025% 04/10/2051	76,886	75,931
45,000	BENCHMARK MORTGAGE TRUST 2018 B7 C VAR% 05/15/2053	38,399	36,777
145,000	BENCHMARK MORTGAGE TRUST 2019 B10 A4 03.717% 03/15/2062	137,141	133,083
100,000	BENCHMARK MORTGAGE TRUST 2019 B11 A5 03.542% 05/15/2052	92,505	93,262
65,000	BENCHMARK MORTGAGE TRUST 2019 B12 A4 02.858% 08/15/2052	58,981	65,650
45,000	BENCHMARK MORTGAGE TRUST 2019 B13 A3 02.701% 08/15/2057	40,607	48,459
190,000	BENCHMARK MORTGAGE TRUST 2019 B14 C VAR% 12/15/2062	140,822	138,411
80,000	BENCHMARK MORTGAGE TRUST 2019 B15 C VAR% 12/15/2072	61,827	60,969
83,980	BENCHMARK MORTGAGE TRUST 2020 B19 A2 01.691% 09/15/2053	82,131	86,496
146,000	BENCHMARK MORTGAGE TRUST 2021 B23 A2 01.620% 02/15/2054	128,476	150,378
90,000	BENCHMARK MORTGAGE TRUST 2022 B37 AS VAR% 11/15/2055	91,334	89,452
81,000	BLACKSTONE HOLDINGS FINA SER 07/02/2027 03.150% 10/02/2027	77,472	84,545
233,000	BMO MORTGAGE TRUST 2023 C7 A5 06.160% 12/15/2056	246,693	239,989
180,000	BOEING CO/THE SER WI 03/01/2031 06.388% 05/01/2031	188,194	180,000
1,975,000	BOYD GAMING CORP 12/01/2022 COGT 04.750% 12/01/2027	1,909,410	1,870,439
110,000	BRIDGECREST LENDING AUTO SECUR 06.030% 11/15/2029	111,508	109,985
90,000	BRIDGECREST LENDING AUTO SECUR 2024 05.940% 02/15/2030	91,285	89,992
85,000	BRIDGECREST LENDING AUTO SECUR 2024 04.770% 08/15/2030	84,864	84,992
995,000	BRINKS CO/THE SER 06/15/2026 06.500% 06/15/2029	1,008,353	1,004,956
94,000	BROADCOM INC 01/15/2029 COGT 04.750% 04/15/2029	93,368	105,315
104,000	BROADCOM INC 06/15/2028 COGT 04.110% 09/15/2028	101,589	96,434
52,000	BROADCOM INC SER 12/15/2027 01.950% 02/15/2028	47,606	51,866
160,000	BROADRIDGE FINANCIAL SOL 09/01/2029 02.900% 12/01/2029	144,650	164,287
129,000	BROOKFIELD FINANCE INC SEDOL BD0FYX6 03.900% 01/25/2028	125,498	138,203
14,000	BROOKFIELD FINANCE INC SEDOL BMCKZ40 02.724% 04/15/2031	12,165	11,794
110,000	BROOKLYN UNION GAS CO SER 04.866% 08/05/2032	104,380	108,989
35,000	BX TRUST 2019 OC11 B 03.605% 12/09/2041	31,936	36,049
150,000	BX TRUST 2021 ARIA C VAR% 10/15/2036	149,577	149,250
	<u>Forward</u>	\$ 17,208,609	\$ 17,437,773

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 17,208,609	\$ 17,437,773
\$ 100,000	BX TRUST 2021 VOLT C VAR% 09/15/2036	99,437	100,000
132,475	BX TRUST 2023 XL3 A VAR% 12/15/2040	133,013	132,144
195,000	BX TRUST 2024 BRBK A VAR% 10/15/2041	196,201	194,025
142,885	BX TRUST 2024 XL4 A VAR% 02/15/2039	143,465	143,332
235,206	BX TRUST 2024 XL5 A VAR% 03/15/2041	236,161	234,618
95,000	BX TRUST 2019-OC11 2019 OC11 C 03.856% 12/09/2041	86,564	97,844
292,000	CAPITAL ONE FINANCIAL CO 02/01/2034 VAR% 02/01/2035	296,687	293,880
17,000	CAPITAL ONE FINANCIAL CO 05/10/2027 VAR% 05/10/2028	16,945	16,883
125,000	CAPITAL ONE FINANCIAL CO SER . 10/30/2030 VAR% 10/30/2031	138,014	125,000
50,000	CAPITAL ONE MULTI-ASSET EXECUT A 02.060% 08/15/2028	48,105	49,987
25,000	CARMAX AUTO OWNER TRUST 2021 00.740% 01/15/2027	24,377	22,289
42,082	CARMAX AUTO OWNER TRUST 2021 00.530% 10/15/2026	41,803	42,079
85,000	CARMAX AUTO OWNER TRUST 2021 01.550% 10/15/2027	83,853	80,355
140,000	CARMAX AUTO OWNER TRUST 2022 01.700% 08/16/2027	135,425	139,969
150,000	CARMAX AUTO OWNER TRUST 2023 05.010% 11/15/2028	150,837	149,838
90,000	CARMAX AUTO OWNER TRUST 2023 05.570% 11/15/2028	91,184	90,007
75,000	CARMAX AUTO OWNER TRUST 2024 05.470% 08/15/2029	75,896	74,994
1,875,000	CENTENE CORP SER WI 12/15/2022 04.250% 12/15/2027	1,816,313	1,742,066
103,669	CF HIPPOLYTA ISSUER LLC 2021 1A A1 01.530% 03/15/2061	98,284	90,828
120,000	CHARTER COMM OPERATING, LLC 03.750% 02/15/2028	114,301	110,176
1,875,000	CHARTER COMM OPT LLC 04/23/2025 04.908% 07/23/2025	1,872,769	1,890,569
148,000	CHARTER COMM OPT LLC/CAP SECR 06.100% 06/01/2029	150,861	147,917
100,000	CHASE AUTO OWNER TRUST 2024 04.330% 04/25/2030	97,204	99,985
145,000	CIGNA CORP SER WI 12/01/2026 03.400% 03/01/2027	140,999	136,935
100,000	CITIBANK CREDIT CARD ISSUANCE 2018 03.960% 10/15/2030	97,530	101,094
125,000	CITIGROUP COMMERCIAL MORTGAGE 2015 GC29 AS 03.457% 04/10/2048	124,136	122,656
130,000	CITIGROUP COMMERCIAL MORTGAGE 2015 GC29 C VAR% 04/10/2048	126,407	119,600
110,000	CITIGROUP COMMERCIAL MORTGAGE 2015 P1 A5 03.717% 09/15/2048	109,080	120,605
47,628	CITIGROUP COMMERCIAL MORTGAGE 2017 C4 AAB 03.297% 10/12/2050	46,747	49,055
211,000	CITIGROUP INC 03.400% 05/01/2026	207,362	206,054
61,000	CITIGROUP INC 07/21/2026 @ 100.000 03.200% 10/21/2026	59,322	62,488
85,000	CITIGROUP INC 11/03/2031 VAR% 11/03/2032	70,876	71,596
170,000	CITIGROUP INC SR UNSEC 01/29/30 @ 100 VAR% 01/29/2031	150,408	142,792
200,000	CITIGROUP INC SUB 04.450% 09/29/2027	197,290	223,822
206,000	CITIZENS AUTO RECEIVABLES TRUS 2023 06.280% 02/15/2028	208,795	205,989
85,000	CITIZENS FINANCIAL GROUP @ 100.000 SUB 04.300% 12/03/2025	84,439	93,481
145,000	CITIZENS FINANCIAL GROUP 01/23/2029 VAR% 01/23/2030	147,136	145,000
35,000	CITIZENS FINANCIAL GROUP 07/02/2032 SUB 02.638% 09/30/2032	28,127	35,006
1,345,000	CLEARWAY ENERGY OP LLC SER 04.750% 03/15/2028	1,286,264	1,305,738
190,000	CLEVELAND-CLIFFS INC SER 11/01/2026	187,967	190,000
51,819	CNH EQUIPMENT TRUST 2022 A A3 02.830% 07/15/2027	51,346	51,815
155,000	CNH EQUIPMENT TRUST 2024 A A3 04.770% 06/15/2029	155,451	154,963
70,000	COCA-COLA CO/THE 03.375% 03/25/2027	68,546	69,987
60,000	COLUMBIA PIPELINES OPCO SER 05.927% 08/15/2030	61,759	59,999
112,000	COLUMBIA PIPELINES OPCO SER 06.036% 11/15/2033	114,890	112,040
100,000	COMCAST CORP 02/01/2027 03.300% 04/01/2027	97,145	99,733
150,000	COMERICA INC 01/30/2029 VAR% 01/30/2030	151,682	150,000
	<u>Forward</u>	\$ 27,330,012	\$ 27,537,006

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 27,330,012	\$ 27,537,006
\$ 45,000	COMM MORTGAGE TRUST 2015 CR23 A4 03.497% 05/10/2048	44,845	42,546
272,000	COMM MORTGAGE TRUST 2015 CR25 A4 03.759% 08/10/2048	269,813	306,003
45,000	COMM MORTGAGE TRUST 2015-CR24 A5 03.696% 08/10/2055	44,667	42,813
129,000	COMM MORTGAGE TRUST 2016-DC2 03.765% 02/10/2049	127,320	143,820
48,828	COMM MTG TRUST 2015-PC1 A5 VAR% 07/10/2050	48,664	46,464
135,000	COMMONWEALTH EDISON CO 05/15/2027 MORT 02.950% 08/15/2027	129,541	132,535
35,000	CONSTELLATION BRANDS INC 02/09/2027 COGT 03.500% 05/09/2027	34,016	34,918
156,000	CONSTELLATION SOFTWARE SEDOL BRK37H3 05.461% 02/16/2034	156,359	156,000
205,000	CONSUMERS ENERGY CO 01/01/2028 MORT 04.650% 03/01/2028	204,379	205,224
318,000	COOPERATIEVE RABOBANK UA SER 09/24/2025 VAR% 09/24/2026	308,892	318,000
324,000	COREBRIDGE GLOB FUNDING 295 SER SCR D 04.650% 08/20/2027	322,811	323,948
450,000	COX COMMUNICATIONS INC SER 03.350% 09/15/2026	439,169	423,104
250,000	CREDIT SUISSE NEW YORK SEDOL US22550L2L41 07.950% 01/09/2025	250,118	249,500
1,995,000	CROWN AMER/CAP CORP VI 02/01/2021 COGT 04.750% 02/01/2026	1,973,195	1,935,158
155,000	CROWN CASTLE INC 08/01/2029 04.900% 09/01/2029	153,278	154,591
110,000	CSAIL COMMERCIAL MORTGAGE TRUS 2016 C7 B VAR% 11/15/2049	103,668	101,063
45,000	CSAIL COMMERCIAL MTG TRUST 2015-C3 A4 03.7182% 08/15/2048	44,636	43,831
269,841	CVS PASS THROUGH TRUST PASS THRU CERTS 07.507% 01/10/2032	284,132	291,072
47,356	CVS PASS-THROUGH TRUST SER 08.353% 07/10/2031	50,980	59,042
133,524	CVS PASS-THROUGH TRUST SER PASS 05.926% 01/10/2034	132,359	133,846
22,184	DAIMLER TRUCKS RETAIL TRUST 2022 1 A3 05.230% 02/17/2026	22,210	22,182
85,000	DAIMLER TRUCKS RETAIL TRUST 2023 1 A3 05.900% 03/15/2027	85,859	84,999
55,000	DAIMLER TRUCKS RETAIL TRUST 2024 1 A4 05.740% 07/15/2031	55,922	54,988
182,360	DB MASTER FINANCE LLC 2021 1A A2II 02.493% 11/20/2051	164,646	182,360
581,000	DCP MIDSTREAM OPERATING 04/15/2025 COGT 05.375% 07/15/2025	581,720	631,256
46,741	DELL EQUIPMENT FINANCE TRUST 2023 1 A3 05.650% 09/22/2028	46,921	46,740
150,000	DELL INT LLC / EMC CORP 04/15/2030 SECR 06.200% 07/15/2030	157,203	152,142
46,048	DELTA AIR LINES 2020-AA SER AA PASS 02.000% 12/10/2029	42,394	46,048
66,915	DELTA AIR LINES/SKYMILES SER SECR 04.500% 10/20/2025	66,495	66,639
140,000	DEUTSCHE BANK COMMERCIAL MORTG 2016 C1 C VAR% 05/10/2049	123,063	121,139
155,000	DEUTSCHE BANK NY SEDOL US251526CW79 05.414% 05/10/2029	157,303	155,000
190,000	DEUTSCHE BANK NY SEDOL 2L3CYQ2 US251526CV96 VAR% 02/08/2028	192,025	190,000
70,000	DIGITAL REALTY TRUST LP 06/15/2027 COGT 03.700% 08/15/2027	68,046	70,022
175,000	DISCOVER CARD EXECUTION NOTE T 2023 A1 A 04.310% 03/15/2028	174,605	174,990
280,080	DOMINOS PIZZA MASTER ISSUER LL 2021 1A A2 02.662% 04/25/2051	254,413	234,736
51,388	DRIVE AUTO RECEIVABLES TRUST 2021 1 D 01.450% 01/16/2029	50,923	48,434
101,066	DRIVE AUTO RECEIVABLES TRUST 2021 2 D 01.480% 03/15/2029	99,377	96,322
90,000	DRIVE AUTO RECEIVABLES TRUST 2024 1 B 05.610% 01/16/2029	90,659	89,984
75,000	DRIVE AUTO RECEIVABLES TRUST 2024 2 C 04.670% 05/17/2032	74,254	74,992
178,000	DTE ENERGY CO 05/01/2028 04.875% 06/01/2028	177,377	177,907
150,000	DTE ENERGY CO 05/01/2028 04.875% 06/01/2028	149,475	149,922
78,000	DUKE ENERGY CORP SR NTS SER A 06.000% 12/01/2028	81,022	98,481
95,000	EDISON INTERNATIONAL 01/15/2032 05.250% 03/15/2032	93,978	94,937
109,000	ELEMENT FLEET MANAGEMENT SEDOL US286181AM42 05.643% 03/13/2027	110,572	109,019
110,000	ELEVANCE HEALTH INC 09/01/2031 04.950% 11/01/2031	108,177	109,736
132,000	ELEVANCE HEALTH INC 11/15/2032 04.750% 02/15/2033	126,518	131,790
106,000	ENERGY TRANSFER LP 01/15/2028 05.550% 02/15/2028	107,609	105,972
	<u>Forward</u>	\$ 35,915,620	\$ 36,201,221

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 35,915,620	\$ 36,201,221
\$ 154,000	ENERGY TRANSFER LP 06/01/2034 05.600% 09/01/2034	153,864	153,601
144,193	ENTERPRISE FLEET FINANCING LLC 2024 1 A2 05.230% 03/20/2030	145,226	144,173
143,000	EQUITABLE FINANCIAL LIFE SER SCRD 01.400% 07/07/2025	140,652	142,738
1,955,000	ESAB CORP SER 04/15/2026 06.250% 04/15/2029	1,979,320	1,970,244
75,000	EVERGY KANSAS CENTRAL 08/15/2033 MORT 05.900% 11/15/2033	77,494	74,916
115,000	EVERGY METRO 01/15/2033 MORT 04.950% 04/15/2033	112,158	114,854
80,000	EVERGY MISSOURI WEST INC SER 03/01/2034 05.650% 06/01/2034	80,869	79,927
155,000	EVERSOURCE ENERGY 02/01/2028 05.450% 03/01/2028	157,020	156,388
160,000	EVERSOURCE ENERGY 02/15/2031 05.850% 04/15/2031	164,117	159,974
20,000	EVERSOURCE ENERGY 02/15/2033 05.125% 05/15/2033	19,431	54,914
156,000	EXELON CORP 12/15/2031 03.350% 03/15/2032	138,111	155,894
169,987	EXETER AUTOMOBILE RECEIVABLES 2021 3A D 01.550% 06/15/2027	165,867	156,110
65,000	EXETER AUTOMOBILE RECEIVABLES 2023 1A D 07.120% 06/15/2029	66,175	64,993
134,281	FEDERAL HOME LOAN MTG CORP 2018 4 MA 03.500% 03/25/2058	127,562	140,822
69,440	FEDERAL HOME LOAN MTG CORP 2019 2 MA 03.500% 08/25/2058	65,495	72,456
105,000	FEDERAL HOME LOAN MTG CORP 2022 DNA2 M1 VAR% 02/25/2042	107,477	104,733
55,852	FEDERAL HOME LOAN MTG CORP 5070 DP 01.000% 08/25/2050	40,164	54,107
80,000	FEDERAL NATL MTG ASSN 2017 C02 2M VAR% 09/25/2029	83,071	82,913
130,000	FEDERAL NATL MTG ASSN 2020 SBT1 2M2 VAR% 02/25/2040	136,434	137,759
60,189	FEDERAL NATL MTG ASSN 2021-12 GC 03.500% 07/25/2050	53,276	65,230
65,000	FEDERAL NATL MTG ASSN 2022 R07 1M2 VAR% 06/25/2042	70,240	69,773
316,388	FEDERAL NATL MTG ASSN 2024 78 EV 05.500% 10/25/2035	310,583	320,430
127,000	FEDERAL REALTY INVESTMEN 01/15/2026 01.250% 02/15/2026	121,914	126,161
200,000	FERGUSON FINANCE PLC SEDOL US314890AB05 03.250% 06/02/2030	181,732	218,412
166,000	FHLMC MULTIFAMILY STRUCTURED P K137 A2 VAR% 11/25/2031	141,618	161,014
106,000	FHLMC MULTIFAMILY STRUCTURED P K141 A2 02.250% 02/25/2032	89,541	98,390
150,000	FIFTH THIRD BANCORP 01/29/2031 VAR% 01/29/2032	151,671	150,000
100,000	FIFTH THIRD BANCORP 07/28/2029 VAR% 07/28/2030	97,973	98,084
155,000	FIRST HORIZON BANK SER BKNT 02/01/2030 05.750% 05/01/2030	154,245	178,160
110,000	FIRST HORIZON NATIONAL 04/26/2024 04.000% 05/26/2025	109,486	107,672
58,516	FIRST INVESTORS AUTO OWNER TRU 2021 2A B 01.130% 11/15/2027	58,191	54,895
190,074	FIRSTKEY HOMES 2020-SFR1 TRUST 2021 SFR1 A 01.538% 08/17/2028	180,929	190,073
126,668	FIRSTKEY HOMES 2021-SFR3 TRUS 2021 SFR3 A 02.135% 12/17/2038	120,556	116,099
16,505	FLAGSHIP CREDIT AUTO TRUST 2020 1 D 02.480% 03/16/2026	16,438	15,762
4,358	FLAGSHIP CREDIT AUTO TRUST 2020 4 C 01.280% 02/16/2027	4,352	4,172
175,000	FLORIDA POWER & LIGHT CO 03/01/2028 MORT 05.050% 04/01/2028	176,680	176,248
210,000	FLORIDA POWER & LIGHT CO 03/15/2030 MORT 04.625% 05/15/2030	208,060	209,914
115,000	FLORIDA POWER & LIGHT CO 11/03/2031 MORT 02.450% 02/03/2032	97,044	95,527
20,743	FORD CREDIT AUTO OWNER TRUST 2022 D A3 05.270% 05/15/2027	20,834	20,740
215,000	FORD CREDIT FLOORPLAN MASTER O 2018 4 A 04.060% 11/15/2030	210,053	214,210
160,000	FORD CREDIT FLOORPLAN MASTER O 2020 2 A 01.060% 09/15/2027	156,094	146,820
195,000	FORD MOTOR CREDI 03/17/2031 03.625% 06/17/2031	168,648	166,358
277,000	FORD MOTOR CREDIT CO LLC 10/07/2028 06.798% 11/07/2028	287,019	277,000
1,995,000	FORTRESS TRANS & INFRASTR SER 05/01/2024 05.500% 05/01/2028	1,951,190	1,896,006
284,000	FOUNDRY JV HOLDCO LLC 11/15/2031 SECR 06.150% 01/25/2032	286,536	283,264
130,000	FOX CORP 07/13/2033	136,997	128,965
150,000	GA GLOBAL FUNDING TRUST SER SCRD 05.200% 12/09/2031	146,270	149,739
	<u>Forward</u>	\$ 45,584,297	\$ 45,961,855

