

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: H & W TRUST FD FOR IUOE LOCAL 99 & 99A
1b Three-digit plan number (PN): 501
1c Effective date of plan: 12/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BD TEES H&W TRUST FD FOR IUOE L 99&99A
2b Employer Identification Number (EIN): 52-6072849
2c Plan Sponsor's telephone number: 410-254-9595
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for CAROLE MAGGIO (plan administrator) and DONALD HAVARD (employer/plan sponsor).

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

|   |              |  |      |
|---|--------------|--|------|
| <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>4b</b> EIN                              |      |
| <b>a</b> Sponsor's name   |              | <b>4d</b> PN                               |      |
| <b>c</b> Plan Name  |              |  |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>     |  | 3130 |
| <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>6a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> |  | 2707 |
| <b>6a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> |  | 2807 |
| <b>b</b> Retired or separated participants receiving benefits.....  | <b>6b</b>    |  | 449  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  | <b>6c</b>    |  |      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b>    |  | 3256 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....  | <b>6e</b>    |  |      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   | <b>6f</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>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>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>     |  | 238  |

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F 4H 4L 4U

|  |   |   |   |
|--|---|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)  |   | <b>9b</b> Plan benefit arrangement (check all that apply)               |   |
| (1) <input checked="" 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              |
| (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>I</b> (Financial Information – Small Plan)      | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u> | (3) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u> |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (4) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          | (4) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         | (4) <input type="checkbox"/> <b>C</b> (Service Provider Information)                                |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  |   |   | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement 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><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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> |
|---|--|--|

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<br/><b>H &amp; W TRUST FD FOR IUOE LOCAL 99 &amp; 99A</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<br/><b>BD TEES H&amp;W TRUST FD FOR IUOE L 99&amp;99A</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>52-6072849</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  
**UNION LABOR LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-1423090 | 69744         | SL10317                               | 2845  | 02/01/2023              | 01/31/2024 |

**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.

|  |  |
|--|--|
| <p><b>(a)</b> Total amount of commissions paid<br/><b>225075</b></p> | <p><b>(b)</b> Total amount of fees paid<br/><b>67877</b></p> |
|--|--|

**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  
**BOLTON PARTNERS**  
**1 W. PENNSYLVANIA AVE**  
**TOWNSON, MD 21204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                                | (e) Organization code |
|---|---------------------------------|--------------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose                    |                       |
| 225075  | 67877                           | YEAR-END CONTINGENT COMMISSION |                       |

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|  |                 |                 |
|--|-----------------|-----------------|
| <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> | 1957175 |
| <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. ....<br>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. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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> |
|---|--|--|

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<br/><b>H &amp; W TRUST FD FOR IUOE LOCAL 99 &amp; 99A</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<br/><b>BD TEES H&amp;W TRUST FD FOR IUOE L 99&amp;99A</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>52-6072849</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  
**SYMETRA LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 91-0742147 | 68608         | 01-018036-00                          | 3256  | 04/01/2023              | 03/31/2024 |

**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.

|   |   |
|---|---|
| <p>(a) Total amount of commissions paid<br/><b>249160</b></p> | <p>(b) Total amount of fees paid<br/><b>34771</b></p> |
|---|---|

**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  
**BOLTON PARTNERS**  
**36 S. CHARLES ST., SUITE 1000**  
**BALTIMORE, MD 21201**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                    | (e) Organization code |
|---|---------------------------------|--------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose        |                       |
| 249160  | 34771                           | GROUP VOLUME BONUS | 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 |
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|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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

(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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                 |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>              |              |
|  | <b>7c(2)</b>              |              |
|  | <b>7c(3)</b>              |              |
|  | <b>7c(4)</b>              |              |
|  | <b>7c(5)</b>              |              |
|  | (6) Total additions ..... | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                 |              |
| <b>e</b> Deductions:   |                           |              |
|  | <b>7e(1)</b>              |              |
|  | <b>7e(2)</b>              |              |
|  | <b>7e(3)</b>              |              |
|  | <b>7e(4)</b>              |              |
| (5) Total deductions .....   | <b>7e(5)</b>              | 0            |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                 |              |

**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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

**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> | 985659 |
| <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. ....<br>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. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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> |
|---|--|--|

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<br/><b>H &amp; W TRUST FD FOR IUOE LOCAL 99 &amp; 99A</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<br/><b>BD TEES H&amp;W TRUST FD FOR IUOE L 99&amp;99A</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>52-6072849</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  
**HUMANA**

| (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     |
| 39-1263473 | 73288         | 324319                                | 342   | 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.

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid<br/><b>15666</b></p> | <p><b>(b)</b> Total amount of fees paid<br/><b>0</b></p> |
|---|--|

**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  
**LABOR FIRST LLC**  
**1000 MIDATLANTIC DRIVE**  
**MOUNT LAUREL, NJ 08054**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 15666   |                                 |             | 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 |                       |
|   |                                 |             | 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 |                       |
|   |                                 |             | 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 |                       |
|   |                                 |             |                       |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  |              |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b>               |              |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               |              |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
|  | (6) Total additions .....  | <b>7c(6)</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>                  |              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b>               |              |
|  | <b>7e(2)</b>               |              |
|  | <b>7e(3)</b>               |              |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b>                  |              |

**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) ▶ **PRESCRIPTIONS**

**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> | 552089 |
| <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. ....<br>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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>H &amp; W TRUST FD FOR IUOE LOCAL 99 &amp; 99A</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<br><b>BD TEES H&amp;W TRUST FD FOR IUOE L 99&amp;99A</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-6072849</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

**RAYMOND JAMES INVESTMENTS** **880 CARILLON PARKWAY**  
**ST. PETERSBERG, FL 33716**

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

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

**(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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**(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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**(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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**(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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**(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)

DECISION SCIENCE, INC

52-1055523

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | NONE  | 781962   | 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)

NCAS (CAREFIRST PPO)

52-1187907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 172509   | 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)

COMPLETE CLAIM SOLUTIONS, INC.

26-4450838

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12                     | NONE  | 169913   | 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)

BALDWIN LAW GROUP, LLP

51-0568066

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 75740  | 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)

FIRST HEALTH GROUP CORP

20-1736437

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49                     | NONE  | 61480  | 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)

CIGNA DENTAL

1601 CHESTNUT ST,  
PHILADELPHIA, PA 19192

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 52070  | 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)

OPTUMRX

33-0441200

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 47050  | 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)

AMERICAN HEALTHCARE ALLIANCE

8717 WEST 110TH ST, STE 480  
OVERLAND PARK, KS 66210

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | NONE  | 40741  | 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)

DOYLE PRINTING & OFFSET CO., INC

53-0191325

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 27915  | 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)

RAYMOND JAMES & ASSOCIATES, INC

59-1237041

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 33                  | NONE  | 25000  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BOLTON PARTNERS, INC

52-1231144

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 23000  | 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)

GOLDBERG & BANKS, P.C.

52-2062749

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 17963  | 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)

NATIONAL VISION ADMINISTRATOR

74-3033381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12                     | NONE  | 16459  | 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)

ACCENT PRINTERS, INC.

52-1263036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 13863  | 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)

DANIEL A. WINTERS & COMPANY, CPAS

23-2586736

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 12365  | 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)

BARR & CAMENS

1025 CONNECTICUT AVE NW, SUITE 1000  
WASHINGTON, DC 20036-5420

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 9284   | 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)

M & T BANK

16-0538020

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21                     | NONE  | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input 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.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| M & T BANK  | 21                                   | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.              |  |
|---|---|--|
| M & T BANK<br><br>16-0538020  | THE AMOUNT WAS CALCULATED BY TAKING THE AVERAGE COLLECTED BALANCE OF EACH MONTH AND SUBTRACTING A 10% REPLACEMENT RESERVE TIMES THE AVERAGE 2024 FED FUNDS RATE OF 0.15%-1.00%. |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
|   |                                      |   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|---|--|--|
|   |  |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
|   |                                      |   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|---|--|--|
|   |  |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

| <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   |
|---|--|--|
| AMERICAN HEALTH HOLDING, INC<br><br>31-1368946                                  | 7400 WEST CAMMPUS RD<br>NEW ALBANY, OH 43054<br><br>99 | THIS SERVICE PROVIDER DID NOT PROVIDE INFORMATION REQUESTED FOR SCHEDULE C OF THE FORM 5500. |

| <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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| 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<br><b>H &amp; W TRUST FD FOR IUOE LOCAL 99 &amp; 99A</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<br><b>BD TEES H&amp;W TRUST FD FOR IUOE L 99&amp;99A</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-6072849</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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 4931585               | 5153454         |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    | 71653                 | 76750           |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    | 2685019               | 3902380         |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 11555360              | 8336468         |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    | 24148993              | 33475444        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <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>   |                       |                 |
| <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>   | 26899662              | 38938555        |
| <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>    | 13004                 | 19006           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 70305276              | 89902057        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 9310312               | 8344578         |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 47739                 | 49398           |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 9358051               | 8393976         |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 60947225              | 81508081        |

**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> | 53375581   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 2455046    |           |
| <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>    |            | 55830627  |
| <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> | 45056      |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <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> |            | 45056     |
| <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> | 2387588    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2387588   |
| <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> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <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> | 1402682    |           |
| <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 .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2246208   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 4498639   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 66410800  |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 40806812 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 3403825  |          |
| (3) Other .....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 44210637 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 677047   |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 13190    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 25000    |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 23000    |          |
| (8) Legal fees .....  | <b>2i(8)</b>  | 96037    |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> | 805033   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1639307  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 45849944 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 20560856 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**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: DANIEL A. WINTERS & COMPANY, CPAS

(2) EIN: 23-2586736

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 854400 |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input type="checkbox"/>            |        |
| <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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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 \_\_\_\_\_.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 – 99A  
EIN 52-6072849; PLAN NO. 501

SCHEDULE H, LINE 3a, INDEPENDENT AUDITOR'S REPORT  
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024  
AND 2023 AND SUPPLEMENTAL SCHEDULES.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 – 99A  
EIN 52-6072849; PLAN NO. 501

