

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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**

<p><b>1a</b> Name of plan  <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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)  <u>BOARD OF TRUSTEES OF GEN'L COM ADJ BRHD LOCOMOTIVE ENGINEERS</u>  <u>DIV 269 LONG ISLAND RAIL ROAD WELFARE PLAN</u></p> <p><u>2459 OCEAN AVENUE SUITE B</u>  <u>RONKONKOMA, NY 11779</u></p>	<p><b>1c</b> Effective date of plan  <u>06/12/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>51-0247782</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>631-813-2234</u></p> <p><b>2d</b> Business code (see instructions)  <u>482110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2025	STEVEN SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	527
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	495
	<b>6a(2)</b>	524
	<b>6b</b>	27
	<b>6c</b>	
	<b>6d</b>	551
	<b>6e</b>	
	<b>6f</b>	551
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:  
4B 4D 4E 4U

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF GEN'L COM ADJ BRHD LOCOMOTIVE ENGINEERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>51-0247782</b></p>	

**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  
**SUN LIFE AND HEALTH 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
06-0893662	80926	936650	540	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>3173</b>	(b) Total amount of fees paid <b>755</b>
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**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  
**STEALTH PARTNER GROUP LLC**  
**18700 N HAYDEN ROAD**  
**SUITE 405**  
**SCOTTSDALE, AZ 85255**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3173	755	FEES	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	

(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.

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

**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**

**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)**

**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)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**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) ▶ **AD & D**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	94439
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF GEN'L COM ADJ BRHD LOCOMOTIVE ENGINEERS</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0247782</b>	

**Part I Service Provider Information (see instructions)**

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

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

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**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)

GOULD, KOBRICK & SCHLAPP, PC

192 LEXINGTON AVENUE SUITE 700  
NEW YORK, NY 10016

13-3082707

(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	UNION ACCOUNTANT	28000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLET GENERAL COMM. OF ADJUSTMENT

2459 OCEAN AVENUE SUITE B  
RONKONKOMA, NY 11779

11-2073596

(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 49	RELATED ORGANIZATION	233979	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL

11-1980218

(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 50	NONE	20404	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(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	5500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON

27-3666661

(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?
11 16 50	NONE	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHEN WEISS & SIMON, LLP

13-1592323

(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	UNION ATTORNEY	8253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF GEN'L COM ADJ BRHD LOCOMOTIVE ENGINEERS</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0247782</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	81296	85673
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	363382	455081
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	5474	5994
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	59322	36298
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	421229	500258
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	24601	39432
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	321823	277040
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	14715	31066
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1291842	1430842
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	35291	52108
<b>h</b> Operating payables.....	<b>1h</b>	301771	388495
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	70529	116681
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	407591	557284
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	884251	873558

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	642975	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6885	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		649860
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2977	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	11120	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	13112	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		27209
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	126648	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	131739	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-5091
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	7989	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(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)		
<b>c</b> Other income .....	2c		2788
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		682755

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	227734	
(2) To insurance carriers for the provision of benefits .....	2e(2)	94811	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		322545
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	20404	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	28000	
(5) Investment advisory and investment management fees .....	2i(5)	5500	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	2233	
(7) Actuarial fees .....	2i(7)	15000	
(8) Legal fees .....	2i(8)	8253	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	15980	
(11) Other expenses.....	2i(11)	275533	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		370903
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		693448

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-10693
<b>l</b> 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: **GOULD, KOBRICK & SCHLAPP, PC**

(2) EIN: **13-3082707**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**I N D E X**

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Notes to Financial Statements	5

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D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
RONDELL E. MARSHALL, C.P.A.

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees  
Brotherhood of Locomotive Engineers and Trainmen  
Long Island Welfare Fund

### **Opinion**

We have audited the accompanying financial statements of the Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund as of December 31, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund 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 these 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 Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund's ability to continue as a going concern for one year after the date that 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 participant.

## INDEPENDENT AUDITORS' REPORT (continued)

### **Auditors' 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 auditors' 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 GAAS 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, 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 Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund'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 Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund'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.

### **Other Matter—Supplemental Information Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, is 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 schedule 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.