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 45,584,297	\$ 45,961,855
\$ 184,000	GATX CORP 06.050% 03/15/2034	192,258	188,677
127,000	GEN LUX SARL/GEN USA INC SEDOL 2MGD4H0 06.000% 06/04/2029	129,855	126,957
273,000	GENERAL MOTORS FINL CO 08/15/2028 02.400% 10/15/2028	247,496	227,551
101,000	GENERAL MOTORS FINL CO 10/08/2030 02.350% 01/08/2031	84,473	94,076
700,000	GENTING NY LLC/GENNY CAP SER 10/01/2026 07.250% 10/01/2029	721,252	703,212
1,530,000	GFL ENVIRONMENTAL INC SEDOL US36168QAK04 03.750% 08/01/2025	1,514,914	1,570,458
770,000	GGAM FINANCE LTD SEDOL BP2DV75 US36170JAC09 08.000% 02/15/2027	794,224	774,619
1,080,000	GGAM FINANCE LTD SER 11/15/2025 07.750% 05/15/2026	1,094,969	1,080,000
192,000	GLOBAL ATLANTIC FIN CO SER 03/15/2031 03.125% 06/15/2031	164,700	169,386
155,000	GLOBAL PAYMENTS INC 01/15/2025 02.650% 02/15/2025	154,515	152,993
85,000	GLP CAPITAL LP / FIN II 10/15/2029 COGT 04.000% 01/15/2030	79,167	92,327
550,000	GLP CAPITAL LP / FIN II COGT 05.250% 06/01/2025	549,874	598,125
1,270,000	GLP CAPITAL LP / FIN II COGT 05.375% 04/15/2026	1,270,025	1,266,320
45,000	GLP CAPITAL LP / FIN II COGT 05.375% 04/15/2026	45,001	45,935
85,000	GM FIN CONSUMER AUTO REC TR SER 2023 4 05.780% 08/16/2028	86,438	84,983
253,000	GM FINANCIAL AUTOMOBILE LEASIN 2023 3 A3 05.380% 11/20/2026	254,323	252,970
140,000	GM FINANCIAL AUTOMOBILE LEASIN 2024 2 A3 05.780% 07/20/2027	141,540	139,992
165,677	GM FINANCIAL SECURITIZED TERM 2023 1 A3 04.660% 02/16/2028	165,836	165,652
100,000	GM FINANCIAL SECURITIZED TERM 2024 4 A3 04.400% 08/16/2029	99,698	99,981
90,000	GMAC INC CO GUARNT 08.000% 11/01/2031	99,507	117,331
100,000	GOLDMAN SACHS GROUP INC 10/21/2026 VAR% 10/21/2027	94,878	97,274
111,000	GOLDMAN SACHS GROUP INC 12/15/2029	104,094	110,116
115,000	GOLDMAN SACHS GROUP INC SR UNSEC 01/27/21 @ 100 VAR% 01/27/2032	94,905	107,447
125,000	GOLDMAN SACHS GROUP INC SR UNSEC 02/12/2025 @ 100 VAR% 02/12/2026	124,384	125,000
75,000	GOLDMAN SACHS GROUP INC SR UNSEC 03/09/2026 @ 100 VAR% 03/09/2027	72,002	72,868
213,602	GOVERNMENT NATIONAL MORTGAGE A 2012 140 JD 01.750% 01/20/2041	202,059	202,746
119,417	GOVERNMENT NATIONAL MORTGAGE A 2022 164 A 02.200% 08/16/2062	110,290	110,312
160,000	GREAT AMERICA LEASING RECEIVAB 2024 2 B 05.230% 05/15/2031	160,861	159,973
148,322	GS MORTGAGE SECURITIES TRUST 2014 GC22 A5 03.862% 06/12/2047	142,017	142,389
128,531	GS MORTGAGE SECURITIES TRUST 2015 GC30 A3 03.119% 05/10/2050	127,973	137,297
285,000	GS MORTGAGE SECURITIES TRUST 2023 SHIP A VAR% 09/10/2038	281,304	274,001
29,060	GS MORTGAGE-BACKED SECURITIES 2020 PJ4 A2 VAR% 01/25/2051	24,531	29,945
72,444	GS MORTGAGE-BACKED SECURITIES 2021 PJ4 A8 VAR% 09/25/2051	63,477	74,459
55,959	HARLEY-DAVIDSON MOTORCYCLE TRU 2023 A A3 05.050% 12/15/2027	56,142	55,953
2,045,000	HAT HOLDINGS I LLC/HAT SER 03/15/2026 03.375% 06/15/2026	1,981,564	1,913,163
250,000	HCP INC 05/15/2026 03.250% 07/15/2026	244,363	237,710
262,000	HEALTH CARE SERVICE CORP SER 03/15/2034	261,788	261,290
1,060,000	HERC HOLDINGS INC SER 06/15/2026 06.625% 06/15/2029	1,073,430	1,068,194
825,000	HERC HOLDINGS INC SER 07/15/2022 05.500% 07/15/2027	814,457	821,173
1,525,000	HILTON DOMESTIC OPERATIN SER 05/01/2022 05.375% 05/01/2025	1,517,650	1,546,304
135,000	HILTON WORLDWIDE FIN LLC SER WI 04/01/2022 04.875% 04/01/2027	133,160	132,806
95,000	HOME DEPOT INC 01/15/2030 02.700% 04/15/2030	85,535	92,117
148,000	HOME DEPOT INC 02/15/2027 02.500% 04/15/2027	141,623	147,279
150,000	HONDA AUTO RECEIVABLES OWNER T 2023 4 A3 05.670% 06/21/2028	152,385	149,974
110,000	HONDA AUTO RECEIVABLES OWNER T 2024 3 A4 04.510% 11/21/2030	109,640	109,983
175,000	HONEYWELL INTERNATIONAL 01/01/2030 04.700% 02/01/2030	174,067	174,850
65,000	HOST HOTELS & RESORTS LP SER H 09/15/2029 03.375% 12/15/2029	59,465	60,330
	<u>Forward</u>	\$ 61,882,406	\$ 62,328,353

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 61,882,406	\$ 62,328,353
\$ 28,000	HOST HOTELS & RESORTS LP SER I 06/15/2030 03.500% 09/15/2030	25,358	28,563
105,000	HYUNDAI AUTO RECEIVABLES TRUST 2024 C C 04.860% 02/17/2032	103,786	104,976
564,000	ICAHN ENTERPRISES/FIN 05/15/2022 COGT 06.250% 05/15/2026	559,200	546,585
1,060,000	ICAHN ENTERPRISES/FIN 11/15/2026 COGT 05.250% 05/15/2027	1,003,587	983,413
1,910,000	INTERNATIONAL GAME TECH SEDOL US460599AD57 06.250% 01/15/2027	1,922,071	1,928,680
50,000	INVITATION HOMES OP 05/15/2033 COGT 05.500% 08/15/2033	49,708	49,321
65,000	INVITATION HOMES OP 09/15/2028 COGT 02.300% 11/15/2028	58,670	62,329
2,095,000	JAZZ SECURITIES DAC SEDOL BMB5FL3 US47216FAA57 04.375% 01/15/2029	1,975,313	1,943,394
93,000	JBS USA HOLD/FOOD/LUX CO SEDOL US47214BAC28 06.750% 03/15/2034	98,325	92,877
50,000	JEFFERIES FIN GROUP INC 01/14/2034 06.200% 04/14/2034	51,529	49,920
115,250	JETBLUE 2019-1 AA SER AA 04/15/2032 02.750% 11/15/2033	100,041	115,996
185,000	JOHN DEERE CAPITAL CORP SER MTN 04.850% 06/11/2029	185,681	184,700
100,000	JOHN DEERE OWNER TRUST 2023 C A4 05.390% 08/15/2030	101,551	101,762
121,000	JP MORGAN CHASE & CO SR UNSEC 03/24/30 @ 100 VAR% 03/24/2031	117,900	121,000
145,000	JP MORGAN CHASE COMMERCIAL MOR 2021 2NU A 01.973% 01/05/2040	126,462	149,350
346,000	JP MORGAN CHASE NA NT VAR% 07/23/2029	336,693	335,381
77,422	JP MORGAN MORTGAGE TRUST 2021 6 A4 VAR% 10/25/2051	68,005	79,563
127,723	JP MORGAN MORTGAGE TRUST 2024 5 A4 VAR% 11/25/2054	128,376	127,060
224,948	JPMBB COMMERCIAL MORTGAGE SECU 2015 C28 A4 03.227% 10/15/2048	224,248	213,147
245,000	JPMDB COMMERCIAL MORTGAGE SECU 2019 COR6 A4 03.056% 11/13/2052	212,165	205,943
61,000	JPMORGAN CHASE & CO 01/25/2032 VAR% 01/25/2033	52,727	61,000
165,000	JPMORGAN CHASE & CO 07/22/2029 VAR% 07/22/2030	164,287	165,000
90,000	KENTUCKY POWER CO SER 08/15/2033 07.000% 11/15/2033	95,364	89,839
120,000	KEY BANK NA SER BKNT SUB 03.900% 04/13/2029	112,674	108,070
180,000	KINDER MORGAN INC 11/01/2030 COGT 02.000% 02/15/2031	150,669	166,915
1,870,000	KINETIK HOLDINGS LP SER 12/15/2025 06.625% 12/15/2028	1,913,029	1,881,641
345,000	KKR GRP FIN CO VI LLC SER 04/01/2029 03.750% 07/01/2029	326,263	336,193
128,000	KROGER CO 10/15/2028 04.500% 01/15/2029	126,273	128,602
165,000	LABORATORY CORP OF AMER 02/01/2032 COGT	157,966	164,353
132,000	LIBERTY MUTUAL GROUP INC 03.125% 02/01/2029 RATING: BAA2	129,281	134,671
83,279	LIFE FINANCIAL SERVICES TRUST 2021 BMR A VAR% 03/15/2038	82,238	82,420
270,000	LLOYDS BANKING GROUP PLC SEDOL US539439AX74 VAR% 03/06/2029	275,022	270,480
43,001	LOUISIANA ST LOCAL GOVT ENVRNM LA ULT RES REV 03.615% 02/01/2029	42,490	43,001
225,000	LOWES COS INC 01/15/2030 04.500% 04/15/2030	220,748	223,916
75,000	M&T BANK CORPORATION 03/13/2031 VAR% 03/13/2032	76,883	75,000
125,000	M&T BANK CORPORATION SER MTN 01/16/2028 VAR% 01/16/2029	124,466	125,000
1,160,000	MACQUARIE AIRFINANCE HLD SEDOL US55609NAA63 08.375% 05/01/2028	1,215,877	1,177,602
220,000	MACQUARIE AIRFINANCE HLD SEDOL US55609NAC20 06.400% 03/26/2029	226,365	224,400
315,000	MACQUARIE GROUP LTD SEDOL 2HZV8B2 US55608JAR95 VAR% 01/12/2027	303,569	282,590
95,000	MARATHON PETROLEUM CORP 04/01/2025 04.700% 05/01/2025	94,891	94,792
112,000	MARSH & MCLENNAN COS INC 12/15/2028 04.375% 03/15/2029	109,988	111,010
200,000	MASTERCARD INC 01/26/2027 03.300% 03/26/2027	195,048	199,442
100,000	MERCEDES-BENZ AUTO RECEIVABLES 2021 1 A4 00.730% 12/15/2027	97,251	99,967
70,000	MERCEDES-BENZ AUTO RECEIVABLES 2023 2 A3 05.950% 11/15/2028	71,292	69,994
70,000	MERCEDES-BENZ AUTO RECEIVABLES 2024 1 A4 05.540% 07/15/2031	70,188	69,977
154,000	MET LIFE GLOB FUNDING I SER SCRDR 03.050% 06/17/2029	142,358	140,008
40,000	MILEAGE PLUS HLDINGS LLC SER 06/30/2023 06.500% 06/20/2027	40,252	39,856
	<u>Forward</u>	\$ 75,948,532	\$ 76,318,050

**PENSIONED OPERATING ENGINEERS
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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 75,948,532	\$ 76,318,050
\$ 210,000	MITSUBISHI UFJ FIN GRP SEDOL 2KTB2C8 US606822CS14 VAR% 02/22/2029	212,963	210,000
165,000	MIZUHO FINANCIAL GROUP SEDOL 2L3LHV5 05.376% 05/26/2030	166,670	165,231
260,000	MMAF EQUIPMENT FINANCE LLC 2024 A A3 04.950% 07/14/2031	261,035	259,952
121,000	MOODYS CORPORATION 05/19/2031 02.000% 08/19/2031	100,544	119,386
195,000	MORGAN STANLEY 02/01/2028 VAR% 02/01/2029	195,536	195,166
140,000	MORGAN STANLEY 04/20/2027 VAR% 04/20/2028	137,995	140,000
85,000	MORGAN STANLEY BAML TRUST 2016 C32 A4 03.720% 12/15/2049	82,657	79,558
276,000	MORGAN STANLEY BANK NA SER BKNT 01/14/2027 VAR% 01/14/2028	276,397	276,000
126,000	MORGAN STANLEY CAPITAL I TRUST 2016 UBS9 A4 03.594% 03/15/2049	123,872	142,031
90,000	MORGAN STANLEY CAPITAL I TRUST 2022 L8 AS VAR% 03/15/2032	79,772	77,152
238,708	MORGAN STANLEY CAPITAL I TRUST 2024 BPR2 A 07.291% 05/07/2041	244,928	248,464
104,000	MORGAN STANLEY SER MTN 04/01/30 @ 100 VAR% 04/01/2031	96,598	104,000
190,000	MORGAN STANLEY SER MTN 10/20/2031 VAR% 10/20/2032	159,203	178,923
125,000	MPLX LP 02/01/2026 01.750% 03/01/2026	120,685	122,119
120,000	MPLX LP SER WI 09/01/2027 04.250% 12/01/2027	118,115	127,020
170,000	NATIONAL FUEL GAS CO 06/15/2027 03.950% 09/15/2027	165,175	176,094
250,000	NATIONAL SECS CLEARING SER 04/30/2028 05.000% 05/30/2028	250,773	250,220
95,000	NATWEST GROUP PLC 03/02/2026 VAR% 03/02/2027	95,944	95,061
30,007	NAVIENT STUDENT LOAN TRUST 2020 EA A 01.690% 05/15/2069	27,667	30,550
45,130	NAVIENT STUDENT LOAN TRUST 2020 FA A 01.220% 07/15/2069	41,681	40,548
57,800	NAVIENT STUDENT LOAN TRUST 2021 BA A 00.940% 07/15/2069	51,794	57,805
203,000	NC FINANCIAL SERVICES ALL 08/18/2033 AR% 08/18/2034	209,082	203,000
200,000	NEW ECONOMY ASSETS PHASE 1 ISS 2021 1 A1 01.910% 10/20/2061	184,404	183,746
150,000	NEW ECONOMY ASSETS PHASE 1 ISS 2021 1 B1 02.410% 10/20/2061	134,658	133,295
130,000	NEXTGEAR FLOORPLAN MASTER OWNE 2024 1A A2 05.120% 03/15/2029	131,247	129,975
205,000	NIAGARA MOHAWK POWER SER 10/17/2033 05.290% 01/17/2034	200,445	205,000
120,000	NISOURCE INC 07/15/2025 00.950% 08/15/2025	117,042	115,492
103,000	NORFOLK SOUTHERN CORP 12/15/2031 03.000% 03/15/2032	89,849	102,999
145,000	NORTHEAST UTILITIES SER H 10/15/24 @100 03.150% 01/15/2025	144,893	140,311
150,000	NORTHROP GRUMMAN CORP 10/15/2027 03.250% 01/15/2028	143,387	139,923
205,000	NXP BV/NXP FDG/NXP USA SEDOL 2J51W14 03.150% 05/01/2027	197,097	190,250
113,000	NXP BV/NXP FDG/NXP USA SEDOL 2J5WY44 02.700% 05/01/2025	112,220	120,352
49,000	NXP BV/NXP FDG/NXP USA SEDOL N.A. US62954HAZ10 03.875% 06/18/2026	48,329	49,118
264,000	OCCIDENTAL PETROLEUM COR SR UNSEC ERO CPN 10/10/2036	147,180	93,285
132,000	ONCOR ELECTRIC DELIVERY 08/15/2028 SECR 03.700% 11/15/2028	126,935	131,938
140,000	ONE BRYANT PARK TRUST 2019 OBP A 02.516% 09/15/2054	122,258	140,825
1,705,000	ONEMAIN FINANCE CORP 01/15/2024 COGT 03.500% 01/15/2027	1,626,365	1,587,983
165,000	ONEMAIN FINANCE CORP 09/15/2024 COGT 03.875% 09/15/2028	152,054	152,523
112,000	ORACLE CORP 02/01/2027 02.800% 04/01/2027	107,540	101,627
135,000	PACIFIC GAS & ELECTRIC 06/01/2027 MORT 02.100% 08/01/2027	125,942	127,655
1,020,000	PARK INTERMED HOLDINGS SER 05/15/2024 04.875% 05/15/2029	959,861	958,581
995,000	PARK INTERMED HOLDINGS SER 10/01/2023 05.875% 10/01/2028	971,309	980,431
190,000	PENSKE TRUCK LEASING/PTL SER 04/01/2028 05.550% 05/01/2028	192,839	187,275
62,000	PENSKE TRUCK LEASING/PTL SER 10/15/2027 05.875% 11/15/2027	63,476	61,811
176,000	PFS FINANCING CORP. 2022 D A 04.270% 08/16/2027	175,646	172,920
230,000	PFS FINANCING CORP. 2023 C A 05.520% 10/16/2028	233,289	229,967
112,604	PG&E WILDFIRE RECOVERY SER A-1 SECR 03.594% 06/01/2030	109,006	112,601
	<u>Forward</u>	\$ 85,784,890	\$ 86,166,211