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024  
AND 2023 AND SUPPLEMENTAL SCHEDULES.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A

FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
of the Health and Welfare Trust Fund for International  
Union of Operating Engineers Local 99 - 99A

**Opinion**

We have audited the accompanying financial statements of the Health and Welfare Trust Fund for International Union of Operating Engineers Local 99 - 99A (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Plan Management for the Financial Statements**

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

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

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

#### **Supplemental Schedules Required by ERISA and Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the foregoing table of contents are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules listed in the foregoing table of contents that denote they represent schedules to Form 5500 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

The supplemental schedules of non-exempt transactions and delinquent participant contributions that accompany the Plan's financial statements do not disclose certain contributions that were withheld by employers from participants and remitted to the Plan later than applicable rules and regulations permitted. See Note 8. Disclosure of this information, although not considered to be material, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Daniel A. Winters & Company

October 14, 2025

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

|   | <u>2024</u>                 | <u>2023</u>                 |
|---|-----------------------------|-----------------------------|
| <b>ASSETS:</b>  |                             |                             |
| Investments, at fair value:   |                             |                             |
| U.S. government and agency obligations (cost - 2024, \$32,723,769;<br>2023, \$23,654,908) ..... | \$ 33,475,444               | \$ 24,148,993               |
| Mutual funds (cost - 2024, \$34,192,979; 2023, \$24,397,006) .....                              | <u>38,938,555</u>           | <u>26,899,662</u>           |
| Total .....   | <u>72,413,999</u>           | <u>51,048,655</u>           |
| Receivables:  |                             |                             |
| Employer contributions .....  | 5,153,454                   | 4,931,585                   |
| Participant contributions .....   | 76,750                      | 71,653                      |
| Other .....   | <u>3,902,380</u>            | <u>2,685,019</u>            |
| Total .....   | <u>9,132,584</u>            | <u>7,688,257</u>            |
| Cash .....  | <u>8,336,468</u>            | <u>11,555,360</u>           |
| Prepaid expenses .....  | <u>19,006</u>               | <u>13,004</u>               |
| Total .....   | <u>89,902,057</u>           | <u>70,305,276</u>           |
| <b>LIABILITIES:</b>   |                             |                             |
| Accounts payable .....  | <u>49,398</u>               | <u>47,739</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS .....</b>  | <u><u>\$ 89,852,659</u></u> | <u><u>\$ 70,257,537</u></u> |

(The accompanying notes are an integral part of these financial statements.)

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A

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

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| <b>ADDITIONS:</b>   |                      |                      |
| Investment income:  |                      |                      |
| Net appreciation(depreciation)  |                      |                      |
| in fair value of investments .....  | \$ 3,648,890         | \$ 3,321,403         |
| Interest and dividend income .....  | 2,432,644            | 1,004,739            |
| Total .....   | 6,081,534            | 4,326,142            |
| Less investment expenses .....  | ( 25,000)            | ( 25,000)            |
| Total .....   | 6,056,534            | 4,301,142            |
| Contributions and related income:   |                      |                      |
| Employer contributions .....  | 53,375,581           | 50,170,947           |
| Participant contributions .....   | 2,455,046            | 2,397,862            |
| Total .....   | 55,830,627           | 52,568,809           |
| Medicare retiree drug subsidy.....  | -                    | 60,320               |
| Prescription rebates .....  | 4,498,639            | 3,918,896            |
| Total .....   | 66,385,800           | 60,849,167           |
| <b>DEDUCTIONS:</b>  |                      |                      |
| Claims paid to or for participants,<br>beneficiaries and dependents ..... | 41,772,546           | 46,091,643           |
| Insurance premiums paid .....   | 3,403,825            | 3,009,493            |
| Total .....   | 45,176,371           | 49,101,136           |
| Administrative expenses .....   | 1,614,307            | 1,736,732            |
| Total .....   | 46,790,678           | 50,837,868           |
| NET INCREASE(DECREASE) .....  | 19,595,122           | 10,011,299           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                                 |                      |                      |
| BEGINNING OF YEAR .....   | 70,257,537           | 60,246,238           |
| END OF YEAR .....   | <u>\$ 89,852,659</u> | <u>\$ 70,257,537</u> |

(The accompanying notes are an integral part of these financial statements.)

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A

NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Health and Welfare Trust Fund for International Union of Operating Engineers Local 99 - 99A (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

- A. General - The Health and Welfare Trust Fund for International Union of Operating Engineers Local 99 - 99A is a multiemployer defined benefit health and welfare plan covering eligible participants, and their dependents, who are within the jurisdiction of the International Union of Operating Engineers Local 99 - 99A (Local 99) and employed by participating employers who, through various collective bargaining agreements, are subject to the Agreement and Declaration of Trust. The Plan also covers certain other individuals pursuant to a participation agreement. The Plan was formed in 1966 under an Agreement and Declaration of Trust (Agreement) between Local 99 and employers. The Plan is operated and administered by six Trustees provided for in the Agreement and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. Benefits and Eligibility - Participants satisfying eligibility requirements, and their dependents, are provided coverage for general health care, dental care, accidental death and dismemberment, disability income, and life benefits. The Plan offers insurance coverage for claims for certain long-term disability, accidental death and dismemberment and life benefits paid by the insurer, American Healthcare Alliance and Symetra Life Insurance Company. The Plan has both specific and aggregate stop-loss insurance for medical benefits, provided by OptumRX, Inc.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements are prepared on the accrual basis of accounting. The significant accounting principles and practices utilized to prepare the financial statements are described as follows:

- A. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- B. Accounting Standards Codification - The Financial Accounting Standards Board ("FASB") publishes a single source of authoritative nongovernmental U.S. GAAP, the Accounting Standards Codification referred to in these notes as "ASC"

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A

NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- C. Cash - The Plan maintained cash balances at December 31, 2024 and 2023 in multiple financial institutions. The Plan maintained a cash balance of \$8,336,468 and \$11,555,360 in multiple financial institutions at December 31, 2024 and 2023, respectively, which exceeded the federally insured limits in the United States, subjecting the Plan to a potential credit risk of \$8,086,468 and \$11,305,360 at December 31, 2024 and 2023, respectively.
- D. 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 4 for discussion of fair value measurements.
- E. Employer Contributions Receivable - This amount represents an estimate of employer contributions related to work performed prior to the close of the fiscal year, and remitted by employers after the close of the fiscal year.
- F. Participant Contributions Receivable - This amount represents an estimate of contributions from participants related to periods prior to the close of the fiscal year, and remitted after the close of the fiscal year.
- G. Other Receivable - This is comprised of amounts the Plan considers due at fiscal year-end, including amounts related to stop loss insurance coverage, amounts related to benefits such as prescription rebates receivable and related amounts at December 31, 2024 and 2023.
- H. Benefit Obligations - The Plan's benefit obligations include estimates for claims payable and claims incurred but not reported, accumulated eligibility credits and postretirement benefit obligations. The postretirement benefit obligations estimate was determined by an independent actuary. See also Note 3.
- I. Recognition of Income from Investments - Income from investments is recognized on the accrual basis. Security transactions are accounted for on a trade date basis. Net appreciation (depreciation) in fair value of investments is reflected in the statements of changes in net assets available for benefits.

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Concluded)

J. Reconciliation of Financial Statements to Form 5500 - The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

|  | <u>2024</u>          | <u>December 31,</u><br><u>2023</u> |
|--|----------------------|------------------------------------|
| Net assets available for benefits<br>per the financial statements  | \$ 89,852,659        | \$ 70,257,537                      |
| Claims payable and claims incurred<br>but not reported   | <u>( 8,344,578)</u>  | <u>( 9,310,312)</u>                |
| Net assets available for<br>benefits per Form 5500   | <u>\$ 81,508,081</u> | <u>\$ 60,947,225</u>               |
|  | <u>2024</u>          | <u>December 31,</u><br><u>2023</u> |
| Health claims paid to or for participants,<br>beneficiaries, and dependents, per<br>financial statements | \$ 41,772,546        | \$ 46,091,643                      |
| Add: Claims payable and claims incurred<br>but not reported at December 31, 2024 and 2023                | 8,344,578            | 9,310,312                          |
| Less: Claims payable and claims incurred<br>but not reported at December 31, 2023 and 2022               | <u>( 9,310,312)</u>  | <u>( 7,143,795)</u>                |
| Health claims paid per Form 5500   | <u>\$ 40,806,812</u> | <u>\$ 48,258,160</u>               |

Claims payable and claims incurred but not reported are recorded as liabilities on Form 5500 in accordance with the reporting requirements.

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3. BENEFIT OBLIGATIONS

The Plan's benefit obligations consist of (a) amounts currently payable to or for participants, (b) other obligations for current benefit coverage, and (c) postretirement benefit obligations.

Plan obligations at December 31, 2024 and 2023 for health claims incurred by active participants but not reported at that date, and for accumulated eligibility credits are estimated by the Plan's management based upon the historical experience of the Plan.

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' service rendered to the valuation date, net of the actuarial present value of estimated future contributions, for postretirement benefits, from participants.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost 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. The actuarial present value of the expected postretirement benefit obligations is net of the actuarial present value of estimated future contributions, for postretirement benefits, expected to be received from participants based on the terms of the Plan document.