*Aud. Kohut's Adliff, P.C.*

New York, NY  
September 3, 2025

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS  
AND NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>BENEFIT OBLIGATIONS</b>		
Claims payable	\$ 44,046	\$ 27,602
Insurance premiums payable	8,062	7,689
Postretirement benefits	10,738	10,738
Total Benefit Obligations	62,846	46,029
 <b>ASSETS</b>		
Investments, at fair value	853,028	826,975
Receivables:		
Employer contributions	455,081	363,382
Accrued investment income	5,994	5,474
Total Receivables	461,075	368,856
Other assets:		
Cash, operating accounts	85,673	81,296
Fixed assets, net of accumulated depreciation	23,734	1,084
Prepaid expenses	7,332	13,631
Total Other Assets	116,739	96,011
Total Assets	1,430,842	1,291,842
 <b>LIABILITIES</b>		
Accrued expenses	388,495	301,771
Due to related organizations	116,681	70,529
Total Liabilities	505,176	372,300
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>925,666</b>	<b>919,542</b>
 <b>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</b>	<b>\$ 862,820</b>	<b>\$ 873,513</b>

The accompanying notes are an integral part of the financial statements.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS  
AND IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS</b>		
Claims payable	\$ 16,443	\$ (16,996)
Insurance premiums payable	372	417
Net Increase (Decrease) in Benefit Obligations	16,815	(16,579)
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Employer contributions, net of Pension Fund allocation of \$4,014,300 (2024) and \$4,443,300 (2023)	642,975	519,494
Participant contributions	6,885	7,664
Total Contributions	649,860	527,158
Investment income:		
Interest and dividends	27,209	23,143
Net appreciation in fair value of investments	2,898	21,010
	30,107	44,153
Less - Investment fees	7,733	7,471
Net Investment Income	22,374	36,682
Other income	2,788	3,044
Total Additions	675,022	566,884
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid	305,728	264,718
Administrative expenses	363,172	326,873
Total Deductions	668,900	591,591
Net increase (decrease) in net assets available for benefits	6,122	(24,707)
Net (decrease) in net assets available for benefits over benefit obligations	(10,693)	(8,128)
Excess of net assets available for benefits over benefit obligations:		
Beginning	873,513	881,641
Ending	\$ 862,820	\$ 873,513

The accompanying notes are an integral part of the financial statements.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Brotherhood of Locomotive Engineers and Trainmen Long Island Welfare Fund (the “Plan”) provides only general information. Participants should refer to the Plan document and its Summary Plan Description (SPD) for a more complete description of Plan provisions.

**General:** The Plan was established on April 10, 1970 for the purpose of providing health care and other benefits to engine service employees of the Long Island Rail Road (LIRR), and their beneficiaries covered by the collective bargaining agreement between the Brotherhood of Locomotive Engineers and Trainmen Long Island General Committee of Adjustment (the “GCA”) and the LIRR. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Plan Administration:** The administration of the Plan is the responsibility of the Board of Trustees comprised of three (3) GCA Officers. Investments of the Plan are managed by investment advisers and maintained by a separate Plan custodian.

**Benefits and Eligibility:** The Plan provides health benefits as enumerated in Note 14, to active participants of the Plan and to their beneficiaries and covered dependents.

The Plan also provides coverage to certain retirees.

In general, employees are eligible to participate in the Plan if they work for the contributing employer who is making contributions to the Plan on their behalf. Terminated employees may also be eligible for benefits if they are eligible to receive COBRA continuation coverage and have complied with the notice requirements and pay monthly premiums. Certain retirees are eligible for life and accidental death & dismemberment, based on their date of hire.

During the year, the following insured benefits were in effect:

Insurer	Benefits
Sun Life and Health Insurance Company	Life and accidental death & dismemberment

All other benefits are self-insured.

During the year, the following administrative benefit contracts were in effect:

Contract Administrator	Benefit
Delta Dental of NY	Dental supplement

**Funding:** The LIRR makes contributions to the Plan for covered participants based on gross payroll. The contribution rate is based on the collective bargaining agreement in effect at the time and is currently 6% of gross payroll of covered employees. The Plan forwards to the Brotherhood of Locomotive Engineers and Trainmen Pension Fund (the “Pension Fund”) a portion of the contributions after keeping amounts necessary for the Plan’s expenses.

**Other:** Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting:** The financial statements were prepared on the accrual basis of accounting.

**Valuation of Investments:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Postretirement Benefit Obligations:** The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims costs data to estimate future annual incurred claims 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

No calculation was done for the current year, and the reported obligation represents the December 31, 2019, amount. Plan management does not believe there would be a material difference had the Plan calculated the December 31, 2024, obligation.

The following were other significant assumptions used in the valuation as of December 31, 2019:

Discount Rate	2.25%
Postretirement mortality rates	RP-2014 Healthy Annuitant Mortality Table, projected generationally using Scale MP-2015 from 2014
Retirement age	100% at later of age 50 with at least 30 years of service, or age 52

**Fixed Assets and Depreciation:** Fixed assets are stated at cost less depreciation accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated over estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Other Plan Benefits:** Plan obligations at December 31 for health claims incurred by active participants but not reported at that date, are based on payments in subsequent period for claims incurred in the calendar year 2024, and prior.