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 85,784,890	\$ 86,166,211
\$ 99,529	PG&E WILDFIRE RECOVERY SER A-1 SECR 04.022% 06/01/2033	97,199	99,526
155,000	PHILIP MORRIS INTL INC 07/07/2030 05.500% 09/07/2030	158,703	153,187
155,000	PHILIP MORRIS INTL INC 09/01/2031 04.750% 11/01/2031	151,582	152,636
53,000	PHILLIPS 66 CO 11/15/2024 COGT 03.605% 02/15/2025	52,897	56,111
1,440,000	PHINIA INC SER 04/15/2026 06.750% 04/15/2029	1,468,800	1,466,230
155,000	PIEDMONT NATURAL GAS CO 03/15/2033 05.400% 06/15/2033	154,977	154,998
151,000	PNC FINANCIAL SERVICES 01/22/2034 VAR% 01/22/2035	152,744	151,500
155,000	PNC FINANCIAL SERVICES 05/14/2029 VAR% 05/14/2030	157,186	155,000
185,000	PNC FINANCIAL SERVICES 10/20/2026 VAR% 10/20/2027	190,594	185,000
150,000	PNC FINANCIAL SERVICES 10/21/2031 VAR% 10/21/2032	145,991	150,000
185,000	PRECISION CASTPARTS CORP 03/15/2025 03.250% 06/15/2025	183,936	184,623
1,929,000	PRIME SECSRVC BRW/FINANC SER SECR 05.750% 04/15/2026	1,927,920	1,893,165
192,098	PROGRESS RESIDENTIAL TRUST 2021 SFR4 A 01.558% 05/17/2038	184,897	192,095
298,000	PROGRESS RESIDENTIAL TRUST 2024 SFR5 A 03.000% 08/17/2041	271,332	267,924
45,000	PROLOGIS LP 08/15/2029 02.875% 11/15/2029	41,196	44,992
209,000	PRUDENTIAL FINANCIAL INC SER MTN 02/10/2026 01.500% 03/10/2026	201,620	208,105
115,000	PUBLIC SERVICE OKLAHOMA SER J 05/15/2031 02.200% 08/15/2031	95,129	109,379
210,000	PUGET ENERGY INC 04/15/2028 SECR 02.379% 06/15/2028	191,707	203,460
150,000	PUGET SOUND ENERGY INC 03/15/2034 SECR 05.330% 06/15/2034	149,021	149,999
230,000	ROCC TRUST 2024 CNTR A 05.388% 11/13/2041	229,358	230,000
277,000	ROGERS COMMUNICATIONS IN SEDOL US775109CH22 03.800% 03/15/2032	249,106	247,962
200,000	ROYAL BANK OF CANADA SER GMTN 08/02/2029 VAR% 08/02/2030	198,468	200,000
130,000	ROYAL BANK OF SCOTLAND GRP PLC SEDOL VAR% 05/22/2028	124,333	111,920
170,000	RTX CORPORATION 06/01/2031 01.900% 09/01/2031	139,074	138,890
135,000	RYDER SYSTEM INC 05/01/2029 05.500% 06/01/2029	137,422	134,557
85,000	RYDER SYSTEM INC 11/01/2028 06.300% 12/01/2028	89,088	84,959
110,000	RYDER SYSTEM INC SER DMTN 11/01/2029 04.900% 12/01/2029	109,030	109,902
59,000	RYDER SYSTEM INC SER MTN 05/01/2028 05.250% 06/01/2028	59,612	58,924
72,000	SABEY DATA CENTER ISSUER LLC 2020 1 A2 03.812% 04/20/2045	71,679	71,497
160,000	SABEY DATA CENTER ISSUER LLC 2021 1 A2 01.881% 06/20/2046	151,987	160,000
175,000	SANTANDER DRIVE AUTO RECEIVABL 2022 2 C 03.760% 07/16/2029	173,112	166,797
65,000	SANTANDER DRIVE AUTO RECEIVABL 2023 2 B 05.240% 05/15/2028	65,250	64,999
75,000	SANTANDER DRIVE AUTO RECEIVABL 2023 6 C 06.400% 03/17/2031	77,336	77,065
55,000	SANTANDER DRIVE AUTO RECEIVABL 2024 4 A3 04.850% 01/16/2029	55,151	54,994
110,000	SANTANDER DRIVE AUTO RECEIVABL 2024 4 C 04.950% 04/15/2030	109,608	109,978
140,000	SANTANDER HOLDINGS USA 05/31/2026 VAR% 05/31/2027	142,047	140,000
1,990,000	SBA COMMUNICATIONS CORP 02/15/2023 03.875% 02/15/2027	1,905,067	2,043,335
195,000	SCHLUMBERGER HLDGS CORP SER 02/17/2028 03.900% 05/17/2028	189,304	185,862
110,410	SEQUOIA MORTGAGE TRUST 2024 7 A11 VAR% 08/25/2054	110,577	110,133
1,935,000	SER 12/01/2022 04.250% 12/01/2026	1,902,898	2,006,150
150,000	SIMON PROPERTY GROUP LP 03/15/2027 03.375% 06/15/2027	145,850	141,141
1,950,000	SIRIUS XM RADIO INC SER 09/01/2023 03.125% 09/01/2026	1,873,092	1,946,999
1,185,000	SLM CORP 09/29/2025 04.200% 10/29/2025	1,174,406	1,220,387
785,000	SLM CORP 10/02/2026 03.125% 11/02/2026	748,835	740,451
2,786	SMALL BUSINESS ADMIN PARTICPTN 2008-20A 1 05.170% 01/01/2028	2,787	2,900
1,873	SMALL BUSINESS ADMINISTRATION 2005 20K 1 05.360% 11/01/2025	1,865	1,991
1,686	SMALL BUSINESS ADMINISTRATION 2005 20L 1 05.390% 12/01/2025	1,684	1,906
	<u>Forward</u>	\$ 102,000,347	\$ 102,707,840

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)					FAIR VALUE	COST
	<u>Forwarded</u>					\$ 102,000,347	\$ 102,707,840
\$	24,784	SMALL BUSINESS ADMINISTRATION	2009 20C	1 04.660%	03/01/2029	24,645	24,784
	15,452	SMALL BUSINESS ADMINISTRATION	2009 20L	1 04.050%	12/01/2029	14,657	17,161
	10,255	SMALL BUSINESS ADMINISTRATION	2010 20A	1 04.380%	01/01/2030	10,107	11,422
	17,152	SMALL BUSINESS ADMINISTRATION	2012 20H	1 02.370%	08/01/2032	15,835	17,143
	32,140	SMALL BUSINESS ADMINISTRATION	2013 20E	1 02.070%	05/01/2033	29,037	32,140
	35,485	SMALL BUSINESS ADMINISTRATION	2014 20E	1 03.000%	05/01/2034	33,028	35,485
	39,659	SMALL BUSINESS ADMINISTRATION	2014 20F	1 02.990%	06/01/2034	36,715	40,128
	32,332	SMALL BUSINESS ADMINISTRATION	2014 20I	1 02.920%	09/01/2034	29,849	32,332
	46,267	SMALL BUSINESS ADMINISTRATION	2015 20D	1 02.510%	04/01/2035	41,723	45,289
	35,587	SMALL BUSINESS ADMINISTRATION	2015 20L	1 02.820%	12/01/2035	32,439	35,587
	31,929	SMALL BUSINESS ADMINISTRATION	2016 20I	1 02.030%	09/01/2036	28,923	30,215
	39,418	SMALL BUSINESS ADMINISTRATION	2017 20H	1 02.750%	08/01/2037	35,516	38,334
	110,009	SMALL BUSINESS ADMINISTRATION	2019 20G	1 02.530%	07/01/2039	98,414	110,009
	85,338	SMALL BUSINESS ADMINISTRATION	2021 25D	1 01.660%	04/01/2046	69,468	85,338
	131,272	SMALL BUSINESS ADMINISTRATION	2022 25D	1 03.500%	04/01/2047	117,651	131,272
	133,691	SMALL BUSINESS ADMINISTRATION	2022 25E	1 03.940%	05/01/2047	124,212	133,691
	146,436	SMALL BUSINESS ADMINISTRATION	2022 25G	1 03.930%	07/01/2047	134,452	146,436
	131,802	SMALL BUSINESS ADMINISTRATION	2023 10A	1 05.168%	03/01/2033	132,822	131,802
	253,736	SMALL BUSINESS ADMINISTRATION	2023 25E	1 04.620%	05/01/2048	241,930	249,532
	122,629	SMALL BUSINESS ADMINISTRATION	2023 25H	1 05.150%	08/01/2048	120,782	122,629
	149,172	SMALL BUSINESS ADMINISTRATION	2023 25I	1 05.410%	09/01/2048	149,079	149,172
	363,928	SMALL BUSINESS ADMINISTRATION	2024 10A	1 05.035%	03/10/2034	361,133	365,993
	264,040	SMALL BUSINESS ADMINISTRATION	2024 25F	1 05.040%	06/01/2049	258,395	264,040
	275,000	SMALL BUSINESS ADMINISTRATION	2024 25I	1 04.450%	09/01/2049	263,101	275,000
	39,138	SOCIAL PROFESSIONAL LOAN PROGR	2020 A A2	02.540%	05/15/2046	37,244	40,525
	185,000	SOCIETE GENERALE SER SEDOL 2L0VWP7	VAR%	01/19/2030		184,656	185,000
	275,000	SONOCO PRODUCTS CO	08/01/2029	04.600%	09/01/2029	267,803	274,960
	250,000	SOUTHERN CO GAS CAPITAL	04.950%	09/15/2034		241,933	251,845
	100,000	SOUTHWESTERN ELEC POWER	01/01/2033	05.300%	04/01/2033	98,888	99,986
	230,000	SPECTRA ENERGY PARTNERS	12/15/2024	03.500%	03/15/2025	229,241	242,057
	180,000	SPRINGLEAF FINANCE CORP COGT	07.125%	03/15/2026		183,233	183,150
	90,000	STARWOOD PROPERTY TRUST	09/15/2024	04.750%	03/15/2025	89,953	85,490
	1,820,000	STARWOOD PROPERTY TRUST SER	01/15/2026	03.625%	07/15/2026	1,756,500	1,810,876
	135,000	STARWOOD PROPERTY TRUST SER	07/15/2026	04.375%	01/15/2027	130,523	131,625
	165,000	STATE STREET CORP	02/20/2028	VAR%	02/20/2029	163,107	165,000
	90,000	STATE STREET CORP	11/04/2025	VAR%	11/04/2026	90,715	90,000
	157,000	SUBWAY FUNDING LLC	2024 1A A2I	06.028%	07/30/2054	158,911	158,926
	110,000	SUBWAY FUNDING LLC	2024 3A A23	05.914%	07/30/2054	107,400	109,931
	275,000	SUMITOMO MITSUI FINL GRP SEDOL BMHLCY7	01.902%	09/17/2028		246,408	264,324
	890,000	SUNOCO LP/FINANCE CORP SER WI	03/15/2023	05.875%	03/15/2028	886,369	881,723
	1,035,000	SUNOCO LP/FINANCE CORP SER WI	04/15/2022	06.000%	04/15/2027	1,032,951	1,025,034
	145,000	SUTTER HEALTH	02/15/2033	05.164%	08/15/2033	143,911	143,859
	95,000	SYNCHRONY CARD ISSUANCE TRUST	2022 A1 A	03.370%	04/17/2028	94,640	94,991
	160,000	SYNCHRONY CARD ISSUANCE TRUST	2023 A1 A	05.540%	07/15/2029	162,218	159,888
	135,000	SYNCHRONY CARD ISSUANCE TRUST	2023 A2 A	05.960%	10/15/2029	137,564	134,976
	152,288	TACO BELL FUNDING, LLC	2021 1A A2	01.946%	08/25/2051	142,215	135,750
	118,883	TACO BELL FUNDING, LLC	2021 1A A2	02.294%	08/25/2051	105,431	118,883
		<u>Forward</u>				\$ 111,096,074	\$ 112,021,573

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 111,096,074	\$ 112,021,573
\$ 107,000	TAKE-TWO INTERACTIVE SOF 03.550% 04/14/2025	106,606	106,955
870,000	TALLGRASS NRG PRTNR/FIN SER 01/15/2023 05.500% 01/15/2028	836,705	833,141
830,000	TALLGRASS NRG PRTNR/FIN SER 02/15/2026 07.375% 02/15/2029	832,631	830,000
220,000	TALLGRASS NRG PRTNR/FIN SER 03/01/2023 06.000% 03/01/2027	217,976	215,125
125,000	TAPESTRY INC 02/11/2030 05.100% 03/11/2030	123,623	124,845
135,000	TEGNA INC 03/15/2023 COGT 04.625% 03/15/2028	127,575	124,200
1,795,000	TEGNA INC SER 03/15/2023 04.750% 03/15/2026	1,770,355	1,824,888
880,000	TENET HEALTHCARE CORP SR GLBL NT27 05.125% 11/01/2027	861,846	865,225
1,185,000	TENET HEALTHCARE CORP SR SEC GLBL NT29 04.250% 06/01/2029	1,112,478	1,097,837
360,000	TEVA PHARMACEUTICAL INDU SEDOL BM92G79 04.750% 05/09/2027	351,295	345,241
1,335,000	TEVA PHARMACEUTICALS NE SEDOL US88167AAE10 03.150% 10/01/2026	1,282,802	1,200,674
300,000	TEVA PHARMACEUTICALS NE SEDOL 2FV7YL2 06.750% 03/01/2028	306,318	303,350
94,544	TEXAS NATURAL GAS SECURITIZTN FINANCE CO REV 05.102% 04/01/2035	94,743	94,544
47,000	T-MOBILE USA INC 04/15/2024 COGT 03.375% 04/15/2029	43,868	41,244
245,000	T-MOBILE USA INC 04/15/2033 COGT 05.050% 07/15/2033	239,902	240,856
175,000	T-MOBILE USA INC SER WI 02/15/2027 03.750% 04/15/2027	170,968	172,917
30,000	TORONTO-DOMINION BANK SEDOL 2MSQMP1 VAR% 09/10/2034	29,351	30,000
220,000	TORONTO-DOMINION BANK SER MTN SEDOL BNG28J5 03.200% 03/10/2032	192,144	192,319
100,000	TOYOTA AUTO LOAN EXTENDED NOTE 2023 1A A 04.930% 06/25/2036	100,858	99,974
75,000	TOYOTA AUTO RECEIVABLES OWNER 2021 C A4 00.720% 01/15/2027	73,397	68,646
70,000	TOYOTA LEASE OWNER TRUST 2024 B A3 04.210% 09/20/2027	69,598	69,992
180,000	TOYOTA MOTOR CREDIT CORP 04.550% 08/09/2029	177,799	179,635
80,000	TOYOTA MOTOR CREDIT CORP 05.100% 03/21/2031	80,267	79,977
1,010,000	TRANSDIGM INC SER 02/15/2025 06.750% 08/15/2028	1,018,807	1,023,538
865,000	TRANSDIGM INC SER 03/01/2026 06.375% 03/01/2029	866,920	865,225
81,000	TRANSURBAN FINANCE CO SEDOL US89400PAG81 03.375% 03/22/2027	78,283	80,412
470,000	TRAVEL + LEISURE CO SER 04/30/2026 06.625% 07/31/2026	475,024	469,349
128,986	TRICON AMERICAN HOMES 2019 SFR1 A 02.750% 03/17/2038	126,260	116,168
108,592	TRICON RESIDENTIAL 2022 SFR2 A 04.849% 07/17/2040	107,629	108,590
311,000	TRUIST FINANCIAL CORP SER MTN 01/24/2034 VAR% 01/24/2035	313,379	311,000
135,000	TRUIST FINANCIAL CORP SER MTN 08/05/2031 VAR% 08/05/2032	133,421	135,000
104,860	UBS BARCLAYS COMMERCIAL MTG 2013 C5 B VAR% 03/10/2046	97,049	96,471
80,000	UBS COMMERCIAL MORTGAGE TRUST 2017 C6 C VAR% 12/15/2050	69,979	68,325
120,000	UBS GROUP AG SEDOL US902613BB36 04.550% 04/17/2026	119,579	133,404
200,000	UBS GROUP AG SEDOL BDFBBB6 US90351DAF42 04.125% 04/15/2026	198,066	202,046
113,704	UNITED AIR 2014-1 A PTT SER A PASS 04.000% 10/11/2027	112,368	116,240
59,141	UNITED AIR 2020-1 A PTT SER 20-1 PASS 05.875% 04/15/2029	60,399	60,387
197,000	US BANCORP 01/23/2034 VAR% 01/23/2035	198,663	197,000
150,000	US BANCORP 07/23/2029 VAR% 07/23/2030	149,816	150,000
61,000	US BANCORP 10/21/2025 VAR% 10/21/2026	61,411	61,000
184,000	VANTAGE DATA CENTERS LLC 2020 2A A2 01.992% 09/15/2045	167,928	184,000
127,000	VERIZON COMMUNICATIONS 12/15/2031 02.355% 03/15/2032	105,321	107,968
124,000	VERIZON COMMUNICATIONS 12/21/2030 02.550% 03/21/2031	106,785	123,490
158,000	VERIZON COMMUNICATIONS 12/21/2030 02.550% 03/21/2031	136,065	151,454
159,000	VERIZON COMMUNICATIONS SER 11/15/2034 04.780% 02/15/2035	151,357	177,851
90,000	VERIZON MASTER TRUST 2022 6 A 03.670% 01/22/2029	89,593	89,598
140,000	VERIZON MASTER TRUST 2024 7 A 04.350% 08/20/2032	137,144	139,961
	<u>Forward</u>	\$ 125,380,425	\$ 126,331,635