The Plan's benefit obligations as of December 31, 2024 and 2023 are as follows:

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Claims payable and claims incurred<br>but not reported               | <u>\$ 8,344,578</u>  | <u>\$ 9,310,312</u>  |
| Accumulated eligibility credits,<br>net of amounts currently payable | <u>6,398,000</u>     | <u>7,377,000</u>     |
| Postretirement benefit obligations:                                  |                      |                      |
| Current retirees   | 20,163,229           | 21,842,065           |
| Other participants fully eligible<br>for benefits                    | 13,032,508           | 13,216,312           |
| Other participants not yet fully<br>eligible for benefits            | <u>24,513,146</u>    | <u>27,600,633</u>    |
| Total  | <u>57,708,883</u>    | <u>62,659,010</u>    |
| Plan's total benefit obligations                                     | <u>\$ 72,451,461</u> | <u>\$ 79,346,322</u> |

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3. BENEFIT OBLIGATIONS (Continued)

The significant actuarial assumptions used in determining the present value of postretirement benefit obligations as of December 31, 2024 were (a) life expectancy of participants (based according to the RP - 2014 Blue Collar Mortality Table, fully generational projected from the year 2014 using Scale MP-2014), (b) retirement age assumptions (retirement ages were assumed to range from 55 to 70 with varying assumed frequencies), (c) investment return (5.53% compounded annually net of investment expenses) and (d) health care cost-trend rate (annual rates of increase in the per capita cost of covered medical benefits and covered prescription drug benefits for Pre-Medicare medical and Rx and Medicare medical were assumed to be the following for selected years: 7.5% for 2024, 7.0% for 2025, 6.20% for 2026, 5.29% for 2030, 4.60% for 2040, 4.54% for 2050, 4.48% for 2060, 4.24% for 2070, and 4.04% for 2075 and thereafter. Medicare Rx were assumed to be the following for selected years: 23.63% for 2024, 5.39% for 2025, 4.96% for 2026, 4.66% for 2030, 4.39% for 2040, 4.33% for 2050, 4.27% for 2060, 4.03% for 2070, and 3.83% for 2075 and thereafter).

The investment return rate was changed for determining the present value of postretirement benefit obligations as of December 31, 2024 from 4.82% compounded annually net of investment expenses.

The health care cost-trend rates were changed for determining the present value of postretirement benefit obligations as of December 31, 2024 from those used for the previous year of annual rates of increase in the per capita cost of covered medical benefits and covered prescription drug benefits were assumed to be: 7.5% for 2024, 7.0% for 2025, 6.20% for 2026 - 2029, 5.29% for 2030 - 2039, 4.60% for 2040 - 2049, 4.54% for 2050 - 2059, 4.48% for 2060 - 2069, 4.24% for 2070 - 2074, and 4.04% thereafter.

The health care cost-trend rate assumption ((d), above) has a significant effect on the amounts reported above. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$10,515,381 and \$13,650,414, respectively.

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

On December 8, 2003, the President of the United States of America signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act). The Act introduced a prescription drug benefit under Medicare (Medicare Part D) as well as federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The present value of post retirement benefit obligations includes the effect of expected reimbursement amounts for Medicare Part D.

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3. BENEFIT OBLIGATIONS (Continued)

The following factors affected the change in the Plan's benefit obligations for the years ended December 31, 2024 and 2023:

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Claims payable and claims incurred but not reported:               |                      |                      |
| Balance at beginning of year                                       | \$ 9,310,312         | \$ 7,143,795         |
| Net change during the year   | <u>( 965,734)</u>    | <u>2,166,517</u>     |
| Balance at end of year   | <u>8,344,578</u>     | <u>9,310,312</u>     |
| Accumulated eligibility credits, net of amounts currently payable: |                      |                      |
| Balance at beginning of year                                       | 7,377,000            | 5,648,000            |
| Net change during year   | <u>( 979,000)</u>    | <u>1,729,000</u>     |
| Balance at end of year   | <u>6,398,000</u>     | <u>7,377,000</u>     |
| Postretirement benefit obligations:                                |                      |                      |
| Balance at beginning of year                                       | 62,659,010           | 51,608,581           |
| Changes due to time  | 9,550,438            | 7,551,720            |
| Changes in census data   | -                    | ( 4,005,953)         |
| Changes in trend assumption  | 1,331,515            | 1,207,231            |
| Changes in plan amendment  | 20,854,179           | -                    |
| Changes in demographic experience                                  | ( 14,298,330)        | -                    |
| Changes in per capita costs  | ( 14,944,509)        | -                    |
| Changes in discount rate   | ( 7,443,420)         | 2,131,325            |
| Claims experience  | <u>-</u>             | <u>4,166,106</u>     |
| Balance at end of year   | <u>57,708,883</u>    | <u>62,659,010</u>    |
| Plan's total benefit obligations at end of year                    | <u>\$ 72,451,461</u> | <u>\$ 79,346,322</u> |

The costs of the postretirement benefits are shared by the Plan's participating employers, active participants and retirees. In addition to deductibles and co-payments, retirees pay a monthly contribution. For the years ending December 31, 2024 and 2023, monthly contributions for participants who retired prior to January 1, 2024 for medical, prescription, dental and vision benefits were as follows:

| <u>Retiree group</u> | <u>2024</u> | <u>2023</u> |
|----------------------|-------------|-------------|
| Pre-Medicare         | \$ 653      | \$ 623      |
| Medicare eligible    | 288         | 322         |

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3. BENEFIT OBLIGATIONS (Concluded)

Monthly contributions for individuals for medical, prescription, dental and vision benefits who retired on or after January 1, 2024 were as follows:

| Years of Service       | <u>New Retirees - Medicare</u> |        | <u>New Retirees – Non Medicare</u> |        |
|------------------------|--------------------------------|--------|------------------------------------|--------|
|                        | Plan C                         | Plan D | Plan C                             | Plan D |
| 5-24 Years of Service  | \$ 288                         | \$ 193 | \$ 653                             | \$ 468 |
| 25-29 Years of Service | 245                            | 164    | 555                                | 398    |
| 30-34 Years of Service | 202                            | 135    | 457                                | 328    |
| 35-39 Years of Service | 173                            | 116    | 392                                | 281    |
| 40+ Years of Service   | 144                            | 97     | 327                                | 234    |

Participants should refer to the Summary Plan Description for contribution rates for family coverage and other benefit options.

The Plan's deficiency of net assets available for benefits over the Plan's total benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligations, which are not planned to be fully funded by the contribution rate provided by the current collective bargaining agreement. It is expected that future benefits will be funded, as they are payable, by employer contributions and contributions from active participants and retirees. Because this deficiency is based upon the actuarial present value of expected postretirement benefits planned to be funded by the items noted above, the Board of Trustees monitors the funded status of the Plan to assess any possible changes, including changes in the terms of the Plan document that may be necessary.

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4. FAIR VALUE MEASUREMENTS

Current accounting standards, codified in ASC Topic 820 - *Fair Value Measurement* require disclosures about assets and liabilities that are measured and reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

These standards provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to determine fair value of assets and liabilities. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates, yield curves and other information that is observable or is derived principally from or corroborated by observable market data. Level 3 inputs are unobservable inputs used to the extent observable inputs are not available. These include inputs that are available in situations where there is little, if any, market activity for the related asset or liability. The inputs into the determination of fair value require significant management judgment. Due to the inherent uncertainty of these estimates, these values may differ materially from the values that would have been used had a ready market for these investments existed. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such investments in the fair value hierarchy.

Short term investment funds are valued at fair value using quoted market prices for identical assets, on an active market, and are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available and the value is based on underlying assets which are not traded on an active market or based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

U.S. government and agency obligations are valued at fair value using quoted market prices for identical assets, on an active market where available, and are considered Level 1 of the fair value hierarchy. When the value is based on underlying assets which are not traded on an active market or based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

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4. FAIR VALUE MEASUREMENTS (Concluded)

Mutual funds are valued using the quoted price for identical assets on an active market, equal to the Net Asset Value (NAV) provided by the administrator of the mutual fund. These fair value measurements are considered Level 1 of the fair value hierarchy. When the value is not considered a quoted price on an active market and the value is based on observable inputs such as market interest rates or quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy. Certain mutual fund's underlying assets may include alternative investments such as certain real estate assets, hard-to-value arrangements and other assets for which sufficient observable information is not available. The value of these investments is determined based on unobservable inputs and they are considered Level 3 of the fair value hierarchy.

The methods described above may produce fair values that may not be indicative of net realizable value or reflective of future values. Furthermore, while 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.

The following table was prepared to agree to the total investments by class as reflected on the Schedule of Assets (Held at End of Year) which agrees to the respective amounts reflected on the Statement of Net Assets Available for Benefits. It summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy as of December 31, 2024:

|   | <u>Level 1</u>       | <u>Level 2</u>       | <u>Level 3</u> | <u>Total</u>         |
|---|----------------------|----------------------|----------------|----------------------|
| U.S. government and<br>agency obligations | \$ -                 | \$ 33,475,444        | \$ -           | \$ 33,475,444        |
| Mutual funds                              | 38,938,555           | -                    | -              | 38,938,555           |
| Total                                     | <u>\$ 38,938,555</u> | <u>\$ 33,475,444</u> | <u>\$ -</u>    | <u>\$ 72,413,999</u> |

The following table summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy as of December 31, 2023:

|   | <u>Level 1</u>       | <u>Level 2</u>       | <u>Level 3</u> | <u>Total</u>         |
|---|----------------------|----------------------|----------------|----------------------|
| U.S. government and<br>agency obligations | \$ -                 | \$ 24,148,993        | \$ -           | \$ 24,148,993        |
| Mutual funds                              | 26,899,662           | -                    | -              | 26,899,662           |
| Total                                     | <u>\$ 26,899,662</u> | <u>\$ 24,148,993</u> | <u>\$ -</u>    | <u>\$ 51,048,655</u> |

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5. PLAN AMENDMENTS

During the year ended December 31, 2024, the Plan was changed by the following significant amendments:

Effective January 1, 2025, the limit for hearing aids for routine hearing loss increased from \$4,000 every three years with a letter of medical necessity to \$4,500 every three years with a letter of medical necessity.

Effective January 1, 2025, the short term disability benefit for active employee participants increased from \$600 weekly benefit to \$1,000 weekly benefit.

Effective January 1, 2025, the dental benefit calendar year maximum increased from \$3,500 to \$4,000.

Effective January 1, 2025, the dental benefit orthodontic benefit lifetime maximum increased from \$2,500 to \$3,000.

Effective January 1, 2025, the optical expense benefit calendar year maximum increased from \$450 to \$600.

Effective January 1, 2025, the optical expense benefit lifetime maximum for LASIK benefit increased from \$2,000 to \$2,500.

Effective January 1, 2025, the Non-Medicare retiree participant and each dependent plan year deductible decreased from \$500 per person to \$220 per person.

Effective January 1, 2025, a Non-Medicare retiree participant and each dependent out of pocket maximum on essential benefits of \$1,500 per person was established.