**Benefits Paid:** Benefits are recorded when paid in the statement of changes in net assets available for benefits and includes premiums paid to insurance companies for the purchase of life and accidental death and dismemberment insurance coverage for Plan participants.

**Current Expected Credit Losses:** The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the “ASU”) significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financial assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan’s financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

**NOTE 3 – PROCEDURE ON TERMINATION**

In the event of termination of the Plan, the Trust Agreement requires that the trustees shall use the assets and income of the Plan for the exclusive benefit of the participants of the Plan or the administrative expenses of the Plan. Under no circumstance shall any part of the corpus or income of the Plan, directly or indirectly, revert or accrue to the benefit of the employer or the GCA.

**NOTE 4 – TAX STATUS**

The Trust established under the Plan to hold the Plan’s assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), as amended and, accordingly, the trust’s net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) that states the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Trust has been amended since receiving the determination letter. However, Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with the applicable provisions of the IRC.

**NOTE 5 – RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of benefit obligations are reported based on an assumption pertaining to interest rate which is subject to change. Due to uncertainties inherent in the estimations and assumptions 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.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 6 – RELATED PARTY TRANSACTIONS**

The Plan and the Brotherhood of Locomotive Engineers and Trainmen Long Island Pension Fund (together the “Funds”) are administered by the same Board of Trustees. The Funds and GCA share the same office facilities. Some operating expenses common to these organizations (payroll, rent, telephone, equipment, and other administrative overhead costs) are allocated based on percentages derived from an allocation study.

The 2459 Ocean Owner LLC (the “LLC”) is a wholly owned subsidiary of the Pension Fund that was created to own and manage the Pension Fund’s investment in land and building located at 2459 Ocean Avenue, Ronkonkoma, NY 11779. The property also serves as the operating facility of the Plan and other related and unrelated organizations.

All employer contributions are initially remitted to the Plan. The Plan, after keeping amounts necessary for its expenses, forwards excess contributions to the Pension Fund monthly. Total contributions transferred for the years ended December 31, 2024 and 2023 were \$4,014,300 and \$4,443,300, respectively.

The Plan’s related party transactions are summarized as follows:

	Totals	GCA	Pension Fund
Beginning balances	\$ (70,529)	\$ (77,528)	\$ 6,999
Current period activity:			
Payments / (receipts)	188,497	217,407	(28,910)
Expense allocations	(213,784)	(233,979)	20,195
Other	(20,865)	(24,945)	4,080
Total Current Activity	(46,152)	(41,517)	(4,635)
Ending balances	\$ (116,681)	\$ (119,045)	\$ 2,364

**NOTE 7 – CONCENTRATION OF CREDIT RISK**

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed Federal insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

**NOTE 8 – BENEFIT OBLIGATIONS**

The Plan’s postretirement benefit obligations are summarized as follows:

	2024	2023
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current retirees, beneficiaries and dependents	\$ 9,321	\$ 9,321
Other participants fully eligible for benefits	1,417	1,417
Total Postretirement Benefit Obligations	\$ 10,738	\$ 10,738

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 9 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, 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.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 unobservable and significant to the fair value measurement.

The asset's 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.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Interest bearing cash:* Interest bearing cash, readily convertible into cash, is carried at cost, which approximates fair value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate debt instruments:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The preceding methods 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.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 9 – FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 36,298	\$ 0	\$ 0	\$ 36,298
U.S. government securities	0	500,258	0	500,258
Corporate debt instruments	0	316,472	0	316,472
	\$ 36,298	\$ 816,730	\$ 0	\$ 853,028

December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 59,322	\$ 0	\$ 0	\$ 59,322
U.S. government securities	0	421,229	0	421,229
Corporate debt instruments	0	346,424	0	346,424
	\$ 59,322	\$ 767,653	\$ 0	\$ 826,975

**NOTE 10 – ADMINISTRATIVE EXPENSES**

	2024	2023
Professional fees:		
Accounting	\$ 28,000	\$ 28,000
Actuary	15,000	22,267
Benefit administrator	20,404	19,260
Legal	8,253	10,577
Consultant	10,000	0
Software	26,388	26,861
Stationery, printing and office	913	769
Insurance	22,075	21,858
Postage	6,000	6,000
Conferences, conventions and meetings	5,980	5,980
Depreciation	6,375	2,749
Total Direct Administrative Expenses	149,388	144,321
Allocation of expenses from related organizations	213,784	182,552
Total Administrative Expenses	\$ 363,172	\$ 326,873

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 11 – FIXED ASSETS**

Fixed assets at December 31, 2024 and 2023 by classification are summarized as follows:

	2024	2023
Software	\$ 37,692	\$ 33,612
Office Equipment	19,695	19,695
IT & Security Infrastructure	24,945	0
	<b>82,332</b>	<b>53,307</b>
Less - Accumulated depreciation	58,598	52,223
Net Fixed Assets	<b>\$ 23,734</b>	<b>\$ 1,084</b>

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

	December 31	
	2024	2023
Net assets available for benefits per the financial statements	\$ 925,666	\$ 919,542
Less: Insurance premiums payable	8,062	7,689
Benefit obligations currently payable	44,046	27,602
	<b>52,108</b>	<b>35,291</b>
Net assets available for benefits per Form 5500	<b>\$ 873,558</b>	<b>\$ 884,251</b>

The following is a reconciliation of benefits paid per financial statements to the Form 5500:

	Year Ended December 31	
	2024	2023
Benefits paid per the financial statements	\$ 305,728	\$ 264,718
Less: Insurance premiums (payable), beginning of year	(7,689)	(7,689)
Benefit obligations currently (payable), beginning of year	(27,602)	(27,602)
Add: Insurance premiums payable, end of year	8,062	7,689
Benefit obligations currently payable, end of year	44,046	27,602
Benefits paid per Form 5500	<b>\$ 322,545</b>	<b>\$ 264,718</b>

**NOTE 13 – EVALUATION OF SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 3, 2025, the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined that there are no subsequent events requiring disclosures.

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN  
LONG ISLAND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 14 – BENEFITS PAID**

	<u>2024</u>	<u>2023</u>
Insured:		
Life and accidental death and dismemberment	\$ 94,439	\$ 89,109
Total Insured Benefits Paid	<u>94,439</u>	<u>89,109</u>
Self-Insured:		
Dental	205,385	172,956
Optical	5,904	2,653
Total Self-Insured Benefits Paid	<u>211,289</u>	<u>175,609</u>
Total Benefits Paid	<u>\$ 305,728</u>	<u>\$ 264,718</u>

5/07/25

12:25PM

**STATEMENT 6**  
**SCHEDULE H, PAGE 4, LINE 4I**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN 51-0247782 501

<u>PARTY IN INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT AMOUNT</u>
	TEAM CREDIT UNION	INT. BEARING CASH	\$ 31,254.	\$ 32,205.
	ABNY-CHARTWELL	SEE ATTACHED	856,235.	820,823.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**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**

<b>1 a</b> Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN LONG ISLAND WELFARE FUND	<b>1b</b> Three-digit plan number (PN).... ► 501 <b>1c</b> Effective date of plan 06/12/1970
<b>2 a</b> 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)	<b>2b</b> Employer Identification Number (EIN) 51-0247782 <b>2c</b> Plan Sponsor's telephone number 631-813-2234 <b>2d</b> Business code (see instructions) 482110

BOARD OF TRUSTEES OF GEN'L COM ADJ BRHD LOCOMOTIVE ENGINEERS  
 DIV 269 LONG ISLAND RAIL ROAD WELFARE PLAN  
 2459 OCEAN AVENUE, SUITE B  
 RONKONKOMA, NY 11779

**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.

<b>SIGN HERE</b>		9-11-25	<i>Gilman J. Long</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3 a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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: <b>a</b> Sponsor's name   <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year.....	<b>5</b>	527
<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	495
<b>a(2)</b> Total number of active participants at the end of the plan year.....	<b>6a(2)</b>	524
<b>b</b> Retired or separated participants receiving benefits.....	<b>6 b</b>	27
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6 c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6 d</b>	551
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6 e</b>	
<b>f</b> Total. Add lines 6d and 6e.....	<b>6 f</b>	551
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6 h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<input checked="" type="checkbox"/> 4B	<input checked="" type="checkbox"/> 4D	<input checked="" type="checkbox"/> 4E	<input checked="" type="checkbox"/> 4U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>9 a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9 b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached ____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information)– Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**Part III**      **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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 \_\_\_\_\_

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ASSET HOLDINGS STATEMENT  
BLED 269 WEL FD-CHARTWELL  
TRADE DATE  
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Account Number: Page 24  
1001483.1