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 125,380,425	\$ 126,331,635
\$ 160,000	VIRGINIA ELEC & POWER CO SER B 04/15/2027 03.750% 05/15/2027	156,691	158,066
258,000	VIRGINIA POWER FUEL SEC SER A-2 SECR 04.877% 05/01/2033	257,819	257,991
1,870,000	VISTRA OPERATIONS CO LLC SER 09/01/2021 05.500% 09/01/2026	1,864,110	1,819,651
243,000	VMWARE INC 07/15/2026 01.400% 08/15/2026	230,196	242,587
65,000	WALT DISNEY COMPANY/THE 06/01/2029 COGT 02.000% 09/01/2029	57,800	64,036
130,000	WALT DISNEY COMPANY/THE COGT 01.750% 01/13/2026	126,532	129,663
100,000	WB COMMERCIAL MORTGAGE TRUST 2024 HQ A VAR% 03/15/2040	100,311	100,375
108,000	WEC ENERGY GROUP INC 08/15/2027 01.375% 10/15/2027	98,577	107,914
55,000	WELLS FARGO & COMPANY 01/22/2034 VAR% 01/23/2035	54,766	55,000
180,000	WELLS FARGO & COMPANY 03.000% 04/22/2026	176,063	179,481
45,000	WELLS FARGO & COMPANY 07/25/2033 VAR% 07/25/2034	44,940	45,000
130,000	WELLS FARGO & COMPANY SER MTN 03/24/2027 VAR% 03/24/2028	126,091	127,073
174,000	WELLS FARGO & COMPANY SR UNSEC 04/29/25 @ 100 VAR% 04/30/2026	172,425	174,000
97,000	WELLS FARGO COMM MTG TRUST 2015-C28 A4 03.540% 05/15/2048	96,448	95,939
145,000	WELLS FARGO COMMERCIAL MORTGAG 2017 C38 C VAR% 07/15/2050	131,229	127,413
125,000	WELLS FARGO COMMERCIAL MORTGAG 2019 C50 C 04.345% 05/15/2052	111,339	108,584
90,000	WELLS FARGO COMMERCIAL MORTGAGE 2015 NXS3 AS VAR% 09/15/2057	88,813	86,611
184,000	WELLS FARGO COMMERCIAL MORTGAGE 2016 C32 A4 03.560% 01/15/2059	181,376	174,584
55,000	WELLS FARGO COMMERCIAL MORTGAGE 2017 C40 A4 03.581% 10/15/2050	52,886	50,987
217,987	WENDYS FUNDING LLC 2021 1A A2 02.370% 06/15/2051	194,065	218,637
1,205,000	WESCO DISTRIBUTION INC SER 03/15/2026 06.375% 03/15/2029	1,221,111	1,213,485
1,820,000	WESTERN DIGITAL CORP 11/15/2025 COGT 04.750% 02/15/2026	1,802,455	1,957,009
1,295,000	WESTERN MIDSTREAM OPERAT 01/01/2025 03.100% 02/01/2025	1,291,737	1,275,975
200,000	WESTERN MIDSTREAM OPERAT 12/15/2028 06.350% 01/15/2029	206,834	199,572
178,063	WHEELS FLEET LEASE FUNDING LLC 2023 1A A 05.800% 04/19/2038	179,181	177,020
70,000	WISCONSIN ELECTRIC POWER 04/15/2028 01.700% 06/15/2028	63,456	66,835
170,000	WORLD FINANCIAL NETWORK CREDIT 2023 A A 05.020% 03/15/2030	170,899	169,233
100,000	WORLD FINANCIAL NETWORK CREDIT 2024 A A 05.470% 02/15/2031	101,642	99,984
1,370,000	WYNDHAM WORLDWIDE CORP 07/01/2025 @ 100.000 05.100% 10/01/2025	1,373,480	1,433,144
1,555,000	XPO INC SER 06/01/2025 06.250% 06/01/2028	1,564,480	1,557,494
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 137,678,177</u>	<u>\$ 138,804,978</u>

GOVERNMENT DEBT SECURITIES

\$ 250,000	ALABAMA ECON SETTLEMENT AUTH B 295 BP 04.263% 09/15/2032	\$ 239,048	\$ 240,090
95,000	CALIFORNIA ST BID GROUP GO 02.500% 10/01/2029	86,574	105,092
150,000	CURATORS OF THE UNIV OF MISSOU REF 01.714% 11/01/2025	146,744	150,000
110,000	DENVER CITY & CNTY CO ARPT REF-SER C REV 01.722% 11/15/2027	101,801	110,000
385,000	FEDERAL HOME LOAN BANK BNDS 10/08/2024 01.350% 07/08/2030	322,141	336,247
365,000	FEDERAL HOME LOAN BANK STRUCT NTS 12/30/21 @ 100 VAR% 09/30/2031	317,743	321,758
288,083	FEDERAL HOME LOAN MTG CORP POOL QH0395 06.000% 08/01/2053	291,917	286,823
93,362	FEDERAL HOME LOAN MTG CORP POOL QH0533 06.000% 09/01/2053	94,604	92,954
69,472	FEDERAL HOME LOAN MTG CORP POOL QN7488 02.500% 09/01/2036	63,526	73,261
186,689	FEDERAL HOME LOAN MTG CORP POOL SB0935 03.000% 07/01/2033	177,898	175,269
228,496	FEDERAL HOME LOAN MTG CORP POOL SB1091 02.500% 04/01/2036	216,573	214,858
	<u>Forward</u>	<u>\$ 2,058,569</u>	<u>\$ 2,106,352</u>

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 2,058,569	\$ 2,106,352
\$ 84,977	FEDERAL HOME LOAN MTG CORP POOL SD8407 05.000% 03/01/2054	82,045	82,687
17,840	FEDERAL HOME LOAN MTG POOL SD8030 03.000% 12/01/2049	15,389	18,619
38,311	FEDERAL NATL MTG ASSN POOL BM6482 VAR% 04/01/2047	39,370	39,963
30,664	FEDERAL NATL MTG ASSN POOL CA4435 04.500% 10/01/2049	29,203	33,466
73,069	FEDERAL NATL MTG ASSN POOL CA5624 02.500% 04/01/2035	67,457	68,788
45,431	FEDERAL NATL MTG ASSN POOL CA6871 02.500% 08/01/2035	41,591	48,037
71,278	FEDERAL NATL MTG ASSN POOL FM1756 05.000% 07/01/2047	70,995	79,096
47,718	FEDERAL NATL MTG ASSN POOL FM5759 04.500% 04/01/2050	45,442	52,683
31,821	FEDERAL NATL MTG ASSN POOL FM7685 03.000% 06/01/2051	27,224	33,562
291,211	FEDERAL NATL MTG ASSN POOL FM8444 02.000% 06/01/2036	259,254	261,859
169,621	FEDERAL NATL MTG ASSN POOL FS0160 02.500% 06/01/2033	160,239	159,497
87,257	FEDERAL NATL MTG ASSN POOL FS3669 04.000% 03/01/2046	82,329	86,016
281,543	FEDERAL NATL MTG ASSN POOL FS8159 02.500% 07/01/2037	257,823	262,803
528,902	FEDERAL NATL MTG ASSN POOL FS9203 06.000% 09/01/2054	531,520	535,017
93,600	FEDERAL NATL MTG ASSN POOL MA4626 04.000% 06/01/2052	85,752	92,942
41,414	FEDERAL NATL MTG ASSN POOL MA5139 06.000% 09/01/2053	41,635	41,323
79,408	GOVT NATL MTG ASSN II POOL 785283 02.500% 01/20/2051	66,375	84,619
120,000	LOS ANGELES CA DEPT OF ARPTS A REF-SUBORD REV 00.698% 05/15/2025	118,409	120,000
200,000	NEW JERSEY ST TURNPIKE AUTH TU REF-SER B REV 01.483% 01/01/2028	182,984	200,000
160,000	NEW YORK NY REF-FISCAL GO 03.110% 08/01/2025	158,880	171,013
175,000	SALES TAX SECURITIZATION CORP 2ND LIEN-R REV 04.736% 01/01/2030	173,336	175,000
3,376,000	USA TREASURY NOTE 04.375% 08/31/2028	3,378,701	3,396,084
1,251,000	USA TREASURY NOTES 03.375% 05/15/2033	1,149,644	1,184,796
4,037,000	USA TREASURY NOTES 03.625% 05/31/2028	3,948,590	3,942,333
136,000	USA TREASURY NOTES 03.875% 08/15/2033	129,434	131,631
607,000	USA TREASURY NOTES 03.875% 08/15/2034	573,943	599,567
5,780,000	USA TREASURY NOTES 03.875% 10/15/2027	5,719,252	5,774,471
420,000	USA TREASURY NOTES 04.000% 01/31/2029	414,246	412,026
1,460,000	USA TREASURY NOTES 04.000% 02/15/2034	1,397,746	1,422,457
2,450,000	USA TREASURY NOTES 04.000% 07/31/2029	2,411,168	2,438,076
1,685,000	USA TREASURY NOTES 04.125% 10/31/2026	1,681,158	1,681,175
6,445,000	USA TREASURY NOTES 04.125% 10/31/2029	6,370,754	6,434,344
4,585,000	USA TREASURY NOTES 04.125% 10/31/2031	4,487,844	4,572,880
427,000	USA TREASURY NOTES 04.125% 11/30/2029	422,149	422,626
281,000	USA TREASURY NOTES 04.250% 11/15/2034	273,677	274,579
3,745,000	USA TREASURY NOTES 04.250% 11/15/2034	3,647,405	3,688,316
609,000	USA TREASURY NOTES 04.375% 11/30/2028	609,250	619,392
4,064,000	USA TREASURY NOTES 04.625% 04/30/2029	4,102,933	4,124,952
224,000	USA TREASURY NOTES TREASURY INFLATION PROTECT 00.125% 01/15/2030	249,583	236,946
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 45,563,298</u>	<u>\$ 46,109,993</u>
NO. OF SHARES	<u>COMMON/COLLECTIVE TRUST</u>		
24,885	LONGVIEW LARGE CAP 500 VEBA INDEX FUND	<u>\$ 23,717,971</u>	<u>\$ 12,837,189</u>

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

<u>LIMITED PARTNERSHIPS</u>	<u>FAIR VALUE</u>	<u>COST</u>
BOYD WATTERSON STATE GOVERNMENT FUND L.P.	\$ 10,516,196	\$ 10,846,037
BOYD WATTERSON GSA FUND L.P.	9,602,352	10,773,335
GROSVENOR INSTITUTIONAL PARTNERS, L.P.	13,641,978	10,990,777
<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 33,760,526</u>	<u>\$ 32,610,149</u>

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6096327; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Federated Hermes Govt Obligation Fund	Purchases	\$ 10,539,644	\$ -	\$ 10,539,644	\$ -
	Sales	-	6,162,232	6,162,232	-

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 06/29/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND 1141 HARBOR BAY PKWY STE 100 ALAMEDA, CA 94502	2b Employer Identification Number (EIN) 94-6096327 2c Plan Sponsor's telephone number 510-671-8800 2d Business code (see instructions) 236200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Don Beding</i>	<i>10/7/25</i>	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

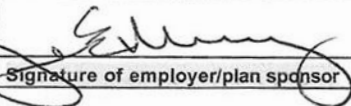
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>06/29/1962</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, PENSIONED OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND 1141 HARBOR BAY PKWY STE 100 ALAMEDA, CA 94502	2b Employer Identification Number (EIN) <u>94-6096327</u> 2c Plan Sponsor's telephone number <u>510-671-8800</u> 2d Business code (see instructions) <u>236200</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/6/2025</u>	<u>James E. Murray</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6096327; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Federated Hermes Govt Obligation Fund	Purchases	\$ 10,539,644	\$ -	\$ 10,539,644	\$ -
	Sales	-	6,162,232	6,162,232	-

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	SHORT TERM INVESTMENT FUND	FAIR VALUE	COST
\$ 4,377,412	FEDERATED HERMES GOVT OBLIGATION FUND	\$ 4,377,412	\$ 4,377,412
<u>CORPORATE DEBT SECURITIES</u>			
\$ 200,000	11/26/2027 VAR% 11/26/2028	\$ 200,222	\$ 200,000
175,000	ABBVIE INC 08/21/2029 03.200% 11/21/2029	162,426	180,995
78,672	AIR CANADA 2015-1A PTT SEDOL CA009090AA93 03.600% 09/15/2028	76,548	78,672
145,000	AIR LEASE CORP 01/01/2025 03.250% 03/01/2025	144,585	139,181
65,000	AIR LEASE CORP 01/01/2025 03.250% 03/01/2025	64,814	63,503
94,000	AIR LEASE CORP 11/15/2027 05.850% 12/15/2027	96,357	93,025
1,960,000	ALBERTSONS COS/SAFEWAY 03.250% 03/15/2026	1,912,137	1,959,299
100,000	ALEN 2021-ACEN MORTGAGE TRUST 2021 ACEN A VAR% 04/15/2034	92,749	90,969
120,000	ALEXANDRIA REAL ESTATE E 04/01/2030 COGT 04.700% 07/01/2030	117,139	113,810
141,000	ALEXANDRIA REAL ESTATE E 05/15/2031 COGT 03.375% 08/15/2031	126,187	158,817
261,000	ALLEGION US HOLDING CO 02/28/2034 COGT 05.600% 05/29/2034	262,313	260,131
85,000	ALLY AUTO RECEIVABLES TRUST 2023 05.270% 11/15/2028	86,080	84,728
170,000	AMAZON.COM INC 02/13/2029 03.450% 04/13/2029	163,028	169,633
50,772	AMER AIRLN 15-2 A PASS T SER A PASS 04.000% 03/22/2029	48,806	41,528
1,445,000	AMERICAN AIRLINES/AADVAN SEDOL BM8H716 05.500% 04/20/2026	1,440,333	1,422,856
510,000	AMERICAN AIRLINES/AADVAN SEDOL BM8H783 05.750% 04/20/2029	505,762	501,978
155,000	AMERICAN ELECTRIC POWER 12/01/2032 05.625% 03/01/2033	156,583	155,831
115,000	AMERICAN EXPRESS CO 10/30/2030 VAR% 10/30/2031	122,921	115,000
200,000	AMERICAN HOMES 4 RENT 11/01/2033 05.500% 02/01/2034	199,174	199,786
165,000	AMERICAN HONDA FINANCE 04.700% 01/12/2028	164,559	165,108
140,000	AMERICAN HONDA FINANCE SER MTN 01.200% 07/08/2025	137,596	139,966
138,000	AMERICAN TOWER TRUST I 03/15/2027 SECR 05.490% 03/15/2053	139,343	138,000
38,202	AMERICREDIT AUTOMOBILE C 00.890% 10/19/2026	37,870	35,665
50,000	AMERICREDIT AUTOMOBILE RECEIVA D 01.210% 12/18/2026	49,146	45,813
47,891	AMSR TRUST 2020 SFR5 A 01.379% 11/17/2037	46,742	47,890
145,000	ANHEUSER BUSCH INBEV WORLDWIDE 04.750% 01/23/2029	144,942	144,104
280,000	APPLOVIN CORP 10/01/2031 05.375% 12/01/2031	280,073	279,659
105,000	APTIV IRISH HOLDINGS LTD SEDOL BNYF3Q8 03.250% 03/01/2032	90,597	104,580
125,000	ARIZONA PUBLIC SERVICE 09/15/2032 06.350% 12/15/2032	131,999	128,889
207,000	ASHTAD CAPITAL INC SER 01/15/2034 05.800% 04/15/2034	207,157	209,271
121,000	AVIATION CAPITAL GROUP SER 12/30/2025 01.950% 01/30/2026	117,157	119,843
260,000	AVIS BUDGET RENTAL CAR FUNDING A 05.230% 12/20/2030	261,628	259,881
150,000	AVOLON HOLDINGS FNDG LTD 05.750% 11/15/2029	151,830	148,790
105,000	AVOLON HOLDINGS FNDG LTD SEDOL N.A. 04.950% 01/15/2028	104,047	104,575
150,000	AVOLON HOLDINGS FNDG LTD SEDOL 2G9YBS8 02.875% 02/15/2025	149,508	147,405
107,000	BAE SYSTEMS HOLDINGS INC SER 03.850% 12/15/2025	106,009	121,163
206,000	BAE SYSTEMS PLC SEDOL US05523RAJ68 05.125% 03/26/2029	206,457	205,355
125,000	BALTIMORE GAS & ELECTRIC 05/15/2026 02.400% 08/15/2026	120,600	117,306
80,000	BANC ONE CORP SUB DEB 07.625% 10/15/2026	83,928	100,421
127,000	BANK 2017 BNK6 A5 03.518% 07/15/2060	122,443	121,622
141,000	BANK 2017 BNK9 A4 03.538% 11/15/2054	135,412	131,863
178,000	BANK 2018 BN10 A5 03.688% 02/15/2061	171,247	171,338
80,000	BANK 2019 BN19 AS 03.446% 08/15/2061	70,978	66,659
52,000	BANK OF AMERICA CORP 04/23/2026 @100 VAR% 04/23/2027	51,165	57,171
	<u>Forward</u>	\$ 9,260,597	\$ 9,342,079