During the year ended December 31, 2023, the Plan was changed by the following significant amendments:

Effective through May 31, 2024, the Plan will cover four over the counter COVID tests per month for each active employee participant and their dependents and each non-Medicare eligible retiree participant and their dependents. The Plan incorporates by reference the definitions used in the SPD.

Effective December 1, 2022, the lifetime maximum for the secondary major- medical benefit was increased from \$35,000 to \$50,000.

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5. PLAN AMENDMENTS (Concluded)

Effective July 1, 2023, the Plan will reimburse 80% of the charges incurred by active employees, their spousal dependents and dependent children for services in connection with straightening and re-positioning teeth. The Plan will not pay or reimburse charges for orthodontic benefits for treatment or services outlined in Section 6.06(A)(2) or any service or treatment for non-Medicare eligible retiree participants and their spousal dependents and Medicare retiree participants with Part A and Part B Medicare primary coverage and their spousal dependents.

Effective August 1, 2023, the Plan will pay or reimburse charges for Lasik surgery incurred by active employee participants and their dependents within the lifetime limit set forth in the Summary of Benefits.

Effective as of January 1, 2024, subject to the basic benefit annual deductible, any co-insurance or copayment requirements, the conditions required to be met, and the exclusions outlined in the Plan document, the Plan shall provide payment for or reimbursement of a percentage of medically necessary charges for FDA-approved cell therapy or gene therapy provided on an inpatient or outpatient basis by PPO providers or by non-PPO providers, with such coverage determined based on the Plan provisions applicable to the CPT codes and network status of the billed charges. For purposes of this benefit, “Gene Therapy” means the transplantation of genetic material into the participant or dependent to replace, inactivate or introduce genes into cells for the purpose of replacing or repairing damaged tissue and/or treating or curing a disease or condition (e.g., hemophilia) and “Cell Therapy” means the transplantation of cells into the participant or dependent for the purpose of restoring or altering certain sets of cells or using cells to carry a therapy through the body to treat or cure a disease or condition (e.g., hemophilia). The following conditions must be satisfied for the Plan to reimburse or pay the charges: (a) The cell therapy or gene therapy must be medically necessary; (b) The cell therapy or gene therapy must be FDA approved; (c) The cell therapy or gene therapy must be ordered by a physician; (d) The cell therapy or gene therapy is subject to precertification and active participation in the case management program, which requires that the Plan’s precertification/notification vendor be involved prior to the treatment being provided and during the duration of the treatment, to the extent that the treatment has a duration period.

Effective February 15, 2024, benefits equal in cost to the allowable charge for comparable services in the United States will be provided for emergency care rendered outside the United States if appropriate documentation (including an itemized bill and medical notes) are timely provided. Effective February 15, 2024, non-emergency care rendered outside the United States will not be covered by the Plan.

Effective on and after December 14, 2023, the RSV vaccine will be covered under the Plan’s prescription drug benefit, if provided with a prescription and subject to a 20% co-pay. Prior to December 14, 2023, it was covered under the medical benefit portion of the Plan.

Effective on and after December 14, 2023, charges for the orthotics benefit incurred for a dependent under the age of 19 shall not be subject to an annual limit.

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6. SUBSEQUENT EVENTS

ASC Topic 855 - *Subsequent Events* establishes standards of accounting for the disclosure of events that take place after the date of the financial statements, but before the financial statements are issued. Depending upon facts and circumstances, for certain subsequent events their effect must be recognized in the financial statements while for others applicable information should be disclosed in the notes to the financial statements. Plan management has evaluated subsequent events occurring between December 31, 2024, and the date the financial statements were available to be issued, October 14, 2025, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements, except as noted below.

Effective January 1, 2025, for purposes of the definition of dependent, the term “child” shall include a stepchild if a Participant timely provides (within 60 days) the following: (i) documentation of the marriage of the Participant and Spouse; and (ii) either two years of federal income tax returns showing the stepchild is claimed as a dependent of the Participant or the Participant's Spouse or a copy of the divorce decree and/or parenting agreement showing the delegation of health plan coverage and tax filing responsibilities for any dependent children. A stepchild will cease to qualify as a dependent in the event a Participant divorces the stepchild's biological or legally appointed parent.

After the year ended December 31, 2024, an amended Plan Document and Summary Plan Description was restated effective January 1, 2025.

Effective January 1, 2026, change in prescription out-of-pocket (participant) cost from 80%/20% with no cap to flat copays of \$100 (one-month supply) or \$150 (three-month supply).

Effective January 1, 2026, there is a revised retiree contribution schedule. For “current” retirees, reduce all contribution amounts by 10%. For “new” retirees, reduce current schedule amounts by 10% and add new years of service tiers between 10 and 24 years.

Effective January 1, 2026, once a member retires with at least 30 years of service, there would be no required premium contribution. This would apply to all retirees, both current and future retirees.

Effective November 1, 2025, initial eligibility has been changed to eliminate the two month waiting period.

Effective January 1, 2026, 2% of employer contributions will be diverted to a new health reimbursement account to be used when participants retire. A minimum of five years of service would be required to access.

Plan management intends to formally amend the Plan Document and Summary Plan Description to incorporate all changes.

7. FUNDING POLICY

Employer contributions to the Plan are based upon contribution rates determined by the collective bargaining agreements between Local 99 and participating employers.

Self-payment rates for retirees and for COBRA coverage are established by the Board of Trustees.

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8. PROHIBITED TRANSACTIONS

During the years ended December 31, 2024 and 2023, the Plan identified certain contributions that were withheld by employers from participants and remitted to the Plan later than applicable rules and regulations permitted. The Plan identifies transactions are reportable based on receipt of contributions, later than the date the Plan's collection policy considers the amounts due, which contributions are identifiable as withheld from participants. The Plan does not necessarily receive from the contributing employers information to identify all contributions withheld from participants. The accompanying supplemental schedule of non-exempt transactions and the schedule of delinquent participant contributions reflect the identified transactions but do not include all such transactions. Transactions will remain on each schedule through the second year after the delinquent contributions, without applicable late payment interest, have been remitted to the Plan. These transactions are noted on the schedule of delinquent participant contributions as "Contributions Not Corrected".

9. RISKS AND UNCERTAINTIES

The Plan invests in various assets for investment. Investments are exposed to various risks such as interest rate, market and credit risks and the risk of compliance of the issuer and/or other parties. Due to the level of risk associated with certain investments it is at least reasonably possible that changes in values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

To provide benefits the Plan maintains a significant portion of its assets in investments, which are subject to fluctuation in value. The Plan's assets include investments that are traded in markets outside of the United States which are subject to risks related to those foreign markets as well as the effect of exchange rate changes. Further, the Plan is subject to risks associated with each investment, such as compliance of the issuer with certain contractual obligations. The Plan minimizes concentrations of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure to any one issuer.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates, health care cost-trend rates and employee demographics, all of which are 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.

The COVID - 19 pandemic adversely affected global economic activity and influenced the values of certain investments and other assets. These conditions may adversely affect the Plan, although the extent of any impact on the Plan cannot be predicted at this time.

10. PLAN CONTINUATION

It is the present intention of the Trustees to continue the Plan indefinitely. In the event of a termination of the Plan the Trustees shall establish procedures to be implemented as specified in Article XVI of the Health and Welfare Plan and Trust.

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11. TAX STATUS

On July 20, 1967, the Internal Revenue Service advised the Plan it made a favorable determination of the Plan's tax status and it is exempt from federal income taxes pursuant to Internal Revenue Code (IRC) Section 501(a), as an organization described in IRC Section 501(c)(9). The Plan is not, however, exempt from taxes on net income from unrelated business activities, if any. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. No change in the Plan's tax status is anticipated. The Trustees believe that the Plan is being operated in compliance with all applicable requirements and, therefore, believe that the Plan continues to be a multiemployer collectively bargained defined welfare employee benefit plan that is tax exempt. No provision for income taxes has been included in the financial statements.

ASC Topic 740 - *Income Taxes* clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements and prescribes a recognition threshold and measurement attribute for tax positions taken or expected to be taken on a tax return, including the entity's status as a tax-exempt entity. The Plan has determined there is no impact of ASC Topic 740 on its financial statements for the years ended December 31, 2024 and 2023. The Plan is no longer subject to federal examination for the years ended prior to December 31, 2021.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A

SUMMARY OF ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| <u>DESCRIPTION:</u>                                    | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| Administrative fees .....                              | \$ 677,047          | \$ 653,413          |
| PPO fees .....   | 372,797             | 346,984             |
| Medical consulting fees .....                          | 226,207             | 388,725             |
| Printing, postage and office .....                     | 178,071             | 160,446             |
| Legal fees .....                                       | 96,037              | 111,519             |
| Actuarial fees .....                                   | 23,000              | 23,000              |
| ACA Transitional Reinsurance Program & PCORI Fee ..... | 20,719              | 22,618              |
| Audit and accounting fees .....                        | 13,190              | 12,195              |
| Insurance .....  | 6,268               | 14,999              |
| Meetings and conferences .....                         | 721                 | 48                  |
| Dues and subscriptions .....                           | <u>250</u>          | <u>2,785</u>        |
| Total .....  | <u>\$ 1,614,307</u> | <u>\$ 1,736,732</u> |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
EIN 52-6072849, PLAN NO. 501  
SCHEDULE H TO FORM 5500, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