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
JPMORGAN 100% US TREASURY MONEY MARKET Cusip: 4812A2835	USD	4,093.09	1.00	4,093.09	4,093.09	0.00	17.22	4.30	4.30
Total SHORT TERM INVESTMENT FUNDS	USD			4,093.09	4,093.09	0.00	17.22	4.30	4.30
Total CASH EQUIVALENTS	USD			4,093.09	4,093.09	0.00	17.22	4.30	4.30
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S. TREASURY NOTE 1.125% 08/31/2028 Cusip: 91282CCV1	USD	50,000.00	89.19	44,596.00	45,524.02	-928.02	191.13	1.26	1.24
U.S. TREASURY NOTE 2.75% 08/15/2032 Cusip: 91282CFF3	USD	25,000.00	88.68	22,170.75	22,599.81	-429.06	259.68	3.10	3.04
U.S. TREASURY NOTE 3.25% 06/30/2029 Cusip: 91282CEV9	USD	20,000.00	95.42	19,084.60	19,388.09	-303.49	1.80	3.41	3.35
U.S. TREASURY NOTE 4.375% 05/15/2034 Cusip: 91282CKQ3	USD	5,000.00	98.46	4,923.15	4,967.97	-44.82	28.40	4.44	4.40
U.S. TREASURY NOTE 4.5% 11/15/2033 Cusip: 91282CJJ1	USD	40,000.00	99.55	39,818.80	41,749.63	-1,930.83	233.70	4.52	4.31
U.S. TREASURY NOTES 0.625% 05/15/30 Cusip: 912828ZQ6	USD	20,000.00	82.05	16,410.80	18,418.46	-2,007.66	16.23	0.76	0.68
U.S. TREASURY NOTES 1.625% 09/30/2026 Cusip: 912828YG9	USD	55,000.00	95.63	52,597.05	55,616.42	-3,019.37	228.35	1.70	1.61
U.S. TREASURY NOTES 2.375% 05/15/2027 Cusip: 912828X88	USD	25,000.00	95.77	23,941.75	23,715.63	226.12	77.09	2.48	2.50



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY NOTES 2.625% 03/31/2025 Cusip: 9128284F4	USD	65,000.00	99.61	64,743.90	70,500.02	-5,756.12	435.94	2.64	2.42
U.S. TREASURY NTS 1.375% 11/15/2031 Cusip: 91282CDJ7	USD	50,000.00	81.72	40,858.00	43,250.99	-2,392.99	89.26	1.68	1.59
US TREASURY NOTES 1.125% 02/15/2031 Cusip: 91282CBL4	USD	30,000.00	82.53	24,757.50	28,103.90	-3,346.40	127.48	1.36	1.20
Total U.S. TREASURY NOTES	USD			353,902.30	373,834.94	-19,932.64	1,689.06	2.33	2.21
FED HOME LOAN MORTGAGE ASSOC POOLS									
FHLMC POOL #SB-8229 4.5% 05/01/2038 Cusip: 3132D6EA4 Original Face: 10,000.0000	USD	7,529.024	97.83	7,365.50	7,465.50	-100.00	28.23	4.60	4.54
FHLMC POOL #SB-8257 5.5% 09/01/2038 Cusip: 3132D6E63 Original Face: 10,000.0000	USD	7,131.0502	100.67	7,178.96	7,092.04	86.92	32.68	5.46	5.53
FHLMC POOL #SD-3857 6.00% 09/01/2053 Cusip: 3132E0JA1 Original Face: 5,000.0000	USD	4,601.6826	100.50	4,624.69	4,559.97	64.72	23.01	5.97	6.05
Total FED HOME LOAN MORTGAGE ASSOC POOLS	USD			19,169.15	19,117.51	51.64	83.92	5.25	5.27
GOVERNMENT AGENCIES									
FANNIE MAE 4.125% 08/28/2025 Cusip: 3135G06V0	USD	5,000.00	99.77	4,988.65	5,000.00	-11.35	70.47	4.13	4.13
FFCB 3.3% 03/23/2032 Cusip: 3133ENSP6	USD	5,000.00	90.89	4,544.35	5,000.00	-455.65	44.92	3.63	3.30
FFCB 4.3% 05/17/2032 Cusip: 3133ENWU0	USD	5,000.00	96.49	4,824.25	5,000.00	-175.75	26.28	4.46	4.30
FFCB 4.98% 07/20/2032 Cusip: 3133ENC24	USD	5,000.00	99.48	4,973.75	5,000.00	-26.25	111.36	5.01	4.98