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 9,260,597	\$ 9,342,079
\$ 66,000	BANK OF AMERICA CORP 07/22/2027 VAR% 07/22/2028	66,139	66,000
80,000	BANK OF AMERICA CORP 10/20/2031 VAR% 10/20/2032	67,502	74,507
95,000	BANK OF AMERICA CORP MTN @ 100 VAR% 01/20/2028	93,085	98,019
135,000	BANK OF AMERICA CORP SER MTN 04/02/2025 VAR% 04/02/2026	134,478	132,973
308,000	BANK OF AMERICA CORP SR UNSEC @ 100 VAR% 12/20/2028	295,301	303,733
145,000	BANK OF AMERICA CORPORATION SER MTN @ 100 VAR% 02/13/2031	127,497	138,534
40,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 04/22/2032	34,384	40,000
126,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 07/22/2027	120,120	126,000
65,000	BANK OF AMERICA CORPORATION SR UNSEC @ 100 VAR% 07/22/2027	61,966	65,000
140,000	BANK OF AMERICA CREDIT CARD TR 2022 05.000% 04/17/2028	140,717	141,548
205,000	BANK OF MONTREAL SEDOL US06368FAJ84 02.650% 03/08/2027	196,773	188,028
120,000	BANK OF MONTREAL SER MTN SEDOL 03.700% 06/07/2025	119,447	117,845
160,000	BANK OF NY MELLON CORP 07/22/2031 VAR% 07/22/2032	159,594	160,000
125,000	BARCLAYS COMMERCIAL MORTGAGE S 2018 TALL A VAR% 03/15/2037	118,281	117,595
271,000	BARCLAYS PLC 09/13/2028 VAR% 09/13/2029	281,864	278,406
130,000	BAT CAPITAL CORP 12/20/2030 COGT 05.834% 02/20/2031	132,894	130,000
105,000	BAT INTL FINANCE PLC SEDOL QAP54 04.448% 03/16/2028	103,308	103,190
100,000	BAYER US FINANCE LLC 06.500% 11/21/2033	101,741	199,478
135,000	BENCHMARK MORTGAGE TRUST 2018 B1 C VAR% 01/15/2051	115,264	108,885
80,000	BENCHMARK MORTGAGE TRUST 2018 B3 A5 04.025% 04/10/2051	76,886	75,931
45,000	BENCHMARK MORTGAGE TRUST 2018 B7 C VAR% 05/15/2053	38,399	36,777
145,000	BENCHMARK MORTGAGE TRUST 2019 B10 A4 03.717% 03/15/2062	137,141	133,083
100,000	BENCHMARK MORTGAGE TRUST 2019 B11 A5 03.542% 05/15/2052	92,505	93,262
65,000	BENCHMARK MORTGAGE TRUST 2019 B12 A4 02.858% 08/15/2052	58,981	65,650
45,000	BENCHMARK MORTGAGE TRUST 2019 B13 A3 02.701% 08/15/2057	40,607	48,459
190,000	BENCHMARK MORTGAGE TRUST 2019 B14 C VAR% 12/15/2062	140,822	138,411
80,000	BENCHMARK MORTGAGE TRUST 2019 B15 C VAR% 12/15/2072	61,827	60,969
83,980	BENCHMARK MORTGAGE TRUST 2020 B19 A2 01.691% 09/15/2053	82,131	86,496
146,000	BENCHMARK MORTGAGE TRUST 2021 B23 A2 01.620% 02/15/2054	128,476	150,378
90,000	BENCHMARK MORTGAGE TRUST 2022 B37 AS VAR% 11/15/2055	91,334	89,452
81,000	BLACKSTONE HOLDINGS FINA SER 07/02/2027 03.150% 10/02/2027	77,472	84,545
233,000	BMO MORTGAGE TRUST 2023 C7 A5 06.160% 12/15/2056	246,693	239,989
180,000	BOEING CO/THE SER WI 03/01/2031 06.388% 05/01/2031	188,194	180,000
1,975,000	BOYD GAMING CORP 12/01/2022 COGT 04.750% 12/01/2027	1,909,410	1,870,439
110,000	BRIDGECREST LENDING AUTO SECUR 06.030% 11/15/2029	111,508	109,985
90,000	BRIDGECREST LENDING AUTO SECUR 2024 05.940% 02/15/2030	91,285	89,992
85,000	BRIDGECREST LENDING AUTO SECUR 2024 04.770% 08/15/2030	84,864	84,992
995,000	BRINKS CO/THE SER 06/15/2026 06.500% 06/15/2029	1,008,353	1,004,956
94,000	BROADCOM INC 01/15/2029 COGT 04.750% 04/15/2029	93,368	105,315
104,000	BROADCOM INC 06/15/2028 COGT 04.110% 09/15/2028	101,589	96,434
52,000	BROADCOM INC SER 12/15/2027 01.950% 02/15/2028	47,606	51,866
160,000	BROADRIDGE FINANCIAL SOL 09/01/2029 02.900% 12/01/2029	144,650	164,287
129,000	BROOKFIELD FINANCE INC SEDOL BD0FYX6 03.900% 01/25/2028	125,498	138,203
14,000	BROOKFIELD FINANCE INC SEDOL BMCKZ40 02.724% 04/15/2031	12,165	11,794
110,000	BROOKLYN UNION GAS CO SER 04.866% 08/05/2032	104,380	108,989
35,000	BX TRUST 2019 OC11 B 03.605% 12/09/2041	31,936	36,049
150,000	BX TRUST 2021 ARIA C VAR% 10/15/2036	149,577	149,250
	<u>Forward</u>	\$ 17,208,609	\$ 17,437,773

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 17,208,609	\$ 17,437,773
\$ 100,000	BX TRUST 2021 VOLT C VAR% 09/15/2036	99,437	100,000
132,475	BX TRUST 2023 XL3 A VAR% 12/15/2040	133,013	132,144
195,000	BX TRUST 2024 BRBK A VAR% 10/15/2041	196,201	194,025
142,885	BX TRUST 2024 XL4 A VAR% 02/15/2039	143,465	143,332
235,206	BX TRUST 2024 XL5 A VAR% 03/15/2041	236,161	234,618
95,000	BX TRUST 2019-OC11 2019 OC11 C 03.856% 12/09/2041	86,564	97,844
292,000	CAPITAL ONE FINANCIAL CO 02/01/2034 VAR% 02/01/2035	296,687	293,880
17,000	CAPITAL ONE FINANCIAL CO 05/10/2027 VAR% 05/10/2028	16,945	16,883
125,000	CAPITAL ONE FINANCIAL CO SER . 10/30/2030 VAR% 10/30/2031	138,014	125,000
50,000	CAPITAL ONE MULTI-ASSET EXECUT A 02.060% 08/15/2028	48,105	49,987
25,000	CARMAX AUTO OWNER TRUST 2021 00.740% 01/15/2027	24,377	22,289
42,082	CARMAX AUTO OWNER TRUST 2021 00.530% 10/15/2026	41,803	42,079
85,000	CARMAX AUTO OWNER TRUST 2021 01.550% 10/15/2027	83,853	80,355
140,000	CARMAX AUTO OWNER TRUST 2022 01.700% 08/16/2027	135,425	139,969
150,000	CARMAX AUTO OWNER TRUST 2023 05.010% 11/15/2028	150,837	149,838
90,000	CARMAX AUTO OWNER TRUST 2023 05.570% 11/15/2028	91,184	90,007
75,000	CARMAX AUTO OWNER TRUST 2024 05.470% 08/15/2029	75,896	74,994
1,875,000	CENTENE CORP SER WI 12/15/2022 04.250% 12/15/2027	1,816,313	1,742,066
103,669	CF HIPPOLYTA ISSUER LLC 2021 1A A1 01.530% 03/15/2061	98,284	90,828
120,000	CHARTER COMM OPERATING, LLC 03.750% 02/15/2028	114,301	110,176
1,875,000	CHARTER COMM OPT LLC 04/23/2025 04.908% 07/23/2025	1,872,769	1,890,569
148,000	CHARTER COMM OPT LLC/CAP SECR 06.100% 06/01/2029	150,861	147,917
100,000	CHASE AUTO OWNER TRUST 2024 04.330% 04/25/2030	97,204	99,985
145,000	CIGNA CORP SER WI 12/01/2026 03.400% 03/01/2027	140,999	136,935
100,000	CITIBANK CREDIT CARD ISSUANCE 2018 03.960% 10/15/2030	97,530	101,094
125,000	CITIGROUP COMMERCIAL MORTGAGE 2015 GC29 AS 03.457% 04/10/2048	124,136	122,656
130,000	CITIGROUP COMMERCIAL MORTGAGE 2015 GC29 C VAR% 04/10/2048	126,407	119,600
110,000	CITIGROUP COMMERCIAL MORTGAGE 2015 P1 A5 03.717% 09/15/2048	109,080	120,605
47,628	CITIGROUP COMMERCIAL MORTGAGE 2017 C4 AAB 03.297% 10/12/2050	46,747	49,055
211,000	CITIGROUP INC 03.400% 05/01/2026	207,362	206,054
61,000	CITIGROUP INC 07/21/2026 @ 100.000 03.200% 10/21/2026	59,322	62,488
85,000	CITIGROUP INC 11/03/2031 VAR% 11/03/2032	70,876	71,596
170,000	CITIGROUP INC SR UNSEC 01/29/30 @ 100 VAR% 01/29/2031	150,408	142,792
200,000	CITIGROUP INC SUB 04.450% 09/29/2027	197,290	223,822
206,000	CITIZENS AUTO RECEIVABLES TRUS 2023 06.280% 02/15/2028	208,795	205,989
85,000	CITIZENS FINANCIAL GROUP @ 100.000 SUB 04.300% 12/03/2025	84,439	93,481
145,000	CITIZENS FINANCIAL GROUP 01/23/2029 VAR% 01/23/2030	147,136	145,000
35,000	CITIZENS FINANCIAL GROUP 07/02/2032 SUB 02.638% 09/30/2032	28,127	35,006
1,345,000	CLEARWAY ENERGY OP LLC SER 04.750% 03/15/2028	1,286,264	1,305,738
190,000	CLEVELAND-CLIFFS INC SER 11/01/2026	187,967	190,000
51,819	CNH EQUIPMENT TRUST 2022 A A3 02.830% 07/15/2027	51,346	51,815
155,000	CNH EQUIPMENT TRUST 2024 A A3 04.770% 06/15/2029	155,451	154,963
70,000	COCA-COLA CO/THE 03.375% 03/25/2027	68,546	69,987
60,000	COLUMBIA PIPELINES OPCO SER 05.927% 08/15/2030	61,759	59,999
112,000	COLUMBIA PIPELINES OPCO SER 06.036% 11/15/2033	114,890	112,040
100,000	COMCAST CORP 02/01/2027 03.300% 04/01/2027	97,145	99,733
150,000	COMERICA INC 01/30/2029 VAR% 01/30/2030	151,682	150,000
	<u>Forward</u>	\$ 27,330,012	\$ 27,537,006

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 27,330,012	\$ 27,537,006
\$ 45,000	COMM MORTGAGE TRUST 2015 CR23 A4 03.497% 05/10/2048	44,845	42,546
272,000	COMM MORTGAGE TRUST 2015 CR25 A4 03.759% 08/10/2048	269,813	306,003
45,000	COMM MORTGAGE TRUST 2015-CR24 A5 03.696% 08/10/2055	44,667	42,813
129,000	COMM MORTGAGE TRUST 2016-DC2 03.765% 02/10/2049	127,320	143,820
48,828	COMM MTG TRUST 2015-PC1 A5 VAR% 07/10/2050	48,664	46,464
135,000	COMMONWEALTH EDISON CO 05/15/2027 MORT 02.950% 08/15/2027	129,541	132,535
35,000	CONSTELLATION BRANDS INC 02/09/2027 COGT 03.500% 05/09/2027	34,016	34,918
156,000	CONSTELLATION SOFTWARE SEDOL BRK37H3 05.461% 02/16/2034	156,359	156,000
205,000	CONSUMERS ENERGY CO 01/01/2028 MORT 04.650% 03/01/2028	204,379	205,224
318,000	COOPERATIEVE RABOBANK UA SER 09/24/2025 VAR% 09/24/2026	308,892	318,000
324,000	COREBRIDGE GLOB FUNDING 295 SER SCR D 04.650% 08/20/2027	322,811	323,948
450,000	COX COMMUNICATIONS INC SER 03.350% 09/15/2026	439,169	423,104
250,000	CREDIT SUISSE NEW YORK SEDOL US22550L2L41 07.950% 01/09/2025	250,118	249,500
1,995,000	CROWN AMER/CAP CORP VI 02/01/2021 COGT 04.750% 02/01/2026	1,973,195	1,935,158
155,000	CROWN CASTLE INC 08/01/2029 04.900% 09/01/2029	153,278	154,591
110,000	CSAIL COMMERCIAL MORTGAGE TRUS 2016 C7 B VAR% 11/15/2049	103,668	101,063
45,000	CSAIL COMMERCIAL MTG TRUST 2015-C3 A4 03.7182% 08/15/2048	44,636	43,831
269,841	CVS PASS THROUGH TRUST PASS THRU CERTS 07.507% 01/10/2032	284,132	291,072
47,356	CVS PASS-THROUGH TRUST SER 08.353% 07/10/2031	50,980	59,042
133,524	CVS PASS-THROUGH TRUST SER PASS 05.926% 01/10/2034	132,359	133,846
22,184	DAIMLER TRUCKS RETAIL TRUST 2022 1 A3 05.230% 02/17/2026	22,210	22,182
85,000	DAIMLER TRUCKS RETAIL TRUST 2023 1 A3 05.900% 03/15/2027	85,859	84,999
55,000	DAIMLER TRUCKS RETAIL TRUST 2024 1 A4 05.740% 07/15/2031	55,922	54,988
182,360	DB MASTER FINANCE LLC 2021 1A A2II 02.493% 11/20/2051	164,646	182,360
581,000	DCP MIDSTREAM OPERATING 04/15/2025 COGT 05.375% 07/15/2025	581,720	631,256
46,741	DELL EQUIPMENT FINANCE TRUST 2023 1 A3 05.650% 09/22/2028	46,921	46,740
150,000	DELL INT LLC / EMC CORP 04/15/2030 SECR 06.200% 07/15/2030	157,203	152,142
46,048	DELTA AIR LINES 2020-AA SER AA PASS 02.000% 12/10/2029	42,394	46,048
66,915	DELTA AIR LINES/SKYMILES SER SECR 04.500% 10/20/2025	66,495	66,639
140,000	DEUTSCHE BANK COMMERCIAL MORTG 2016 C1 C VAR% 05/10/2049	123,063	121,139
155,000	DEUTSCHE BANK NY SEDOL US251526CW79 05.414% 05/10/2029	157,303	155,000
190,000	DEUTSCHE BANK NY SEDOL 2L3CYQ2 US251526CV96 VAR% 02/08/2028	192,025	190,000
70,000	DIGITAL REALTY TRUST LP 06/15/2027 COGT 03.700% 08/15/2027	68,046	70,022
175,000	DISCOVER CARD EXECUTION NOTE T 2023 A1 A 04.310% 03/15/2028	174,605	174,990
280,080	DOMINOS PIZZA MASTER ISSUER LL 2021 1A A2 02.662% 04/25/2051	254,413	234,736
51,388	DRIVE AUTO RECEIVABLES TRUST 2021 1 D 01.450% 01/16/2029	50,923	48,434
101,066	DRIVE AUTO RECEIVABLES TRUST 2021 2 D 01.480% 03/15/2029	99,377	96,322
90,000	DRIVE AUTO RECEIVABLES TRUST 2024 1 B 05.610% 01/16/2029	90,659	89,984
75,000	DRIVE AUTO RECEIVABLES TRUST 2024 2 C 04.670% 05/17/2032	74,254	74,992
178,000	DTE ENERGY CO 05/01/2028 04.875% 06/01/2028	177,377	177,907
150,000	DTE ENERGY CO 05/01/2028 04.875% 06/01/2028	149,475	149,922
78,000	DUKE ENERGY CORP SR NTS SER A 06.000% 12/01/2028	81,022	98,481
95,000	EDISON INTERNATIONAL 01/15/2032 05.250% 03/15/2032	93,978	94,937
109,000	ELEMENT FLEET MANAGEMENT SEDOL US286181AM42 05.643% 03/13/2027	110,572	109,019
110,000	ELEVANCE HEALTH INC 09/01/2031 04.950% 11/01/2031	108,177	109,736
132,000	ELEVANCE HEALTH INC 11/15/2032 04.750% 02/15/2033	126,518	131,790
106,000	ENERGY TRANSFER LP 01/15/2028 05.550% 02/15/2028	107,609	105,972
	<u>Forward</u>	\$ 35,915,620	\$ 36,201,221