| (a)                                     | (b)  | (c)                              |                 |                   | (d)           | (e)            |
|---|--|----------------------------------|-----------------|-------------------|---------------|----------------|
|   | <u>IDENTITY OF ISSUE, BORROWER,<br/>LESSOR, OR SIMILAR PARTY</u> | <u>DESCRIPTION OF INVESTMENT</u> |                 |                   |               | <u>CURRENT</u> |
|   |  | <u>INTEREST</u>                  | <u>MATURITY</u> | <u>FACE VALUE</u> |               | <u>VALUE</u>   |
|   |  | <u>RATE</u>                      | <u>DATE</u>     | <u>OR SHARES</u>  | <u>COST</u>   |                |
| INVESTMENTS, AT FAIR VALUE:             |  |                                  |                 |                   |               |                |
| U.S. GOVERNMENT AND AGENCY OBLIGATIONS: |  |                                  |                 |                   |               |                |
|   | U.S. TREASURY BILLS  | DISCOUNT                         | 02/20/25        | 8,800,000         | \$ 8,401,967  | \$ 8,750,016   |
|   | U.S. TREASURY BILLS  | DISCOUNT                         | 06/12/25        | 9,500,000         | 9,039,290     | 9,324,155      |
|   | U.S. TREASURY BILLS  | DISCOUNT                         | 09/04/25        | 9,100,000         | 8,746,984     | 8,848,385      |
|   | U.S. TREASURY BILLS  | DISCOUNT                         | 11/28/25        | 6,800,000         | 6,535,528     | 6,552,888      |
|   | TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS                     |                                  |                 |                   | 32,723,769    | 33,475,444     |
| MUTUAL FUNDS:                           |  |                                  |                 |                   |               |                |
|   | AMERICAN BALANCED FUND CLASS F-2                                 |                                  |                 | 288,137           | 7,858,937     | 9,885,989      |
|   | AMERICAN FUNDS CAPITAL INCOME BUILDER FUND CLASS F-2             |                                  |                 | 108,608           | 6,755,460     | 7,480,949      |
|   | JP MORGAN LARGE CAP GROWTH FUND CLASS I                          |                                  |                 | 104,574           | 5,728,333     | 8,336,607      |
|   | MFS VALUE FUND CLASS I   |                                  |                 | 133,319           | 6,269,294     | 6,504,626      |
|   | METROPOLITAN WEST TOTAL RETURN BOND FUND CLASS I                 |                                  |                 | 693,253           | 6,979,098     | 6,149,158      |
|   | VANGUARD 500 INDEX FUND ADMIRAL SHARES                           |                                  |                 | 1,071             | 601,857       | 581,226        |
|   | TOTAL MUTUAL FUNDS   |                                  |                 |                   | 34,192,979    | 38,938,555     |
|   | TOTAL INVESTMENTS, AT FAIR VALUE                                 |                                  |                 |                   | \$ 66,916,748 | \$ 72,413,999  |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99-99A  
EIN 52-6072849, PLAN NO. 501  
SCHEDULE H TO FORM 5500, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
INDIVIDUAL TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS  
FOR THE YEAR ENDED DECEMBER 31, 2024

| (b)                                   |                     |                             | (c)            |    | (d)                         |    | (g)           |    | (h)           |    | (i)             |
|---------------------------------------|---------------------|-----------------------------|----------------|----|-----------------------------|----|---------------|----|---------------|----|-----------------|
| DESCRIPTION                           | NUMBER OF PURCHASES | NUMBER OF SALES/ MATURITIES | PURCHASE PRICE |    | SALE PRICE/ MATURITY AMOUNT |    | COST OF ASSET |    | CURRENT VALUE |    | NET GAIN (LOSS) |
| U.S. TREASURY BILLS<br>VAR 02/22/2024 | -                   | 1                           | -              | \$ | 6,300,000                   | \$ | 6,051,100     | \$ | 6,300,000     | \$ | 248,900         |
| U.S. TREASURY BILLS<br>VAR 06/13/2024 | -                   | 1                           | -              |    | 6,100,000                   |    | 5,797,246     |    | 6,100,000     |    | 302,754         |
| U.S. TREASURY BILLS<br>VAR 09/05/2024 | -                   | 1                           | -              |    | 5,900,000                   |    | 5,600,985     |    | 5,900,000     |    | 299,015         |
| U.S. TREASURY BILLS<br>VAR 11/29/2024 | -                   | 1                           | -              |    | 6,500,000                   |    | 6,205,577     |    | 6,500,000     |    | 294,423         |
| U.S. TREASURY BILLS<br>VAR 02/20/2025 | 1                   | -                           | 8,401,967      |    | -                           |    | -             |    | 8,401,967     |    | -               |
| U.S. TREASURY BILLS<br>VAR 6/12/2025  | 1                   | -                           | 9,039,290      |    | -                           |    | -             |    | 9,039,290     |    | -               |
| U.S. TREASURY BILLS<br>VAR 9/04/2025  | 1                   | -                           | 8,746,984      |    | -                           |    | -             |    | 8,746,984     |    | -               |
| U.S. TREASURY BILLS<br>VAR 11/28/2025 | 1                   | -                           | 6,535,528      |    | -                           |    | -             |    | 6,535,528     |    | -               |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
EIN 52-6072849, PLAN NO. 501  
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

TOTAL THAT CONSTITUTE NONEXEMPT  
PROHIBITED TRANSACTIONS

|   | <u>PARTICIPANT</u><br><u>CONTRIBUTIONS</u><br><u>TRANSFERRED LATE</u><br><u>TO THE PLAN</u> | <u>CONTRIBUTIONS</u><br><u>NOT CORRECTED</u> | <u>CONTRIBUTIONS</u><br><u>CORRECTED</u><br><u>OUTSIDE OF VFCP</u> | <u>CONTRIBUTIONS</u><br><u>PENDING</u><br><u>CORRECTION IN</u><br><u>VFCP</u> | <u>TOTAL FULLY</u><br><u>CORRECTED</u><br><u>UNDER VFCP AND</u><br><u>PTE 2002-51</u> |
|---|---|--|--|---|---|
| CHECK HERE IF<br>LATE PARTICIPANT<br>LOAN REPAYMENTS<br>ARE INCLUDED: | \$ 854,400  | \$ 854,400                                   | \$ -   | \$ -  | \$ -  |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
 UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
 EIN 52-6072849; PLAN NO. 501  
 SCHEDULE H TO FORM 5500, LINE 4a - SCHEDULE OF NONEXEMPT TRANSACTIONS  
 FOR THE YEAR ENDED DECEMBER 31, 2024