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVERNMENT AGENCIES (Cont.)									
FHLB 1.15% 10/26/2026 Cusip: 3130AP5E1	USD	10,000.00	94.41	9,441.10	10,000.00	-558.90	20.76	1.22	1.15
FHLB 1.5% 11/23/2026 Cusip: 3130APQ40	USD	10,000.00	94.87	9,487.20	10,000.00	-512.80	15.83	1.58	1.50
FHLB 1.9% 02/17/2027 Cusip: 3130AQPE7	USD	10,000.00	95.09	9,509.20	10,000.00	-490.80	70.72	2.00	1.90
FHLB 3.5% 04/26/2027 Cusip: 3130ARKZ3	USD	10,000.00	98.00	9,799.80	10,000.00	-200.20	63.19	3.57	3.50
Total GOVERNMENT AGENCIES	USD			57,568.30	60,000.00	-2,431.70	423.53	2.85	2.73
FEDERAL HOME LOAN MORT CORP REMIC									
FHLMC REMIC SERIES 6.00% 07/25/2048 Cusip: 3137HBX90 Original Face: 5,000.0000	USD	3,831.6103	100.96	3,868.35	3,831.61	36.74	19.16	5.94	6.00
Total FEDERAL HOME LOAN MORT CORP REMIC	USD			3,868.35	3,831.61	36.74	19.16	5.94	6.00
US TREASURY INFLATION PROTECTED SECURITI									
U.S. TREASURY TIPS 1.125% 01/15/2033 Cusip: 91282CGK1 Original Face: 15,000.0000	USD	15,895.20	91.97	14,618.97	14,354.79	264.18	82.61	1.22	1.25
U.S.T.BOND (TIPS) 1.75% 01/15/2028 Cusip: 912810PV4 Original Face: 5,000.0000	USD	7,533.60	99.26	7,478.15	7,594.91	-116.76	60.90	1.76	1.74
US TREASURY BOD(TIPS) 0.125% 04/15/2027 Cusip: 91282CEJ6 Original Face: 10,000.0000	USD	11,179.60	95.85	10,715.31	10,034.86	680.45	2.99	0.13	0.14
Total US TREASURY INFLATION PROTECTED SECURITI	USD			32,812.43	31,984.56	827.87	146.50	0.99	1.01



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
UMBS SECURITIES									
FHLMC UMBS POOL #QE-9161 4.5% 09/01/2052 Cusip: 3133BKFA2 Original Face: 5,000.0000	USD	4,258.4614	94.22	4,012.27	4,163.32	-151.05	15.97	4.78	4.60
FHLMC UMBS POOL #RB-5318 4.5% 11/01/2044 Cusip: 3133KY4B2 Original Face: 10,000.0000	USD	9,915.744	95.42	9,461.79	9,551.66	-89.87	37.18	4.72	4.67
FNMA UMBS POOL #CB5384 4.5% 12/01/2052 Cusip: 3140QQ6W0 Original Face: 10,000.0000	USD	9,106.7211	94.27	8,584.51	8,690.51	-106.00	34.15	4.77	4.72
FNMA UMBS POOL #MA5099 4.00% 07/01/2038 Cusip: 31418EUZ1 Original Face: 5,000.0000	USD	4,178.7387	96.02	4,012.24	3,999.18	13.06	13.93	4.17	4.18
FNMA UMBS POOL #MA5202 6.00% 11/01/2038 Cusip: 31418EX88 Original Face: 10,000.0000	USD	6,753.2918	101.67	6,866.20	6,742.74	123.46	33.77	5.90	6.01
Total UMBS SECURITIES	USD			32,937.01	33,147.41	-210.40	135.00	4.92	4.89
Total GOVERNMENT & AGENCIES	USD			500,257.54	521,916.03	-21,658.49	2,497.17	2.62	2.51
CORPORATE OBLIGATIONS									
CORPORATE BONDS									
ACCENTURE CAPITAL 3.9% 10/04/2027 Cusip: 00440KAA1	USD	5,000.00	98.53	4,926.30	4,993.55	-67.25	47.13	3.96	3.91
AMGEN INC SR NT 5.25% 03/02/2033 Cusip: 031162DR8	USD	10,000.00	99.26	9,926.20	9,991.15	-64.95	173.54	5.29	5.25
ANHEUSER-BUSCH INBEV WOR 3.5% 6/1/2030 Cusip: 035240AV2	USD	5,000.00	93.76	4,687.75	5,803.35	-1,115.60	14.58	3.73	3.02