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 35,915,620	\$ 36,201,221
\$ 154,000	ENERGY TRANSFER LP 06/01/2034 05.600% 09/01/2034	153,864	153,601
144,193	ENTERPRISE FLEET FINANCING LLC 2024 1 A2 05.230% 03/20/2030	145,226	144,173
143,000	EQUITABLE FINANCIAL LIFE SER SCRD 01.400% 07/07/2025	140,652	142,738
1,955,000	ESAB CORP SER 04/15/2026 06.250% 04/15/2029	1,979,320	1,970,244
75,000	EVERGY KANSAS CENTRAL 08/15/2033 MORT 05.900% 11/15/2033	77,494	74,916
115,000	EVERGY METRO 01/15/2033 MORT 04.950% 04/15/2033	112,158	114,854
80,000	EVERGY MISSOURI WEST INC SER 03/01/2034 05.650% 06/01/2034	80,869	79,927
155,000	EVERSOURCE ENERGY 02/01/2028 05.450% 03/01/2028	157,020	156,388
160,000	EVERSOURCE ENERGY 02/15/2031 05.850% 04/15/2031	164,117	159,974
20,000	EVERSOURCE ENERGY 02/15/2033 05.125% 05/15/2033	19,431	54,914
156,000	EXELON CORP 12/15/2031 03.350% 03/15/2032	138,111	155,894
169,987	EXETER AUTOMOBILE RECEIVABLES 2021 3A D 01.550% 06/15/2027	165,867	156,110
65,000	EXETER AUTOMOBILE RECEIVABLES 2023 1A D 07.120% 06/15/2029	66,175	64,993
134,281	FEDERAL HOME LOAN MTG CORP 2018 4 MA 03.500% 03/25/2058	127,562	140,822
69,440	FEDERAL HOME LOAN MTG CORP 2019 2 MA 03.500% 08/25/2058	65,495	72,456
105,000	FEDERAL HOME LOAN MTG CORP 2022 DNA2 M1 VAR% 02/25/2042	107,477	104,733
55,852	FEDERAL HOME LOAN MTG CORP 5070 DP 01.000% 08/25/2050	40,164	54,107
80,000	FEDERAL NATL MTG ASSN 2017 C02 2M VAR% 09/25/2029	83,071	82,913
130,000	FEDERAL NATL MTG ASSN 2020 SBT1 2M2 VAR% 02/25/2040	136,434	137,759
60,189	FEDERAL NATL MTG ASSN 2021-12 GC 03.500% 07/25/2050	53,276	65,230
65,000	FEDERAL NATL MTG ASSN 2022 R07 1M2 VAR% 06/25/2042	70,240	69,773
316,388	FEDERAL NATL MTG ASSN 2024 78 EV 05.500% 10/25/2035	310,583	320,430
127,000	FEDERAL REALTY INVESTMEN 01/15/2026 01.250% 02/15/2026	121,914	126,161
200,000	FERGUSON FINANCE PLC SEDOL US314890AB05 03.250% 06/02/2030	181,732	218,412
166,000	FHLMC MULTIFAMILY STRUCTURED P K137 A2 VAR% 11/25/2031	141,618	161,014
106,000	FHLMC MULTIFAMILY STRUCTURED P K141 A2 02.250% 02/25/2032	89,541	98,390
150,000	FIFTH THIRD BANCORP 01/29/2031 VAR% 01/29/2032	151,671	150,000
100,000	FIFTH THIRD BANCORP 07/28/2029 VAR% 07/28/2030	97,973	98,084
155,000	FIRST HORIZON BANK SER BKNT 02/01/2030 05.750% 05/01/2030	154,245	178,160
110,000	FIRST HORIZON NATIONAL 04/26/2024 04.000% 05/26/2025	109,486	107,672
58,516	FIRST INVESTORS AUTO OWNER TRU 2021 2A B 01.130% 11/15/2027	58,191	54,895
190,074	FIRSTKEY HOMES 2020-SFR1 TRUST 2021 SFR1 A 01.538% 08/17/2028	180,929	190,073
126,668	FIRSTKEY HOMES 2021-SFR3 TRUS 2021 SFR3 A 02.135% 12/17/2038	120,556	116,099
16,505	FLAGSHIP CREDIT AUTO TRUST 2020 1 D 02.480% 03/16/2026	16,438	15,762
4,358	FLAGSHIP CREDIT AUTO TRUST 2020 4 C 01.280% 02/16/2027	4,352	4,172
175,000	FLORIDA POWER & LIGHT CO 03/01/2028 MORT 05.050% 04/01/2028	176,680	176,248
210,000	FLORIDA POWER & LIGHT CO 03/15/2030 MORT 04.625% 05/15/2030	208,060	209,914
115,000	FLORIDA POWER & LIGHT CO 11/03/2031 MORT 02.450% 02/03/2032	97,044	95,527
20,743	FORD CREDIT AUTO OWNER TRUST 2022 D A3 05.270% 05/15/2027	20,834	20,740
215,000	FORD CREDIT FLOORPLAN MASTER O 2018 4 A 04.060% 11/15/2030	210,053	214,210
160,000	FORD CREDIT FLOORPLAN MASTER O 2020 2 A 01.060% 09/15/2027	156,094	146,820
195,000	FORD MOTOR CREDI 03/17/2031 03.625% 06/17/2031	168,648	166,358
277,000	FORD MOTOR CREDIT CO LLC 10/07/2028 06.798% 11/07/2028	287,019	277,000
1,995,000	FORTRESS TRANS & INFRASTR SER 05/01/2024 05.500% 05/01/2028	1,951,190	1,896,006
284,000	FOUNDRY JV HOLDCO LLC 11/15/2031 SECR 06.150% 01/25/2032	286,536	283,264
130,000	FOX CORP 07/13/2033	136,997	128,965
150,000	GA GLOBAL FUNDING TRUST SER SCRD 05.200% 12/09/2031	146,270	149,739
	<u>Forward</u>	\$ 45,584,297	\$ 45,961,855

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 45,584,297	\$ 45,961,855
\$ 184,000	GATX CORP 06.050% 03/15/2034	192,258	188,677
127,000	GEN LUX SARL/GEN USA INC SEDOL 2MGD4H0 06.000% 06/04/2029	129,855	126,957
273,000	GENERAL MOTORS FINL CO 08/15/2028 02.400% 10/15/2028	247,496	227,551
101,000	GENERAL MOTORS FINL CO 10/08/2030 02.350% 01/08/2031	84,473	94,076
700,000	GENTING NY LLC/GENNY CAP SER 10/01/2026 07.250% 10/01/2029	721,252	703,212
1,530,000	GFL ENVIRONMENTAL INC SEDOL US36168QAK04 03.750% 08/01/2025	1,514,914	1,570,458
770,000	GGAM FINANCE LTD SEDOL BP2DV75 US36170JAC09 08.000% 02/15/2027	794,224	774,619
1,080,000	GGAM FINANCE LTD SER 11/15/2025 07.750% 05/15/2026	1,094,969	1,080,000
192,000	GLOBAL ATLANTIC FIN CO SER 03/15/2031 03.125% 06/15/2031	164,700	169,386
155,000	GLOBAL PAYMENTS INC 01/15/2025 02.650% 02/15/2025	154,515	152,993
85,000	GLP CAPITAL LP / FIN II 10/15/2029 COGT 04.000% 01/15/2030	79,167	92,327
550,000	GLP CAPITAL LP / FIN II COGT 05.250% 06/01/2025	549,874	598,125
1,270,000	GLP CAPITAL LP / FIN II COGT 05.375% 04/15/2026	1,270,025	1,266,320
45,000	GLP CAPITAL LP / FIN II COGT 05.375% 04/15/2026	45,001	45,935
85,000	GM FIN CONSUMER AUTO REC TR SER 2023 4 05.780% 08/16/2028	86,438	84,983
253,000	GM FINANCIAL AUTOMOBILE LEASIN 2023 3 A3 05.380% 11/20/2026	254,323	252,970
140,000	GM FINANCIAL AUTOMOBILE LEASIN 2024 2 A3 05.780% 07/20/2027	141,540	139,992
165,677	GM FINANCIAL SECURITIZED TERM 2023 1 A3 04.660% 02/16/2028	165,836	165,652
100,000	GM FINANCIAL SECURITIZED TERM 2024 4 A3 04.400% 08/16/2029	99,698	99,981
90,000	GMAC INC CO GUARNT 08.000% 11/01/2031	99,507	117,331
100,000	GOLDMAN SACHS GROUP INC 10/21/2026 VAR% 10/21/2027	94,878	97,274
111,000	GOLDMAN SACHS GROUP INC 12/15/2029	104,094	110,116
115,000	GOLDMAN SACHS GROUP INC SR UNSEC 01/27/21 @ 100 VAR% 01/27/2032	94,905	107,447
125,000	GOLDMAN SACHS GROUP INC SR UNSEC 02/12/2025 @ 100 VAR% 02/12/2026	124,384	125,000
75,000	GOLDMAN SACHS GROUP INC SR UNSEC 03/09/2026 @ 100 VAR% 03/09/2027	72,002	72,868
213,602	GOVERNMENT NATIONAL MORTGAGE A 2012 140 JD 01.750% 01/20/2041	202,059	202,746
119,417	GOVERNMENT NATIONAL MORTGAGE A 2022 164 A 02.200% 08/16/2062	110,290	110,312
160,000	GREAT AMERICA LEASING RECEIVAB 2024 2 B 05.230% 05/15/2031	160,861	159,973
148,322	GS MORTGAGE SECURITIES TRUST 2014 GC22 A5 03.862% 06/12/2047	142,017	142,389
128,531	GS MORTGAGE SECURITIES TRUST 2015 GC30 A3 03.119% 05/10/2050	127,973	137,297
285,000	GS MORTGAGE SECURITIES TRUST 2023 SHIP A VAR% 09/10/2038	281,304	274,001
29,060	GS MORTGAGE-BACKED SECURITIES 2020 PJ4 A2 VAR% 01/25/2051	24,531	29,945
72,444	GS MORTGAGE-BACKED SECURITIES 2021 PJ4 A8 VAR% 09/25/2051	63,477	74,459
55,959	HARLEY-DAVIDSON MOTORCYCLE TRU 2023 A A3 05.050% 12/15/2027	56,142	55,953
2,045,000	HAT HOLDINGS I LLC/HAT SER 03/15/2026 03.375% 06/15/2026	1,981,564	1,913,163
250,000	HCP INC 05/15/2026 03.250% 07/15/2026	244,363	237,710
262,000	HEALTH CARE SERVICE CORP SER 03/15/2034	261,788	261,290
1,060,000	HERC HOLDINGS INC SER 06/15/2026 06.625% 06/15/2029	1,073,430	1,068,194
825,000	HERC HOLDINGS INC SER 07/15/2022 05.500% 07/15/2027	814,457	821,173
1,525,000	HILTON DOMESTIC OPERATIN SER 05/01/2022 05.375% 05/01/2025	1,517,650	1,546,304
135,000	HILTON WORLDWIDE FIN LLC SER WI 04/01/2022 04.875% 04/01/2027	133,160	132,806
95,000	HOME DEPOT INC 01/15/2030 02.700% 04/15/2030	85,535	92,117
148,000	HOME DEPOT INC 02/15/2027 02.500% 04/15/2027	141,623	147,279
150,000	HONDA AUTO RECEIVABLES OWNER T 2023 4 A3 05.670% 06/21/2028	152,385	149,974
110,000	HONDA AUTO RECEIVABLES OWNER T 2024 3 A4 04.510% 11/21/2030	109,640	109,983
175,000	HONEYWELL INTERNATIONAL 01/01/2030 04.700% 02/01/2030	174,067	174,850
65,000	HOST HOTELS & RESORTS LP SER H 09/15/2029 03.375% 12/15/2029	59,465	60,330
	<u>Forward</u>	\$ 61,882,406	\$ 62,328,353

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 61,882,406	\$ 62,328,353
\$ 28,000	HOST HOTELS & RESORTS LP SER I 06/15/2030 03.500% 09/15/2030	25,358	28,563
105,000	HYUNDAI AUTO RECEIVABLES TRUST 2024 C C 04.860% 02/17/2032	103,786	104,976
564,000	ICAHN ENTERPRISES/FIN 05/15/2022 COGT 06.250% 05/15/2026	559,200	546,585
1,060,000	ICAHN ENTERPRISES/FIN 11/15/2026 COGT 05.250% 05/15/2027	1,003,587	983,413
1,910,000	INTERNATIONAL GAME TECH SEDOL US460599AD57 06.250% 01/15/2027	1,922,071	1,928,680
50,000	INVITATION HOMES OP 05/15/2033 COGT 05.500% 08/15/2033	49,708	49,321
65,000	INVITATION HOMES OP 09/15/2028 COGT 02.300% 11/15/2028	58,670	62,329
2,095,000	JAZZ SECURITIES DAC SEDOL BMB5FL3 US47216FAA57 04.375% 01/15/2029	1,975,313	1,943,394
93,000	JBS USA HOLD/FOOD/LUX CO SEDOL US47214BAC28 06.750% 03/15/2034	98,325	92,877
50,000	JEFFERIES FIN GROUP INC 01/14/2034 06.200% 04/14/2034	51,529	49,920
115,250	JETBLUE 2019-1 AA SER AA 04/15/2032 02.750% 11/15/2033	100,041	115,996
185,000	JOHN DEERE CAPITAL CORP SER MTN 04.850% 06/11/2029	185,681	184,700
100,000	JOHN DEERE OWNER TRUST 2023 C A4 05.390% 08/15/2030	101,551	101,762
121,000	JP MORGAN CHASE & CO SR UNSEC 03/24/30 @ 100 VAR% 03/24/2031	117,900	121,000
145,000	JP MORGAN CHASE COMMERCIAL MOR 2021 2NU A 01.973% 01/05/2040	126,462	149,350
346,000	JP MORGAN CHASE NA NT VAR% 07/23/2029	336,693	335,381
77,422	JP MORGAN MORTGAGE TRUST 2021 6 A4 VAR% 10/25/2051	68,005	79,563
127,723	JP MORGAN MORTGAGE TRUST 2024 5 A4 VAR% 11/25/2054	128,376	127,060
224,948	JPMBB COMMERCIAL MORTGAGE SECU 2015 C28 A4 03.227% 10/15/2048	224,248	213,147
245,000	JPMDB COMMERCIAL MORTGAGE SECU 2019 COR6 A4 03.056% 11/13/2052	212,165	205,943
61,000	JPMORGAN CHASE & CO 01/25/2032 VAR% 01/25/2033	52,727	61,000
165,000	JPMORGAN CHASE & CO 07/22/2029 VAR% 07/22/2030	164,287	165,000
90,000	KENTUCKY POWER CO SER 08/15/2033 07.000% 11/15/2033	95,364	89,839
120,000	KEY BANK NA SER BKNT SUB 03.900% 04/13/2029	112,674	108,070
180,000	KINDER MORGAN INC 11/01/2030 COGT 02.000% 02/15/2031	150,669	166,915
1,870,000	KINETIK HOLDINGS LP SER 12/15/2025 06.625% 12/15/2028	1,913,029	1,881,641
345,000	KKR GRP FIN CO VI LLC SER 04/01/2029 03.750% 07/01/2029	326,263	336,193
128,000	KROGER CO 10/15/2028 04.500% 01/15/2029	126,273	128,602
165,000	LABORATORY CORP OF AMER 02/01/2032 COGT	157,966	164,353
132,000	LIBERTY MUTUAL GROUP INC 03.125% 02/01/2029 RATING: BAA2	129,281	134,671
83,279	LIFE FINANCIAL SERVICES TRUST 2021 BMR A VAR% 03/15/2038	82,238	82,420
270,000	LLOYDS BANKING GROUP PLC SEDOL US539439AX74 VAR% 03/06/2029	275,022	270,480
43,001	LOUISIANA ST LOCAL GOVT ENVRNM LA ULT RES REV 03.615% 02/01/2029	42,490	43,001
225,000	LOWES COS INC 01/15/2030 04.500% 04/15/2030	220,748	223,916
75,000	M&T BANK CORPORATION 03/13/2031 VAR% 03/13/2032	76,883	75,000
125,000	M&T BANK CORPORATION SER MTN 01/16/2028 VAR% 01/16/2029	124,466	125,000
1,160,000	MACQUARIE AIRFINANCE HLD SEDOL US55609NAA63 08.375% 05/01/2028	1,215,877	1,177,602
220,000	MACQUARIE AIRFINANCE HLD SEDOL US55609NAC20 06.400% 03/26/2029	226,365	224,400
315,000	MACQUARIE GROUP LTD SEDOL 2HZV8B2 US55608JAR95 VAR% 01/12/2027	303,569	282,590
95,000	MARATHON PETROLEUM CORP 04/01/2025 04.700% 05/01/2025	94,891	94,792
112,000	MARSH & MCLENNAN COS INC 12/15/2028 04.375% 03/15/2029	109,988	111,010
200,000	MASTERCARD INC 01/26/2027 03.300% 03/26/2027	195,048	199,442
100,000	MERCEDES-BENZ AUTO RECEIVABLES 2021 1 A4 00.730% 12/15/2027	97,251	99,967
70,000	MERCEDES-BENZ AUTO RECEIVABLES 2023 2 A3 05.950% 11/15/2028	71,292	69,994
70,000	MERCEDES-BENZ AUTO RECEIVABLES 2024 1 A4 05.540% 07/15/2031	70,188	69,977
154,000	MET LIFE GLOB FUNDING I SER SCRDR 03.050% 06/17/2029	142,358	140,008
40,000	MILEAGE PLUS HLDINGS LLC SER 06/30/2023 06.500% 06/20/2027	40,252	39,856
	<u>Forward</u>	\$ 75,948,532	\$ 76,318,050