| PARTY INVOLVED                 | RELATIONSHIP<br>TO PLAN | DESCRIPTION OF TRANSACTION                        |  |   |                           |   |  |
|--------------------------------|-------------------------|---|--|---|---------------------------|---|--|
|                                |                         | PERIOD IN<br>WHICH PARTICIPANT<br>MONIES WITHHELD | DUE DATE<br>OF PARTICIPANT<br>CONTRIBUTIONS(a) | DATE PARTICIPANT<br>CONTRIBUTIONS<br>RECEIVED | NUMBER<br>OF DAYS<br>LATE | AMOUNT OF<br>PARTICIPANT<br>CONTRIBUTIONS |  |
|                                |                         |   |  |   |                           |   |  |
| Able Eng (Anthology)           | Employer                | 12/22   | 01/20/23                                       | 01/23/23                                      | 3                         | \$ 263                                    |  |
| Able Eng (Anthology)           | Employer                | 01/23   | 02/21/23                                       | 02/24/23                                      | 3                         | 276                                       |  |
| Able Eng (Anthology)           | Employer                | 05/23   | 06/20/23                                       | 06/28/23                                      | 8                         | 552                                       |  |
| Able Eng (Anthology)           | Employer                | 08/23   | 09/20/23                                       | 10/02/23                                      | 12                        | 552                                       |  |
| Able Eng (Anthology)           | Employer                | 10/24   | 11/20/24                                       | 12/11/24                                      | 21                        | 580                                       |  |
| Able Eng (Villages)            | Employer                | 01/23   | 02/21/23                                       | 02/24/23                                      | 3                         | 552                                       |  |
| Able Eng (Villages)            | Employer                | 02/23   | 03/20/23                                       | 03/31/23                                      | 11                        | 552                                       |  |
| Able Eng (Villages)            | Employer                | 03/23   | 04/20/23                                       | 04/28/23                                      | 8                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 04/23   | 05/22/23                                       | 05/26/23                                      | 4                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 05/23   | 06/20/23                                       | 06/28/23                                      | 8                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 06/23   | 07/20/23                                       | 07/24/23                                      | 4                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 07/23   | 08/21/23                                       | 08/25/23                                      | 4                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 08/23   | 09/20/23                                       | 09/27/23                                      | 7                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 09/23   | 10/20/23                                       | 10/30/23                                      | 10                        | 276                                       |  |
| Able Eng (Villages)            | Employer                | 10/23   | 11/20/23                                       | 11/27/23                                      | 7                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 11/23   | 12/20/23                                       | 12/29/23                                      | 9                         | 276                                       |  |
| Able Eng (Villages)            | Employer                | 12/23   | 01/22/24                                       | 03/01/24                                      | 39                        | 276                                       |  |
| Bloom Govt. Solution           | Employer                | 07/23   | 08/21/23                                       | 09/11/23                                      | 21                        | 282                                       |  |
| Bloom Govt. Solution           | Employer                | 08/23   | 09/20/23                                       | 09/29/23                                      | 9                         | 282                                       |  |
| Bloom Govt. Solution           | Employer                | 09/23   | 10/20/23                                       | 10/25/23                                      | 5                         | 282                                       |  |
| Bloom Govt. Solution           | Employer                | 10/23   | 11/20/23                                       | 11/29/23                                      | 9                         | 282                                       |  |
| Bloom Govt. Solution           | Employer                | 11/23   | 12/20/23                                       | 12/27/23                                      | 7                         | 282                                       |  |
| Emcor (Amer Chem)              | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 2   |  |
| Emcor (Amer Chem)              | Employer                | 01/23   | 02/21/23                                       | 02/22/23                                      | 1                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 02/23   | 03/20/23                                       | 03/27/23                                      | 7                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 03/23   | 04/20/23                                       | 04/26/23                                      | 6                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 04/23   | 05/22/23                                       | 05/31/23                                      | 9                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 05/23   | 06/20/23                                       | 06/21/23                                      | 1                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 06/23   | 07/20/23                                       | 07/28/23                                      | 8                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 07/23   | 08/21/23                                       | 08/23/23                                      | 2                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 08/23   | 09/20/23                                       | 09/25/23                                      | 5                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 09/23   | 10/20/23                                       | 10/27/23                                      | 7                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 10/23   | 11/20/23                                       | 11/24/23                                      | 4                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 11/23   | 12/20/23                                       | 12/22/23                                      | 2                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 12/23   | 01/22/24                                       | 01/26/24                                      | 4                         | 139                                       |  |
| Emcor (Amer Chem)              | Employer                | 07/24   | 08/20/24                                       | 08/21/24                                      | 1                         | 145                                       |  |
| Emcor (Amer Chem)              | Employer                | 08/24   | 09/20/24                                       | 09/23/24                                      | 3                         | 145                                       |  |
| Emcor (Amer Chem)              | Employer                | 11/24   | 12/20/24                                       | 12/23/24                                      | 3                         | 145                                       |  |
| Emcor (Amer Chem)              | Employer                | 12/24   | 01/21/25                                       | 01/24/25                                      | 3                         | 145                                       |  |
| Emcor (CNR&IC)                 | Employer                | 02/23   | 03/20/23                                       | 03/27/23                                      | 7                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 03/23   | 04/20/23                                       | 04/26/23                                      | 6                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 04/23   | 05/22/23                                       | 05/31/23                                      | 9                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 05/23   | 06/20/23                                       | 06/21/23                                      | 1                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 06/23   | 07/20/23                                       | 07/28/23                                      | 8                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 07/23   | 08/21/23                                       | 08/23/23                                      | 2                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 08/23   | 09/20/23                                       | 09/25/23                                      | 5                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 09/23   | 10/20/23                                       | 10/27/23                                      | 7                         | 790                                       |  |
| Emcor (CNR&IC)                 | Employer                | 06/24   | 07/22/24                                       | 07/24/24                                      | 2                         | 622                                       |  |
| Emcor (CNR&IC)                 | Employer                | 07/24   | 08/20/24                                       | 08/21/24                                      | 1                         | 622                                       |  |
| Emcor (CNR&IC)                 | Employer                | 08/24   | 09/20/24                                       | 09/23/24                                      | 3                         | 622                                       |  |
| Emcor (CNR&IC)                 | Employer                | 11/24   | 12/20/24                                       | 12/23/24                                      | 3                         | 622                                       |  |
| Emcor (CNR&IC)                 | Employer                | 12/24   | 01/21/25                                       | 01/24/25                                      | 3                         | 622                                       |  |
| Emcor (Discovery)              | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 26,190                                    |  |
| Emcor (Energy Doe-DC)          | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 532                                       |  |
| Emcor (FDIC DC)                | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 255                                       |  |
| Emcor (FDIC-VA)                | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 663                                       |  |
| Emcor (FDIC-VA)                | Employer                | 12/22   | 01/20/23                                       | 02/22/23                                      | 33                        | 51  |  |
| Emcor Gov Serv (FBI)           | Employer                | 12/22   | 01/20/23                                       | 01/25/23                                      | 5                         | 424                                       |  |
| Emcor Gov Serv (FBI)           | Employer                | 12/22   | 01/20/23                                       | 02/22/23                                      | 33                        | 30  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 01/24   | 02/20/24                                       | 02/26/24                                      | 6                         | 340                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 02/24   | 03/20/24                                       | 03/29/24                                      | 9                         | 340                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 04/24   | 05/20/24                                       | 05/28/24                                      | 8                         | 340                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 05/24   | 06/20/24                                       | 06/28/24                                      | 8                         | 340                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 06/24   | 07/22/24                                       | 07/26/24                                      | 4                         | 340                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 07/24   | 08/20/24                                       | 09/11/24                                      | 22                        | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 08/24   | 09/20/24                                       | 09/25/24                                      | 5                         | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 09/24   | 10/21/24                                       | 10/25/24                                      | 4                         | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 10/24   | 11/20/24                                       | 11/22/24                                      | 2                         | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 11/24   | 12/20/24                                       | 01/13/25                                      | 24                        | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 12/24   | 01/21/25                                       | 01/22/25                                      | 1                         | 56  |  |
| Falon Sourcing Solutions, LLC. | Employer                | 07/23   | 08/21/23                                       | 09/27/23                                      | 37                        | 128                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 08/23   | 09/20/23                                       | 09/27/23                                      | 7                         | 128                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 09/23   | 10/20/23                                       | 11/01/23                                      | 12                        | 128                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 10/23   | 11/20/23                                       | 12/06/23                                      | 16                        | 128                                       |  |
| Falon Sourcing Solutions, LLC. | Employer                | 12/23   | 01/22/24                                       | 01/31/24                                      | 9                         | 128                                       |  |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
 UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
 EIN 52-6072849; PLAN NO. 501  
 SCHEDULE H TO FORM 5500, LINE 4a - SCHEDULE OF NONEXEMPT TRANSACTIONS  
 FOR THE YEAR ENDED DECEMBER 31, 2024