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
ANTHEM INC 3.65% 12/01/2027 Cusip: 036752AB9	USD	10,000.00	97.28	9,728.30	11,502.80	-1,774.50	30.42	3.75	3.17
ARES CAPITAL CORP 3.25% 07/15/2025 Cusip: 04010LAY9	USD	15,000.00	99.03	14,854.35	15,632.40	-778.05	224.79	3.28	3.12
ARES CAPITAL CORP 3.875% 01/15/26 Cusip: 04010LAZ6	USD	10,000.00	98.86	9,885.60	10,807.80	-922.20	178.68	3.92	3.59
BLACKROCK FUNDING 4.7% 03/14/2024 Cusip: 09290DAA9	USD	5,000.00	100.07	5,003.70	4,990.95	12.75	69.85	4.70	4.71
COMCAST CORP 4.15% 10/15/2028 Cusip: 2003ONCT6	USD	10,000.00	97.52	9,752.30	12,010.60	-2,258.30	87.61	4.26	3.46
COMCAST CORP 4.25% 10/15/2030 Cusip: 2003ONCU3	USD	10,000.00	96.43	9,643.10	12,118.00	-2,474.90	89.72	4.41	3.51
CVS HEALTH CORP 3.25% 08/15/2029 Cusip: 126650DG2	USD	10,000.00	91.04	9,104.00	11,099.40	-1,995.40	122.78	3.57	2.93
CVS HEALTH CORP 4.3% 3/25/2028 Cusip: 126650CX6	USD	2,000.00	96.89	1,937.82	2,367.82	-430.00	22.93	4.44	3.63
DUKE ENERGY CAROLINAS 4.85% 01/15/2034 Cusip: 26442CBM5	USD	5,000.00	96.92	4,846.10	4,953.75	-107.65	111.82	5.00	4.90
EXTRA SPACE STORAGE 2.2% 10/15/2030 Cusip: 30225VAP2	USD	5,000.00	85.09	4,254.25	5,072.10	-817.85	23.22	2.59	2.17
FMC CORP 3.45% 10/01/2029 Cusip: 302491AU9	USD	5,000.00	91.59	4,579.35	5,702.30	-1,122.95	43.13	3.77	3.03
FMC CORP SR NT 5.15% 05/18/2026 Cusip: 302491AW5	USD	5,000.00	100.11	5,005.40	4,998.10	7.30	30.76	5.14	5.15
GENERAL MOTORS FINL CO 5.65% 01/17/2029 Cusip: 37045XCS3	USD	5,000.00	101.49	5,074.30	6,192.00	-1,117.70	128.69	5.57	4.56



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
GEORGIA PWR CO SR GLBL 5.004% 02/23/2027 Cusip: 373334KV2	USD	5,000.00	100.77	5,038.45	4,988.35	50.10	88.96	4.97	5.02
GOLDMAN SACHS GRP INC 3.691% 06/05/2028 Cusip: 38141GWL4	USD	15,000.00	97.13	14,568.90	17,100.15	-2,531.25	39.99	3.80	3.24
HEALTHPEAK PROPERTIES 2.875% 01/15/31 Cusip: 42250PAB9	USD	5,000.00	88.06	4,402.90	5,429.70	-1,026.80	66.28	3.26	2.65
HEWLETT PACKARD 5.00% 10/15/2034 Cusip: 42824CBV0	USD	6,000.00	96.12	5,767.02	5,944.68	-177.66	79.17	5.20	5.05
JEFFERIES FINANCIAL 5.875% 07/21/2028 Cusip: 47233WBM0	USD	5,000.00	102.26	5,112.80	4,967.20	145.60	130.56	5.75	5.91
JEFFERIES FINANCIAL 6.2% 04/14/2034 Cusip: 47233WEJ4	USD	5,000.00	103.06	5,152.85	4,991.95	160.90	66.31	6.02	6.21
LINCOLN NATIONAL CORP 3.4% 01/15/31 Cusip: 534187BK4	USD	5,000.00	89.91	4,495.50	5,740.15	-1,244.65	78.39	3.78	2.96
ORACLE CORP SR GLBL NT 6.25% 11/09/2032 Cusip: 68389XCJ2	USD	5,000.00	105.98	5,298.85	4,997.35	301.50	45.14	5.90	6.25
OWL ROCK CAPITAL CORP 3.4% 07/15/2026 Cusip: 69121KAE4	USD	5,000.00	96.89	4,844.45	5,086.60	-242.15	78.39	3.51	3.34
PHILIP MORRIS INTL 5.625% 09/07/2033 Cusip: 718172DE6	USD	5,000.00	101.59	5,079.70	4,882.25	197.45	89.06	5.54	5.76
PHILIP MORRIS INTL INC 5.25% 02/13/2034 Cusip: 718172DJ5	USD	10,000.00	98.83	9,883.30	9,781.10	102.20	201.25	5.31	5.37
ROCKWELL AUTOMATION 3.5% 03/01/2029 Cusip: 773903AH2	USD	5,000.00	94.98	4,749.10	5,770.50	-1,021.40	58.33	3.68	3.03