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 75,948,532	\$ 76,318,050
\$ 210,000	MITSUBISHI UFJ FIN GRP SEDOL 2KTB2C8 US606822CS14 VAR% 02/22/2029	212,963	210,000
165,000	MIZUHO FINANCIAL GROUP SEDOL 2L3LHV5 05.376% 05/26/2030	166,670	165,231
260,000	MMAF EQUIPMENT FINANCE LLC 2024 A A3 04.950% 07/14/2031	261,035	259,952
121,000	MOODYS CORPORATION 05/19/2031 02.000% 08/19/2031	100,544	119,386
195,000	MORGAN STANLEY 02/01/2028 VAR% 02/01/2029	195,536	195,166
140,000	MORGAN STANLEY 04/20/2027 VAR% 04/20/2028	137,995	140,000
85,000	MORGAN STANLEY BAML TRUST 2016 C32 A4 03.720% 12/15/2049	82,657	79,558
276,000	MORGAN STANLEY BANK NA SER BKNT 01/14/2027 VAR% 01/14/2028	276,397	276,000
126,000	MORGAN STANLEY CAPITAL I TRUST 2016 UBS9 A4 03.594% 03/15/2049	123,872	142,031
90,000	MORGAN STANLEY CAPITAL I TRUST 2022 L8 AS VAR% 03/15/2032	79,772	77,152
238,708	MORGAN STANLEY CAPITAL I TRUST 2024 BPR2 A 07.291% 05/07/2041	244,928	248,464
104,000	MORGAN STANLEY SER MTN 04/01/30 @ 100 VAR% 04/01/2031	96,598	104,000
190,000	MORGAN STANLEY SER MTN 10/20/2031 VAR% 10/20/2032	159,203	178,923
125,000	MPLX LP 02/01/2026 01.750% 03/01/2026	120,685	122,119
120,000	MPLX LP SER WI 09/01/2027 04.250% 12/01/2027	118,115	127,020
170,000	NATIONAL FUEL GAS CO 06/15/2027 03.950% 09/15/2027	165,175	176,094
250,000	NATIONAL SECS CLEARING SER 04/30/2028 05.000% 05/30/2028	250,773	250,220
95,000	NATWEST GROUP PLC 03/02/2026 VAR% 03/02/2027	95,944	95,061
30,007	NAVIENT STUDENT LOAN TRUST 2020 EA A 01.690% 05/15/2069	27,667	30,550
45,130	NAVIENT STUDENT LOAN TRUST 2020 FA A 01.220% 07/15/2069	41,681	40,548
57,800	NAVIENT STUDENT LOAN TRUST 2021 BA A 00.940% 07/15/2069	51,794	57,805
203,000	NC FINANCIAL SERVICES ALL 08/18/2033 AR% 08/18/2034	209,082	203,000
200,000	NEW ECONOMY ASSETS PHASE 1 ISS 2021 1 A1 01.910% 10/20/2061	184,404	183,746
150,000	NEW ECONOMY ASSETS PHASE 1 ISS 2021 1 B1 02.410% 10/20/2061	134,658	133,295
130,000	NEXTGEAR FLOORPLAN MASTER OWNE 2024 1A A2 05.120% 03/15/2029	131,247	129,975
205,000	NIAGARA MOHAWK POWER SER 10/17/2033 05.290% 01/17/2034	200,445	205,000
120,000	NISOURCE INC 07/15/2025 00.950% 08/15/2025	117,042	115,492
103,000	NORFOLK SOUTHERN CORP 12/15/2031 03.000% 03/15/2032	89,849	102,999
145,000	NORTHEAST UTILITIES SER H 10/15/24 @100 03.150% 01/15/2025	144,893	140,311
150,000	NORTHROP GRUMMAN CORP 10/15/2027 03.250% 01/15/2028	143,387	139,923
205,000	NXP BV/NXP FDG/NXP USA SEDOL 2J51W14 03.150% 05/01/2027	197,097	190,250
113,000	NXP BV/NXP FDG/NXP USA SEDOL 2J5WY44 02.700% 05/01/2025	112,220	120,352
49,000	NXP BV/NXP FDG/NXP USA SEDOL N.A. US62954HAZ10 03.875% 06/18/2026	48,329	49,118
264,000	OCCIDENTAL PETROLEUM COR SR UNSEC ERO CPN 10/10/2036	147,180	93,285
132,000	ONCOR ELECTRIC DELIVERY 08/15/2028 SECR 03.700% 11/15/2028	126,935	131,938
140,000	ONE BRYANT PARK TRUST 2019 OBP A 02.516% 09/15/2054	122,258	140,825
1,705,000	ONEMAIN FINANCE CORP 01/15/2024 COGT 03.500% 01/15/2027	1,626,365	1,587,983
165,000	ONEMAIN FINANCE CORP 09/15/2024 COGT 03.875% 09/15/2028	152,054	152,523
112,000	ORACLE CORP 02/01/2027 02.800% 04/01/2027	107,540	101,627
135,000	PACIFIC GAS & ELECTRIC 06/01/2027 MORT 02.100% 08/01/2027	125,942	127,655
1,020,000	PARK INTERMED HOLDINGS SER 05/15/2024 04.875% 05/15/2029	959,861	958,581
995,000	PARK INTERMED HOLDINGS SER 10/01/2023 05.875% 10/01/2028	971,309	980,431
190,000	PENSKE TRUCK LEASING/PTL SER 04/01/2028 05.550% 05/01/2028	192,839	187,275
62,000	PENSKE TRUCK LEASING/PTL SER 10/15/2027 05.875% 11/15/2027	63,476	61,811
176,000	PFS FINANCING CORP. 2022 D A 04.270% 08/16/2027	175,646	172,920
230,000	PFS FINANCING CORP. 2023 C A 05.520% 10/16/2028	233,289	229,967
112,604	PG&E WILDFIRE RECOVERY SER A-1 SECR 03.594% 06/01/2030	109,006	112,601
	<u>Forward</u>	\$ 85,784,890	\$ 86,166,211

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 85,784,890	\$ 86,166,211
\$ 99,529	PG&E WILDFIRE RECOVERY SER A-1 SECR 04.022% 06/01/2033	97,199	99,526
155,000	PHILIP MORRIS INTL INC 07/07/2030 05.500% 09/07/2030	158,703	153,187
155,000	PHILIP MORRIS INTL INC 09/01/2031 04.750% 11/01/2031	151,582	152,636
53,000	PHILLIPS 66 CO 11/15/2024 COGT 03.605% 02/15/2025	52,897	56,111
1,440,000	PHINIA INC SER 04/15/2026 06.750% 04/15/2029	1,468,800	1,466,230
155,000	PIEDMONT NATURAL GAS CO 03/15/2033 05.400% 06/15/2033	154,977	154,998
151,000	PNC FINANCIAL SERVICES 01/22/2034 VAR% 01/22/2035	152,744	151,500
155,000	PNC FINANCIAL SERVICES 05/14/2029 VAR% 05/14/2030	157,186	155,000
185,000	PNC FINANCIAL SERVICES 10/20/2026 VAR% 10/20/2027	190,594	185,000
150,000	PNC FINANCIAL SERVICES 10/21/2031 VAR% 10/21/2032	145,991	150,000
185,000	PRECISION CASTPARTS CORP 03/15/2025 03.250% 06/15/2025	183,936	184,623
1,929,000	PRIME SECSRVC BRW/FINANC SER SECR 05.750% 04/15/2026	1,927,920	1,893,165
192,098	PROGRESS RESIDENTIAL TRUST 2021 SFR4 A 01.558% 05/17/2038	184,897	192,095
298,000	PROGRESS RESIDENTIAL TRUST 2024 SFR5 A 03.000% 08/17/2041	271,332	267,924
45,000	PROLOGIS LP 08/15/2029 02.875% 11/15/2029	41,196	44,992
209,000	PRUDENTIAL FINANCIAL INC SER MTN 02/10/2026 01.500% 03/10/2026	201,620	208,105
115,000	PUBLIC SERVICE OKLAHOMA SER J 05/15/2031 02.200% 08/15/2031	95,129	109,379
210,000	PUGET ENERGY INC 04/15/2028 SECR 02.379% 06/15/2028	191,707	203,460
150,000	PUGET SOUND ENERGY INC 03/15/2034 SECR 05.330% 06/15/2034	149,021	149,999
230,000	ROCC TRUST 2024 CNTR A 05.388% 11/13/2041	229,358	230,000
277,000	ROGERS COMMUNICATIONS IN SEDOL US775109CH22 03.800% 03/15/2032	249,106	247,962
200,000	ROYAL BANK OF CANADA SER GMTN 08/02/2029 VAR% 08/02/2030	198,468	200,000
130,000	ROYAL BANK OF SCOTLAND GRP PLC SEDOL VAR% 05/22/2028	124,333	111,920
170,000	RTX CORPORATION 06/01/2031 01.900% 09/01/2031	139,074	138,890
135,000	RYDER SYSTEM INC 05/01/2029 05.500% 06/01/2029	137,422	134,557
85,000	RYDER SYSTEM INC 11/01/2028 06.300% 12/01/2028	89,088	84,959
110,000	RYDER SYSTEM INC SER DMTN 11/01/2029 04.900% 12/01/2029	109,030	109,902
59,000	RYDER SYSTEM INC SER MTN 05/01/2028 05.250% 06/01/2028	59,612	58,924
72,000	SABEY DATA CENTER ISSUER LLC 2020 1 A2 03.812% 04/20/2045	71,679	71,497
160,000	SABEY DATA CENTER ISSUER LLC 2021 1 A2 01.881% 06/20/2046	151,987	160,000
175,000	SANTANDER DRIVE AUTO RECEIVABL 2022 2 C 03.760% 07/16/2029	173,112	166,797
65,000	SANTANDER DRIVE AUTO RECEIVABL 2023 2 B 05.240% 05/15/2028	65,250	64,999
75,000	SANTANDER DRIVE AUTO RECEIVABL 2023 6 C 06.400% 03/17/2031	77,336	77,065
55,000	SANTANDER DRIVE AUTO RECEIVABL 2024 4 A3 04.850% 01/16/2029	55,151	54,994
110,000	SANTANDER DRIVE AUTO RECEIVABL 2024 4 C 04.950% 04/15/2030	109,608	109,978
140,000	SANTANDER HOLDINGS USA 05/31/2026 VAR% 05/31/2027	142,047	140,000
1,990,000	SBA COMMUNICATIONS CORP 02/15/2023 03.875% 02/15/2027	1,905,067	2,043,335
195,000	SCHLUMBERGER HLDGS CORP SER 02/17/2028 03.900% 05/17/2028	189,304	185,862
110,410	SEQUOIA MORTGAGE TRUST 2024 7 A11 VAR% 08/25/2054	110,577	110,133
1,935,000	SER 12/01/2022 04.250% 12/01/2026	1,902,898	2,006,150
150,000	SIMON PROPERTY GROUP LP 03/15/2027 03.375% 06/15/2027	145,850	141,141
1,950,000	SIRIUS XM RADIO INC SER 09/01/2023 03.125% 09/01/2026	1,873,092	1,946,999
1,185,000	SLM CORP 09/29/2025 04.200% 10/29/2025	1,174,406	1,220,387
785,000	SLM CORP 10/02/2026 03.125% 11/02/2026	748,835	740,451
2,786	SMALL BUSINESS ADMIN PARTICPTN 2008-20A 1 05.170% 01/01/2028	2,787	2,900
1,873	SMALL BUSINESS ADMINISTRATION 2005 20K 1 05.360% 11/01/2025	1,865	1,991
1,686	SMALL BUSINESS ADMINISTRATION 2005 20L 1 05.390% 12/01/2025	1,684	1,906
	<u>Forward</u>	\$ 102,000,347	\$ 102,707,840

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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE		CORPORATE DEBT SECURITIES (Continued)				FAIR VALUE		COST	
		<u>Forwarded</u>				\$	102,000,347	\$	102,707,840
\$	24,784	SMALL BUSINESS ADMINISTRATION	2009 20C	1 04.660%	03/01/2029		24,645		24,784
	15,452	SMALL BUSINESS ADMINISTRATION	2009 20L	1 04.050%	12/01/2029		14,657		17,161
	10,255	SMALL BUSINESS ADMINISTRATION	2010 20A	1 04.380%	01/01/2030		10,107		11,422
	17,152	SMALL BUSINESS ADMINISTRATION	2012 20H	1 02.370%	08/01/2032		15,835		17,143
	32,140	SMALL BUSINESS ADMINISTRATION	2013 20E	1 02.070%	05/01/2033		29,037		32,140
	35,485	SMALL BUSINESS ADMINISTRATION	2014 20E	1 03.000%	05/01/2034		33,028		35,485
	39,659	SMALL BUSINESS ADMINISTRATION	2014 20F	1 02.990%	06/01/2034		36,715		40,128
	32,332	SMALL BUSINESS ADMINISTRATION	2014 20I	1 02.920%	09/01/2034		29,849		32,332
	46,267	SMALL BUSINESS ADMINISTRATION	2015 20D	1 02.510%	04/01/2035		41,723		45,289
	35,587	SMALL BUSINESS ADMINISTRATION	2015 20L	1 02.820%	12/01/2035		32,439		35,587
	31,929	SMALL BUSINESS ADMINISTRATION	2016 20I	1 02.030%	09/01/2036		28,923		30,215
	39,418	SMALL BUSINESS ADMINISTRATION	2017 20H	1 02.750%	08/01/2037		35,516		38,334
	110,009	SMALL BUSINESS ADMINISTRATION	2019 20G	1 02.530%	07/01/2039		98,414		110,009
	85,338	SMALL BUSINESS ADMINISTRATION	2021 25D	1 01.660%	04/01/2046		69,468		85,338
	131,272	SMALL BUSINESS ADMINISTRATION	2022 25D	1 03.500%	04/01/2047		117,651		131,272
	133,691	SMALL BUSINESS ADMINISTRATION	2022 25E	1 03.940%	05/01/2047		124,212		133,691
	146,436	SMALL BUSINESS ADMINISTRATION	2022 25G	1 03.930%	07/01/2047		134,452		146,436
	131,802	SMALL BUSINESS ADMINISTRATION	2023 10A	1 05.168%	03/01/2033		132,822		131,802
	253,736	SMALL BUSINESS ADMINISTRATION	2023 25E	1 04.620%	05/01/2048		241,930		249,532
	122,629	SMALL BUSINESS ADMINISTRATION	2023 25H	1 05.150%	08/01/2048		120,782		122,629
	149,172	SMALL BUSINESS ADMINISTRATION	2023 25I	1 05.410%	09/01/2048		149,079		149,172
	363,928	SMALL BUSINESS ADMINISTRATION	2024 10A	1 05.035%	03/10/2034		361,133		365,993
	264,040	SMALL BUSINESS ADMINISTRATION	2024 25F	1 05.040%	06/01/2049		258,395		264,040
	275,000	SMALL BUSINESS ADMINISTRATION	2024 25I	1 04.450%	09/01/2049		263,101		275,000
	39,138	SOCIAL PROFESSIONAL LOAN PROGR	2020 A A2	02.540%	05/15/2046		37,244		40,525
	185,000	SOCIETE GENERALE SER SEDOL 2L0VWP7	VAR%	01/19/2030			184,656		185,000
	275,000	SONOCO PRODUCTS CO	08/01/2029	04.600%	09/01/2029		267,803		274,960
	250,000	SOUTHERN CO GAS CAPITAL	04.950%	09/15/2034			241,933		251,845
	100,000	SOUTHWESTERN ELEC POWER	01/01/2033	05.300%	04/01/2033		98,888		99,986
	230,000	SPECTRA ENERGY PARTNERS	12/15/2024	03.500%	03/15/2025		229,241		242,057
	180,000	SPRINGLEAF FINANCE CORP COGT	07.125%	03/15/2026			183,233		183,150
	90,000	STARWOOD PROPERTY TRUST	09/15/2024	04.750%	03/15/2025		89,953		85,490
	1,820,000	STARWOOD PROPERTY TRUST SER	01/15/2026	03.625%	07/15/2026		1,756,500		1,810,876
	135,000	STARWOOD PROPERTY TRUST SER	07/15/2026	04.375%	01/15/2027		130,523		131,625
	165,000	STATE STREET CORP	02/20/2028	VAR%	02/20/2029		163,107		165,000
	90,000	STATE STREET CORP	11/04/2025	VAR%	11/04/2026		90,715		90,000
	157,000	SUBWAY FUNDING LLC	2024 1A A2I	06.028%	07/30/2054		158,911		158,926
	110,000	SUBWAY FUNDING LLC	2024 3A A23	05.914%	07/30/2054		107,400		109,931
	275,000	SUMITOMO MITSUI FINL GRP SEDOL BMHLCY7	01.902%	09/17/2028			246,408		264,324
	890,000	SUNOCO LP/FINANCE CORP SER WI	03/15/2023	05.875%	03/15/2028		886,369		881,723
	1,035,000	SUNOCO LP/FINANCE CORP SER WI	04/15/2022	06.000%	04/15/2027		1,032,951		1,025,034
	145,000	SUTTER HEALTH	02/15/2033	05.164%	08/15/2033		143,911		143,859
	95,000	SYNCHRONY CARD ISSUANCE TRUST	2022 A1 A	03.370%	04/17/2028		94,640		94,991
	160,000	SYNCHRONY CARD ISSUANCE TRUST	2023 A1 A	05.540%	07/15/2029		162,218		159,888
	135,000	SYNCHRONY CARD ISSUANCE TRUST	2023 A2 A	05.960%	10/15/2029		137,564		134,976
	152,288	TACO BELL FUNDING, LLC	2021 1A A2	01.946%	08/25/2051		142,215		135,750
	118,883	TACO BELL FUNDING, LLC	2021 1A A2	02.294%	08/25/2051		105,431		118,883
		<u>Forward</u>				\$	111,096,074	\$	112,021,573