| PARTY INVOLVED                 | DESCRIPTION OF TRANSACTION |                                      |                                    |                           |                 |                              |  |
|--------------------------------|----------------------------|--------------------------------------|------------------------------------|---------------------------|-----------------|------------------------------|--|
|                                | RELATIONSHIP<br>TO PLAN    | PERIOD IN                            | DUE DATE                           | DATE PARTICIPANT          | NUMBER          | AMOUNT OF                    |  |
|                                |                            | WHICH PARTICIPANT<br>MONIES WITHHELD | OF PARTICIPANT<br>CONTRIBUTIONS(a) | CONTRIBUTIONS<br>RECEIVED | OF DAYS<br>LATE | PARTICIPANT<br>CONTRIBUTIONS |  |
| Hay Adams Hotel                | Employer                   | 01/23                                | 02/21/23                           | 03/22/23                  | 29              | 58                           |  |
| Hay Adams Hotel                | Employer                   | 02/23                                | 03/20/23                           | 03/22/23                  | 2               | 58                           |  |
| Hay Adams Hotel                | Employer                   | 06/23                                | 07/20/23                           | 08/11/23                  | 22              | 50                           |  |
| Hay Adams Hotel                | Employer                   | 07/23                                | 08/21/23                           | 08/28/23                  | 7               | 50                           |  |
| Hay Adams Hotel                | Employer                   | 08/23                                | 09/20/23                           | 10/02/23                  | 12              | 50                           |  |
| Hay Adams Hotel                | Employer                   | 10/23                                | 11/20/23                           | 11/29/23                  | 9               | 50                           |  |
| Hay Adams Hotel                | Employer                   | 11/23                                | 12/20/23                           | 12/28/23                  | 8               | 52                           |  |
| Hay Adams Hotel                | Employer                   | 08/23                                | 09/20/23                           | 03/11/24                  | 173             | 8                            |  |
| Hay Adams Hotel                | Employer                   | 09/23                                | 10/20/23                           | 03/11/24                  | 143             | 8                            |  |
| Hay Adams Hotel                | Employer                   | 10/23                                | 11/20/23                           | 03/11/24                  | 112             | 8                            |  |
| Hay Adams Hotel                | Employer                   | 11/23                                | 12/20/23                           | 03/11/24                  | 82              | 8                            |  |
| Hay Adams Hotel                | Employer                   | 12/23                                | 01/22/24                           | 03/11/24                  | 49              | 8                            |  |
| Hilton Madison                 | Employer                   | 12/22                                | 01/20/23                           | 01/30/23                  | 10              | 17                           |  |
| Hilton McLean                  | Employer                   | 12/22                                | 01/20/23                           | 02/01/23                  | 12              | 327                          |  |
| Hilton McLean                  | Employer                   | 01/23                                | 02/21/23                           | 03/01/23                  | 8               | 244                          |  |
| Hilton McLean                  | Employer                   | 02/23                                | 03/20/23                           | 04/05/23                  | 16              | 244                          |  |
| Hilton McLean                  | Employer                   | 06/23                                | 07/20/23                           | 07/21/23                  | 1               | 244                          |  |
| Hilton McLean                  | Employer                   | 08/23                                | 09/20/23                           | 10/02/23                  | 12              | 244                          |  |
| Hilton McLean                  | Employer                   | 10/23                                | 11/20/23                           | 12/13/23                  | 23              | 244                          |  |
| Hilton McLean                  | Employer                   | 11/23                                | 12/20/23                           | 01/31/24                  | 42              | 244                          |  |
| Hilton McLean                  | Employer                   | 12/23                                | 01/22/24                           | 02/22/24                  | 31              | 244                          |  |
| Hilton Washington Capitol Hill | Employer                   | 12/22                                | 01/20/23                           | 01/27/23                  | 7               | 4                            |  |
| Hilton Washington Capitol Hill | Employer                   | 03/23                                | 04/20/23                           | 05/10/23                  | 20              | 10                           |  |
| Hilton Washington Capitol Hill | Employer                   | 05/23                                | 06/20/23                           | 06/22/23                  | 2               | 52                           |  |
| Hilton Washington Capitol Hill | Employer                   | 06/23                                | 07/20/23                           | 07/21/23                  | 1               | 52                           |  |
| Hilton Washington Capitol Hill | Employer                   | 07/23                                | 08/21/23                           | 08/30/23                  | 9               | 52                           |  |
| Hilton Washington Capitol Hill | Employer                   | 11/23                                | 12/20/23                           | 12/26/23                  | 6               | 60                           |  |
| Hilton Washington Capitol Hill | Employer                   | 02/24                                | 03/20/24                           | 03/22/24                  | 2               | 585                          |  |
| Hyatt Hotel                    | Employer                   | 12/22                                | 01/20/23                           | 01/23/23                  | 3               | 13                           |  |
| Hyatt Hotel                    | Employer                   | 02/23                                | 03/20/23                           | 03/22/23                  | 2               | 90                           |  |
| Hyatt Hotel                    | Employer                   | 03/23                                | 04/20/23                           | 04/24/23                  | 4               | 90                           |  |
| Hyatt Hotel                    | Employer                   | 06/23                                | 07/20/23                           | 07/26/23                  | 6               | 100                          |  |
| Hyatt Hotel                    | Employer                   | 07/23                                | 08/21/23                           | 09/06/23                  | 16              | 100                          |  |
| Hyatt Hotel                    | Employer                   | 10/23                                | 11/20/23                           | 11/29/23                  | 9               | 100                          |  |
| Hyatt Hotel                    | Employer                   | 11/23                                | 12/20/23                           | 12/26/23                  | 6               | 100                          |  |
| Hyatt Hotel                    | Employer                   | 01/24                                | 02/20/24                           | 02/21/24                  | 1               | 990                          |  |
| Hyatt Hotel                    | Employer                   | 02/24                                | 03/20/24                           | 03/22/24                  | 2               | 990                          |  |
| Hyatt Hotel                    | Employer                   | 03/24                                | 04/22/24                           | 04/26/24                  | 4               | 990                          |  |
| Hyatt Hotel                    | Employer                   | 05/24                                | 06/20/24                           | 06/21/24                  | 1               | 891                          |  |
| Hyatt Hotel                    | Employer                   | 06/24                                | 07/22/24                           | 07/29/24                  | 7               | 891                          |  |
| Hyatt Hotel                    | Employer                   | 07/24                                | 08/20/24                           | 08/23/24                  | 3               | 891                          |  |
| Hyatt Hotel                    | Employer                   | 08/24                                | 09/20/24                           | 09/27/24                  | 7               | 891                          |  |
| Hyatt Hotel                    | Employer                   | 07/24                                | 08/20/24                           | 12/02/24                  | 104             | 99                           |  |
| Hyatt Hotel                    | Employer                   | 08/24                                | 09/20/24                           | 12/02/24                  | 73              | 99                           |  |
| Hyatt Hotel                    | Employer                   | 09/24                                | 10/20/24                           | 12/02/24                  | 43              | 99                           |  |
| Hyatt Hotel                    | Employer                   | 10/24                                | 11/20/24                           | 12/02/24                  | 12              | 990                          |  |
| JBG Smith                      | Employer                   | 11/22                                | 12/20/22                           | 01/27/23                  | 38              | 23,538                       |  |
| JBG Smith                      | Employer                   | 12/22                                | 01/20/23                           | 01/30/23                  | 10              | 23,484                       |  |
| JBG Smith                      | Employer                   | 02/23                                | 03/20/23                           | 03/29/23                  | 9               | 29,489                       |  |
| JBG Smith                      | Employer                   | 03/23                                | 04/20/23                           | 05/01/23                  | 11              | 29,489                       |  |
| JBG Smith                      | Employer                   | 04/23                                | 05/22/23                           | 06/16/23                  | 25              | 29,040                       |  |
| JBG Smith                      | Employer                   | 04/23                                | 05/22/23                           | 06/30/23                  | 39              | 224                          |  |
| JBG Smith                      | Employer                   | 05/23                                | 06/20/23                           | 06/30/23                  | 10              | 29,040                       |  |
| JBG Smith                      | Employer                   | 05/23                                | 06/20/23                           | 07/31/23                  | 41              | 167                          |  |
| JBG Smith                      | Employer                   | 06/23                                | 07/20/23                           | 07/31/23                  | 11              | 29,432                       |  |
| JBG Smith                      | Employer                   | 06/23                                | 07/20/23                           | 09/29/23                  | 71              | 83                           |  |
| JBG Smith                      | Employer                   | 07/23                                | 08/21/23                           | 09/29/23                  | 39              | 29,599                       |  |
| JBG Smith                      | Employer                   | 08/23                                | 09/20/23                           | 10/02/23                  | 12              | 29,656                       |  |
| JBG Smith                      | Employer                   | 08/23                                | 09/20/23                           | 10/20/23                  | 30              | 83                           |  |
| JBG Smith                      | Employer                   | 10/23                                | 11/20/23                           | 12/13/23                  | 23              | 28,758                       |  |
| JBG Smith                      | Employer                   | 11/23                                | 12/20/23                           | 01/08/24                  | 19              | 28,534                       |  |
| JBG Smith                      | Employer                   | 12/23                                | 01/22/24                           | 01/31/24                  | 9               | 28,226                       |  |
| JBG Smith                      | Employer                   | 01/24                                | 02/20/24                           | 02/28/24                  | 8               | 36,417                       |  |
| JBG Smith                      | Employer                   | 02/24                                | 03/20/24                           | 03/25/24                  | 5               | 36,417                       |  |
| JBG Smith                      | Employer                   | 03/24                                | 04/22/24                           | 05/01/24                  | 9               | 36,417                       |  |
| JBG Smith                      | Employer                   | 05/24                                | 06/20/24                           | 06/24/24                  | 4               | 35,292                       |  |
| JBG Smith                      | Employer                   | 06/24                                | 07/22/24                           | 07/31/24                  | 9               | 35,292                       |  |
| JBG Smith                      | Employer                   | 07/24                                | 08/20/24                           | 09/04/24                  | 15              | 34,980                       |  |
| JBG Smith                      | Employer                   | 08/24                                | 09/20/24                           | 09/25/24                  | 5               | 34,876                       |  |
| JBG Smith                      | Employer                   | 09/24                                | 10/21/24                           | 10/23/24                  | 2               | 34,397                       |  |
| JBG Smith                      | Employer                   | 10/24                                | 11/20/24                           | 12/02/24                  | 12              | 34,564                       |  |
| JBG Smith                      | Employer                   | 11/24                                | 12/20/24                           | 01/03/25                  | 14              | 31,605                       |  |
| JBG Smith                      | Employer                   | 12/24                                | 01/21/25                           | 01/31/25                  | 10              | 31,126                       |  |
| JLL (Capital One Arena)        | Employer                   | 01/23                                | 02/21/23                           | 05/01/23                  | 69              | 1,163                        |  |
| JLL (Capital One Arena)        | Employer                   | 02/23                                | 03/20/23                           | 05/10/23                  | 51              | 1,142                        |  |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
 UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
 EIN 52-6072849; PLAN NO. 501  
 SCHEDULE H TO FORM 5500, LINE 4a - SCHEDULE OF NONEXEMPT TRANSACTIONS  
 FOR THE YEAR ENDED DECEMBER 31, 2024