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
SAFEHOLD OPER 2.85% 01/15/2032 Cusip: 78646UAB5	USD	5,000.00	84.02	4,200.90	4,956.15	-755.25	65.71	3.39	2.88
SAFEHOLD OPER PARTNERSHIP 2.8% 06/15/31 Cusip: 78646UAA7	USD	5,000.00	85.38	4,269.05	4,956.35	-687.30	6.22	3.28	2.82
SIMON PROPERTY GROUP LP 2.45% 09/13/29 Cusip: 828807DF1	USD	15,000.00	89.92	13,488.15	15,791.25	-2,303.10	110.25	2.72	2.33
SIMON PROPERTY GROUP LP 3.5% 09/01/25 Cusip: 828807CV7	USD	5,000.00	99.29	4,964.70	5,518.50	-553.80	58.33	3.52	3.17
TRACTOR SUPPLY CO SR 5.25% 05/15/2033 Cusip: 892356AB2	USD	5,000.00	99.94	4,997.05	4,977.95	19.10	33.54	5.25	5.27
VERIZON COMMUNICATIONS INC 2.55% 3/21/31 Cusip: 92343VGJ7	USD	5,000.00	86.12	4,305.85	5,001.30	-695.45	35.42	2.96	2.55
VIRGINIA ELEC & POWER CO 3.5% 03/15/27 Cusip: 927804FX7	USD	5,000.00	97.46	4,872.75	5,689.30	-816.55	51.53	3.59	3.08
WALT DISNEY COMPANY 3.375% 11/15/26 Cusip: 254687DK9	USD	5,000.00	97.87	4,893.35	5,619.60	-726.25	21.56	3.45	3.00
WARNERMEDIA HLDGS INC 6.412% 03/15/2026 Cusip: 55903VBG7	USD	5,000.00	100.04	5,002.00	5,000.00	2.00	94.40	6.41	6.41
Tota1 CORPORATE BONDS	USD			238,596.44	265,426.45	-26,830.01	2,898.44	4.21	3.79
FLOATING RATE CORPORATE BONDS									
BANK OF AMERICA CORP FLTG 02/05/2026 Cusip: 06051GHB8	USD	5,000.00	100.09	5,004.25	5,026.00	-21.75	49.67	6.41	6.38
BK OF AMERICA CORP FR VAR 11/10/2028 Cusip: 06051GLC1	USD	5,000.00	103.53	5,176.55	5,280.80	-104.25	43.95	5.99	5.87



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FLOATING RATE CORPORATE BONDS (Cont.)									
JPMORGAN CHASE & CO FLTG 12/05/2029 Cusip: 46647PAX4	USD	10,000.00	98.00	9,799.90	11,867.20	-2,067.30	32.15	4.54	3.75
JPMORGAN CHASE & CO VAR 02/24/2026 Cusip: 46647PCV6	USD	10,000.00	99.66	9,965.70	10,000.00	-34.30	91.55	2.60	2.60
MERRILL LYNCH & CO FLTG 09/15/2026 Cusip: 59022CAA1	USD	5,000.00	100.14	5,007.15	4,962.54	44.61	14.25	6.03	6.08
MORGAN STANLEY FLTG 04/28/26 Cusip: 6174468Q5	USD	10,000.00	99.11	9,910.80	10,570.40	-659.60	38.29	2.21	2.07
MORGAN STANLEY VAR 04/18/2030 Cusip: 61747YFQ3	USD	5,000.00	101.80	5,089.80	5,219.80	-130.00	57.03	5.53	5.39
MORGAN STANLEY VAR 04/20/2028 Cusip: 61747YER2	USD	5,000.00	98.57	4,928.40	4,893.35	35.05	41.52	4.27	4.30
PNC FINL SVCS GROUP VAR 01/21/2028 Cusip: 693475BV6	USD	5,000.00	100.86	5,042.90	5,000.00	42.90	117.12	5.25	5.30
Total FLOATING RATE CORPORATE BONDS	USD			59,925.45	62,820.09	-2,894.64	485.53	4.36	4.16
COLLATERALIZED MORT BACKED OBLIGATION									
FFCB 1.00% 03/23/2026 Cusip: 3130ALGJ7 Original Face: 10,000.0000	USD	9,750.00	96.03	9,363.22	9,750.00	-386.78	26.54	1.04	1.00
Total COLLATERALIZED MORT BACKED OBLIGATION	USD			9,363.22	9,750.00	-386.78	26.54	1.04	1.00
MMI MEDIUM TERM NOTE									
TRUIST BANK 2.25% 03/11/2030 Cusip: 89788KAA4	USD	10,000.00	85.87	8,587.30	9,341.70	-754.40	68.75	2.62	2.41
Total MMI MEDIUM TERM NOTE	USD			8,587.30	9,341.70	-754.40	68.75	2.62	2.41
Total CORPORATE OBLIGATIONS	USD			316,472.41	347,338.24	-30,865.83	3,479.26	4.10	3.74



275 7th Avenue  
NEW YORK, NEW YORK 10001

# YEAR END PACKAGE

ASSET HOLDINGS STATEMENT  
BLED 269 WEL FD-CHARTWELL  
TRADE DATE  
As of 12/31/24

Account Number: Page 32  
1001483.1

Total Asset Holdings

USD

820,823.04	873,347.36	-52,524.32	5,993.65	3.20	3.01
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