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 111,096,074	\$ 112,021,573
\$ 107,000	TAKE-TWO INTERACTIVE SOF 03.550% 04/14/2025	106,606	106,955
870,000	TALLGRASS NRG PRTNR/FIN SER 01/15/2023 05.500% 01/15/2028	836,705	833,141
830,000	TALLGRASS NRG PRTNR/FIN SER 02/15/2026 07.375% 02/15/2029	832,631	830,000
220,000	TALLGRASS NRG PRTNR/FIN SER 03/01/2023 06.000% 03/01/2027	217,976	215,125
125,000	TAPESTRY INC 02/11/2030 05.100% 03/11/2030	123,623	124,845
135,000	TEGNA INC 03/15/2023 COGT 04.625% 03/15/2028	127,575	124,200
1,795,000	TEGNA INC SER 03/15/2023 04.750% 03/15/2026	1,770,355	1,824,888
880,000	TENET HEALTHCARE CORP SR GLBL NT27 05.125% 11/01/2027	861,846	865,225
1,185,000	TENET HEALTHCARE CORP SR SEC GLBL NT29 04.250% 06/01/2029	1,112,478	1,097,837
360,000	TEVA PHARMACEUTICAL INDU SEDOL BM92G79 04.750% 05/09/2027	351,295	345,241
1,335,000	TEVA PHARMACEUTICALS NE SEDOL US88167AAE10 03.150% 10/01/2026	1,282,802	1,200,674
300,000	TEVA PHARMACEUTICALS NE SEDOL 2FV7YL2 06.750% 03/01/2028	306,318	303,350
94,544	TEXAS NATURAL GAS SECURITIZTN FINANCE CO REV 05.102% 04/01/2035	94,743	94,544
47,000	T-MOBILE USA INC 04/15/2024 COGT 03.375% 04/15/2029	43,868	41,244
245,000	T-MOBILE USA INC 04/15/2033 COGT 05.050% 07/15/2033	239,902	240,856
175,000	T-MOBILE USA INC SER WI 02/15/2027 03.750% 04/15/2027	170,968	172,917
30,000	TORONTO-DOMINION BANK SEDOL 2MSQMP1 VAR% 09/10/2034	29,351	30,000
220,000	TORONTO-DOMINION BANK SER MTN SEDOL BNG28J5 03.200% 03/10/2032	192,144	192,319
100,000	TOYOTA AUTO LOAN EXTENDED NOTE 2023 1A A 04.930% 06/25/2036	100,858	99,974
75,000	TOYOTA AUTO RECEIVABLES OWNER 2021 C A4 00.720% 01/15/2027	73,397	68,646
70,000	TOYOTA LEASE OWNER TRUST 2024 B A3 04.210% 09/20/2027	69,598	69,992
180,000	TOYOTA MOTOR CREDIT CORP 04.550% 08/09/2029	177,799	179,635
80,000	TOYOTA MOTOR CREDIT CORP 05.100% 03/21/2031	80,267	79,977
1,010,000	TRANSDIGM INC SER 02/15/2025 06.750% 08/15/2028	1,018,807	1,023,538
865,000	TRANSDIGM INC SER 03/01/2026 06.375% 03/01/2029	866,920	865,225
81,000	TRANSURBAN FINANCE CO SEDOL US89400PAG81 03.375% 03/22/2027	78,283	80,412
470,000	TRAVEL + LEISURE CO SER 04/30/2026 06.625% 07/31/2026	475,024	469,349
128,986	TRICON AMERICAN HOMES 2019 SFR1 A 02.750% 03/17/2038	126,260	116,168
108,592	TRICON RESIDENTIAL 2022 SFR2 A 04.849% 07/17/2040	107,629	108,590
311,000	TRUIST FINANCIAL CORP SER MTN 01/24/2034 VAR% 01/24/2035	313,379	311,000
135,000	TRUIST FINANCIAL CORP SER MTN 08/05/2031 VAR% 08/05/2032	133,421	135,000
104,860	UBS BARCLAYS COMMERCIAL MTG 2013 C5 B VAR% 03/10/2046	97,049	96,471
80,000	UBS COMMERCIAL MORTGAGE TRUST 2017 C6 C VAR% 12/15/2050	69,979	68,325
120,000	UBS GROUP AG SEDOL US902613BB36 04.550% 04/17/2026	119,579	133,404
200,000	UBS GROUP AG SEDOL BDFBBB6 US90351DAF42 04.125% 04/15/2026	198,066	202,046
113,704	UNITED AIR 2014-1 A PTT SER A PASS 04.000% 10/11/2027	112,368	116,240
59,141	UNITED AIR 2020-1 A PTT SER 20-1 PASS 05.875% 04/15/2029	60,399	60,387
197,000	US BANCORP 01/23/2034 VAR% 01/23/2035	198,663	197,000
150,000	US BANCORP 07/23/2029 VAR% 07/23/2030	149,816	150,000
61,000	US BANCORP 10/21/2025 VAR% 10/21/2026	61,411	61,000
184,000	VANTAGE DATA CENTERS LLC 2020 2A A2 01.992% 09/15/2045	167,928	184,000
127,000	VERIZON COMMUNICATIONS 12/15/2031 02.355% 03/15/2032	105,321	107,968
124,000	VERIZON COMMUNICATIONS 12/21/2030 02.550% 03/21/2031	106,785	123,490
158,000	VERIZON COMMUNICATIONS 12/21/2030 02.550% 03/21/2031	136,065	151,454
159,000	VERIZON COMMUNICATIONS SER 11/15/2034 04.780% 02/15/2035	151,357	177,851
90,000	VERIZON MASTER TRUST 2022 6 A 03.670% 01/22/2029	89,593	89,598
140,000	VERIZON MASTER TRUST 2024 7 A 04.350% 08/20/2032	137,144	139,961
	<u>Forward</u>	\$ 125,380,425	\$ 126,331,635

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	CORPORATE DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 125,380,425	\$ 126,331,635
\$ 160,000	VIRGINIA ELEC & POWER CO SER B 04/15/2027 03.750% 05/15/2027	156,691	158,066
258,000	VIRGINIA POWER FUEL SEC SER A-2 SECR 04.877% 05/01/2033	257,819	257,991
1,870,000	VISTRA OPERATIONS CO LLC SER 09/01/2021 05.500% 09/01/2026	1,864,110	1,819,651
243,000	VMWARE INC 07/15/2026 01.400% 08/15/2026	230,196	242,587
65,000	WALT DISNEY COMPANY/THE 06/01/2029 COGT 02.000% 09/01/2029	57,800	64,036
130,000	WALT DISNEY COMPANY/THE COGT 01.750% 01/13/2026	126,532	129,663
100,000	WB COMMERCIAL MORTGAGE TRUST 2024 HQ A VAR% 03/15/2040	100,311	100,375
108,000	WEC ENERGY GROUP INC 08/15/2027 01.375% 10/15/2027	98,577	107,914
55,000	WELLS FARGO & COMPANY 01/22/2034 VAR% 01/23/2035	54,766	55,000
180,000	WELLS FARGO & COMPANY 03.000% 04/22/2026	176,063	179,481
45,000	WELLS FARGO & COMPANY 07/25/2033 VAR% 07/25/2034	44,940	45,000
130,000	WELLS FARGO & COMPANY SER MTN 03/24/2027 VAR% 03/24/2028	126,091	127,073
174,000	WELLS FARGO & COMPANY SR UNSEC 04/29/25 @ 100 VAR% 04/30/2026	172,425	174,000
97,000	WELLS FARGO COMM MTG TRUST 2015-C28 A4 03.540% 05/15/2048	96,448	95,939
145,000	WELLS FARGO COMMERCIAL MORTGAG 2017 C38 C VAR% 07/15/2050	131,229	127,413
125,000	WELLS FARGO COMMERCIAL MORTGAG 2019 C50 C 04.345% 05/15/2052	111,339	108,584
90,000	WELLS FARGO COMMERCIAL MORTGAGE 2015 NXS3 AS VAR% 09/15/2057	88,813	86,611
184,000	WELLS FARGO COMMERCIAL MORTGAGE 2016 C32 A4 03.560% 01/15/2059	181,376	174,584
55,000	WELLS FARGO COMMERCIAL MORTGAGE 2017 C40 A4 03.581% 10/15/2050	52,886	50,987
217,987	WENDYS FUNDING LLC 2021 1A A2 02.370% 06/15/2051	194,065	218,637
1,205,000	WESCO DISTRIBUTION INC SER 03/15/2026 06.375% 03/15/2029	1,221,111	1,213,485
1,820,000	WESTERN DIGITAL CORP 11/15/2025 COGT 04.750% 02/15/2026	1,802,455	1,957,009
1,295,000	WESTERN MIDSTREAM OPERAT 01/01/2025 03.100% 02/01/2025	1,291,737	1,275,975
200,000	WESTERN MIDSTREAM OPERAT 12/15/2028 06.350% 01/15/2029	206,834	199,572
178,063	WHEELS FLEET LEASE FUNDING LLC 2023 1A A 05.800% 04/19/2038	179,181	177,020
70,000	WISCONSIN ELECTRIC POWER 04/15/2028 01.700% 06/15/2028	63,456	66,835
170,000	WORLD FINANCIAL NETWORK CREDIT 2023 A A 05.020% 03/15/2030	170,899	169,233
100,000	WORLD FINANCIAL NETWORK CREDIT 2024 A A 05.470% 02/15/2031	101,642	99,984
1,370,000	WYNDHAM WORLDWIDE CORP 07/01/2025 @ 100.000 05.100% 10/01/2025	1,373,480	1,433,144
1,555,000	XPO INC SER 06/01/2025 06.250% 06/01/2028	1,564,480	1,557,494
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 137,678,177</u>	<u>\$ 138,804,978</u>

GOVERNMENT DEBT SECURITIES

\$ 250,000	ALABAMA ECON SETTLEMENT AUTH B 295 BP 04.263% 09/15/2032	\$ 239,048	\$ 240,090
95,000	CALIFORNIA ST BID GROUP GO 02.500% 10/01/2029	86,574	105,092
150,000	CURATORS OF THE UNIV OF MISSOU REF 01.714% 11/01/2025	146,744	150,000
110,000	DENVER CITY & CNTY CO ARPT REF-SER C REV 01.722% 11/15/2027	101,801	110,000
385,000	FEDERAL HOME LOAN BANK BNDS 10/08/2024 01.350% 07/08/2030	322,141	336,247
365,000	FEDERAL HOME LOAN BANK STRUCT NTS 12/30/21 @ 100 VAR% 09/30/2031	317,743	321,758
288,083	FEDERAL HOME LOAN MTG CORP POOL QH0395 06.000% 08/01/2053	291,917	286,823
93,362	FEDERAL HOME LOAN MTG CORP POOL QH0533 06.000% 09/01/2053	94,604	92,954
69,472	FEDERAL HOME LOAN MTG CORP POOL QN7488 02.500% 09/01/2036	63,526	73,261
186,689	FEDERAL HOME LOAN MTG CORP POOL SB0935 03.000% 07/01/2033	177,898	175,269
228,496	FEDERAL HOME LOAN MTG CORP POOL SB1091 02.500% 04/01/2036	216,573	214,858
	<u>Forward</u>	<u>\$ 2,058,569</u>	<u>\$ 2,106,352</u>

**PENSIONED OPERATING ENGINEERS
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

FACE VALUE	GOVERNMENT DEBT SECURITIES (Continued)	FAIR VALUE	COST
	<u>Forwarded</u>	\$ 2,058,569	\$ 2,106,352
\$ 84,977	FEDERAL HOME LOAN MTG CORP POOL SD8407 05.000% 03/01/2054	82,045	82,687
17,840	FEDERAL HOME LOAN MTG POOL SD8030 03.000% 12/01/2049	15,389	18,619
38,311	FEDERAL NATL MTG ASSN POOL BM6482 VAR% 04/01/2047	39,370	39,963
30,664	FEDERAL NATL MTG ASSN POOL CA4435 04.500% 10/01/2049	29,203	33,466
73,069	FEDERAL NATL MTG ASSN POOL CA5624 02.500% 04/01/2035	67,457	68,788
45,431	FEDERAL NATL MTG ASSN POOL CA6871 02.500% 08/01/2035	41,591	48,037
71,278	FEDERAL NATL MTG ASSN POOL FM1756 05.000% 07/01/2047	70,995	79,096
47,718	FEDERAL NATL MTG ASSN POOL FM5759 04.500% 04/01/2050	45,442	52,683
31,821	FEDERAL NATL MTG ASSN POOL FM7685 03.000% 06/01/2051	27,224	33,562
291,211	FEDERAL NATL MTG ASSN POOL FM8444 02.000% 06/01/2036	259,254	261,859
169,621	FEDERAL NATL MTG ASSN POOL FS0160 02.500% 06/01/2033	160,239	159,497
87,257	FEDERAL NATL MTG ASSN POOL FS3669 04.000% 03/01/2046	82,329	86,016
281,543	FEDERAL NATL MTG ASSN POOL FS8159 02.500% 07/01/2037	257,823	262,803
528,902	FEDERAL NATL MTG ASSN POOL FS9203 06.000% 09/01/2054	531,520	535,017
93,600	FEDERAL NATL MTG ASSN POOL MA4626 04.000% 06/01/2052	85,752	92,942
41,414	FEDERAL NATL MTG ASSN POOL MA5139 06.000% 09/01/2053	41,635	41,323
79,408	GOVT NATL MTG ASSN II POOL 785283 02.500% 01/20/2051	66,375	84,619
120,000	LOS ANGELES CA DEPT OF ARPTS A REF-SUBORD REV 00.698% 05/15/2025	118,409	120,000
200,000	NEW JERSEY ST TURNPIKE AUTH TU REF-SER B REV 01.483% 01/01/2028	182,984	200,000
160,000	NEW YORK NY REF-FISCAL GO 03.110% 08/01/2025	158,880	171,013
175,000	SALES TAX SECURITIZATION CORP 2ND LIEN-R REV 04.736% 01/01/2030	173,336	175,000
3,376,000	USA TREASURY NOTE 04.375% 08/31/2028	3,378,701	3,396,084
1,251,000	USA TREASURY NOTES 03.375% 05/15/2033	1,149,644	1,184,796
4,037,000	USA TREASURY NOTES 03.625% 05/31/2028	3,948,590	3,942,333
136,000	USA TREASURY NOTES 03.875% 08/15/2033	129,434	131,631
607,000	USA TREASURY NOTES 03.875% 08/15/2034	573,943	599,567
5,780,000	USA TREASURY NOTES 03.875% 10/15/2027	5,719,252	5,774,471
420,000	USA TREASURY NOTES 04.000% 01/31/2029	414,246	412,026
1,460,000	USA TREASURY NOTES 04.000% 02/15/2034	1,397,746	1,422,457
2,450,000	USA TREASURY NOTES 04.000% 07/31/2029	2,411,168	2,438,076
1,685,000	USA TREASURY NOTES 04.125% 10/31/2026	1,681,158	1,681,175
6,445,000	USA TREASURY NOTES 04.125% 10/31/2029	6,370,754	6,434,344
4,585,000	USA TREASURY NOTES 04.125% 10/31/2031	4,487,844	4,572,880
427,000	USA TREASURY NOTES 04.125% 11/30/2029	422,149	422,626
281,000	USA TREASURY NOTES 04.250% 11/15/2034	273,677	274,579
3,745,000	USA TREASURY NOTES 04.250% 11/15/2034	3,647,405	3,688,316
609,000	USA TREASURY NOTES 04.375% 11/30/2028	609,250	619,392
4,064,000	USA TREASURY NOTES 04.625% 04/30/2029	4,102,933	4,124,952
224,000	USA TREASURY NOTES TREASURY INFLATION PROTECT 00.125% 01/15/2030	249,583	236,946
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 45,563,298</u>	<u>\$ 46,109,993</u>
NO. OF SHARES	<u>COMMON/COLLECTIVE TRUST</u>		
24,885	LONGVIEW LARGE CAP 500 VEBA INDEX FUND	<u>\$ 23,717,971</u>	<u>\$ 12,837,189</u>

**PENSIONED OPERATING ENGINEERS
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6096327; PLAN NO. 501

DECEMBER 31, 2024

<u>LIMITED PARTNERSHIPS</u>	<u>FAIR VALUE</u>	<u>COST</u>
BOYD WATTERSON STATE GOVERNMENT FUND L.P.	\$ 10,516,196	\$ 10,846,037
BOYD WATTERSON GSA FUND L.P.	9,602,352	10,773,335
GROSVENOR INSTITUTIONAL PARTNERS, L.P.	13,641,978	10,990,777
<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 33,760,526</u>	<u>\$ 32,610,149</u>