| PARTY INVOLVED                           | RELATIONSHIP<br>TO PLAN | DESCRIPTION OF TRANSACTION                        |  |   |                           |   |
|--|-------------------------|---|--|---|---------------------------|---|
|  |                         | PERIOD IN<br>WHICH PARTICIPANT<br>MONIES WITHHELD | DUE DATE<br>OF PARTICIPANT<br>CONTRIBUTIONS(a) | DATE PARTICIPANT<br>CONTRIBUTIONS<br>RECEIVED | NUMBER<br>OF DAYS<br>LATE | AMOUNT OF<br>PARTICIPANT<br>CONTRIBUTIONS |
|  |                         |   |  |   |                           |   |
| JLL (Capital One Arena)                  | Employer                | 03/23   | 04/20/23                                       | 05/10/23                                      | 20                        | 1,142                                     |
| JLL (Capital One Arena)                  | Employer                | 05/23   | 06/20/23                                       | 08/04/23                                      | 45                        | 1,095                                     |
| JLL (Lincoln Place)                      | Employer                | 11/23   | 12/20/23                                       | 12/26/23                                      | 6                         | 212                                       |
| JLL INC. (777 6th Street)                | Employer                | 09/23   | 10/20/23                                       | 11/29/23                                      | 40                        | 12  |
| JLL INC. (777 6th Street)                | Employer                | 10/23   | 11/20/23                                       | 12/20/23                                      | 30                        | 6   |
| King & George LLC (NRL)/ Invicta Global  | Employer                | 12/23   | 01/22/24                                       | 02/07/24                                      | 16                        | 21  |
| M&M Welding (shop)                       | Employer                | 10/24   | 11/20/24                                       | 11/22/24                                      | 2                         | 7,661                                     |
| MA Repleo Holding Corp. C/O Transwestern | Employer                | 12/23   | 01/22/24                                       | 03/01/24                                      | 39                        | 449                                       |
| Mayflower                                | Employer                | 11/23   | 12/20/23                                       | 02/16/24                                      | 58                        | 130                                       |
| Mayflower                                | Employer                | 12/23   | 01/22/24                                       | 02/16/24                                      | 25                        | 130                                       |
| MD & VA Milk Producers                   | Employer                | 01/24   | 02/20/24                                       | 03/11/24                                      | 20                        | 1   |
| MD & VA Milk Producers                   | Employer                | 08/24   | 09/20/24                                       | 09/27/24                                      | 7                         | 7   |
| Monumental Sports & Entertainment        | Employer                | 06/23   | 07/20/23                                       | 09/01/23                                      | 43                        | 1,073                                     |
| Monumental Sports & Entertainment        | Employer                | 07/23   | 08/21/23                                       | 09/15/23                                      | 25                        | 1,073                                     |
| Monumental Sports & Entertainment        | Employer                | 10/23   | 11/20/23                                       | 12/27/23                                      | 37                        | 1,167                                     |
| Monumental Sports & Entertainment        | Employer                | 11/23   | 12/20/23                                       | 02/05/24                                      | 47                        | 1,214                                     |
| Monumental Sports & Entertainment        | Employer                | 12/23   | 01/22/24                                       | 02/05/24                                      | 14                        | 1,214                                     |
| Monumental Sports & Entertainment        | Employer                | 01/24   | 02/20/24                                       | 03/22/24                                      | 31                        | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 02/24   | 03/20/24                                       | 03/27/24                                      | 7                         | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 05/24   | 06/20/24                                       | 06/26/24                                      | 6                         | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 06/24   | 07/22/24                                       | 07/29/24                                      | 7                         | 1,251                                     |
| Monumental Sports & Entertainment        | Employer                | 07/24   | 08/20/24                                       | 09/04/24                                      | 15                        | 1,251                                     |
| Monumental Sports & Entertainment        | Employer                | 08/24   | 09/20/24                                       | 10/14/24                                      | 24                        | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 09/24   | 10/21/24                                       | 11/15/24                                      | 25                        | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 10/24   | 11/20/24                                       | 12/20/24                                      | 30                        | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 11/24   | 12/20/24                                       | 01/27/25                                      | 38                        | 1,301                                     |
| Monumental Sports & Entertainment        | Employer                | 12/24   | 01/21/25                                       | 02/24/25                                      | 34                        | 1,301                                     |
| NCS Housing Mgmt.                        | Employer                | 11/22   | 12/20/22                                       | 01/06/23                                      | 17                        | 189                                       |
| Pilot Mgmt                               | Employer                | 12/22   | 01/20/23                                       | 01/23/23                                      | 3                         | 970                                       |
| Pilot Mgmt                               | Employer                | 01/23   | 02/21/23                                       | 02/27/23                                      | 6                         | 1,046                                     |
| Pilot Mgmt                               | Employer                | 03/23   | 04/20/23                                       | 05/12/23                                      | 22                        | 1,046                                     |
| Pilot Mgmt                               | Employer                | 11/23   | 12/20/23                                       | 01/12/24                                      | 23                        | 523                                       |
| Pilot Mgmt                               | Employer                | 12/23   | 01/22/24                                       | 01/24/24                                      | 2                         | 523                                       |
| Pilot Mgmt                               | Employer                | 01/24   | 02/20/24                                       | 02/21/24                                      | 1                         | 564                                       |
| Pilot Mgmt                               | Employer                | 07/24   | 08/20/24                                       | 08/26/24                                      | 6                         | 564                                       |
| Pilot Mgmt                               | Employer                | 08/24   | 09/20/24                                       | 10/09/24                                      | 19                        | 564                                       |
| River Park Mutual Homes                  | Employer                | 11/22   | 12/20/22                                       | 01/09/23                                      | 20                        | 100                                       |
| River Park Mutual Homes                  | Employer                | 01/23   | 02/21/23                                       | 02/24/23                                      | 3                         | 156                                       |
| River Park Mutual Homes                  | Employer                | 03/23   | 04/20/23                                       | 06/02/23                                      | 43                        | 52  |
| River Park Mutual Homes                  | Employer                | 04/23   | 05/22/23                                       | 06/02/23                                      | 11                        | 208                                       |
| River Park Mutual Homes                  | Employer                | 06/23   | 07/20/23                                       | 09/01/23                                      | 43                        | 156                                       |
| River Park Mutual Homes                  | Employer                | 07/23   | 08/21/23                                       | 09/18/23                                      | 28                        | 156                                       |
| River Park Mutual Homes                  | Employer                | 09/23   | 10/20/23                                       | 11/08/23                                      | 19                        | 156                                       |
| River Park Mutual Homes                  | Employer                | 11/23   | 12/20/23                                       | 12/27/23                                      | 7                         | 156                                       |
| River Park Mutual Homes                  | Employer                | 03/24   | 04/22/24                                       | 05/01/24                                      | 9                         | 240                                       |
| River Park Mutual Homes                  | Employer                | 04/24   | 05/20/24                                       | 05/29/24                                      | 9                         | 240                                       |
| River Park Mutual Homes                  | Employer                | 05/24   | 06/20/24                                       | 07/31/24                                      | 41                        | 240                                       |
| River Park Mutual Homes                  | Employer                | 06/24   | 07/22/24                                       | 07/31/24                                      | 9                         | 240                                       |
| River Park Mutual Homes                  | Employer                | 07/24   | 08/20/24                                       | 09/13/24                                      | 24                        | 240                                       |
| Sodexo                                   | Employer                | 01/24   | 02/20/24                                       | 02/23/24                                      | 3                         | 3,236                                     |
| SODEXO                                   | Employer                | 03/24   | 04/22/24                                       | 04/24/24                                      | 2                         | 3,236                                     |
| SODEXO                                   | Employer                | 04/24   | 05/20/24                                       | 05/22/24                                      | 2                         | 3,236                                     |
| SODEXO                                   | Employer                | 06/24   | 07/22/24                                       | 07/24/24                                      | 2                         | 2,860                                     |
| SODEXO                                   | Employer                | 07/24   | 08/20/24                                       | 08/21/24                                      | 1                         | 2,954                                     |
| SODEXO                                   | Employer                | 08/24   | 09/20/24                                       | 09/23/24                                      | 3                         | 3,161                                     |
| SODEXO                                   | Employer                | 11/24   | 12/20/24                                       | 12/23/24                                      | 3                         | 2,954                                     |
| SODEXO                                   | Employer                | 11/24   | 12/20/24                                       | 01/24/25                                      | 35                        | 94  |
| SODEXO                                   | Employer                | 12/24   | 01/21/25                                       | 01/24/25                                      | 3                         | 3,048                                     |
| Sunik LLC.                               | Employer                | 11/22   | 12/20/22                                       | 01/06/23                                      | 17                        | 1,252                                     |
| Sunik LLC.                               | Employer                | 12/22   | 01/20/23                                       | 02/08/23                                      | 19                        | 1,252                                     |
| The Hotel Washington                     | Employer                | 11/22   | 12/20/22                                       | 01/06/23                                      | 17                        | 18  |
| The Hotel Washington                     | Employer                | 01/23   | 02/21/23                                       | 02/27/23                                      | 6                         | 88  |
| The Hotel Washington                     | Employer                | 02/23   | 03/20/23                                       | 04/07/23                                      | 18                        | 86  |
| The Hotel Washington                     | Employer                | 03/23   | 04/20/23                                       | 05/01/23                                      | 11                        | 86  |
| The Hotel Washington                     | Employer                | 04/23   | 05/22/23                                       | 05/26/23                                      | 4                         | 86  |
| The Hotel Washington                     | Employer                | 05/23   | 06/20/23                                       | 06/28/23                                      | 8                         | 86  |
| The Hotel Washington                     | Employer                | 06/23   | 07/20/23                                       | 07/21/23                                      | 1                         | 86  |
| The Hotel Washington                     | Employer                | 06/23   | 07/20/23                                       | 08/25/23                                      | 36                        | 8   |
| The Hotel Washington                     | Employer                | 07/23   | 08/21/23                                       | 08/25/23                                      | 4                         | 94  |
| The Hotel Washington                     | Employer                | 08/23   | 09/20/23                                       | 10/04/23                                      | 14                        | 94  |
| The Hotel Washington                     | Employer                | 09/23   | 10/20/23                                       | 10/23/23                                      | 3                         | 94  |
| The Hotel Washington                     | Employer                | 10/23   | 11/20/23                                       | 12/01/23                                      | 11                        | 94  |
| Valiant Gov Serv (Quantico)              | Employer                | 11/22   | 12/20/22                                       | 01/03/23                                      | 14                        | 884                                       |
| Valiant Gov Serv (Quantico)              | Employer                | 12/22   | 01/20/23                                       | 02/08/23                                      | 19                        | 884                                       |
| Washington Hilton                        | Employer                | 11/22   | 12/20/22                                       | 01/03/23                                      | 14                        | 33  |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 - 99A  
EIN 52-6072849; PLAN NO. 501  
SCHEDULE H TO FORM 5500, LINE 4a - SCHEDULE OF NONEXEMPT TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

| PARTY INVOLVED    | DESCRIPTION OF TRANSACTION |                                      |                                    |                  |         |                   |
|-------------------|----------------------------|--------------------------------------|------------------------------------|------------------|---------|-------------------|
|                   | RELATIONSHIP<br>TO PLAN    | PERIOD IN                            | DUE DATE                           | DATE PARTICIPANT | NUMBER  | AMOUNT OF         |
|                   |                            | WHICH PARTICIPANT<br>MONIES WITHHELD | OF PARTICIPANT<br>CONTRIBUTIONS(a) | CONTRIBUTIONS    | OF DAYS | PARTICIPANT       |
|                   |                            |                                      |                                    | RECEIVED         | LATE    | CONTRIBUTIONS     |
| Washington Hilton | Employer                   | 12/22                                | 01/20/23                           | 01/27/23         | 7       | 33                |
| Washington Hilton | Employer                   | 01/23                                | 02/21/23                           | 03/01/23         | 8       | 150               |
| Washington Hilton | Employer                   | 05/22                                | 06/20/22                           | 03/20/23         | 273     | 3                 |
| Washington Hilton | Employer                   | 06/22                                | 07/20/22                           | 03/20/23         | 243     | 3                 |
| Washington Hilton | Employer                   | 07/22                                | 08/22/22                           | 03/20/23         | 210     | 3                 |
| Washington Hilton | Employer                   | 03/23                                | 04/20/23                           | 05/05/23         | 15      | 150               |
| Washington Hilton | Employer                   | 12/23                                | 01/22/24                           | 02/16/24         | 25      | 168               |
| Washington Hilton | Employer                   | 02/24                                | 03/20/24                           | 04/10/24         | 21      | 1,449             |
| Yotel             | Employer                   | 12/22                                | 01/20/23                           | 03/01/23         | 40      | 10                |
| Yotel             | Employer                   | 01/23                                | 02/21/23                           | 03/01/23         | 8       | 52                |
| Yotel             | Employer                   | 02/23                                | 03/20/23                           | 04/05/23         | 16      | 52                |
| Yotel             | Employer                   | 06/23                                | 07/20/23                           | 07/21/23         | 1       | 52                |
| Yotel             | Employer                   | 08/23                                | 09/20/23                           | 10/02/23         | 12      | 52                |
| Yotel             | Employer                   | 10/23                                | 11/20/23                           | 12/13/23         | 23      | 52                |
| Yotel             | Employer                   | 11/23                                | 12/20/23                           | 01/31/24         | 42      | 52                |
| Yotel             | Employer                   | 12/23                                | 01/22/24                           | 02/22/24         | 31      | 52                |
| Total             |                            |                                      |                                    |                  |         | <u>\$ 854,400</u> |

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 – 99A  
EIN 52-6072849; PLAN NO. 501

SCHEDULE H, LINE 4a – SCHEDULE OF NON-EXEMPT TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024  
AND 2023 AND SUPPLEMENTAL SCHEDULES.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 – 99A  
EIN 52-6072849; PLAN NO. 501

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024  
AND 2023 AND SUPPLEMENTAL SCHEDULES.

HEALTH AND WELFARE TRUST FUND FOR INTERNATIONAL  
UNION OF OPERATING ENGINEERS LOCAL 99 – 99A  
EIN 52-6072849; PLAN NO. 501

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS - INDIVIDUAL  
TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS  
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024  
AND 2023 AND SUPPLEMENTAL SCHEDULES.