

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 06/01/1955
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39
4160 DUBLIN BOULEVARD, SUITE 400 DUBLIN, CA 94568
2b Employer Identification Number (EIN) 94-6171641
2c Plan Sponsor's telephone number 925-208-2280
2d Business code (see instructions) 561210

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, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, DANNY MURTAGH; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/08/2025, TIMOTHY EGGEN; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3695
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3650
	6a(2)	3641
	6b	34
	6c	0
	6d	3675
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	116

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>8</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39</p>	<p>D Employer Identification Number (EIN) 94-6171641</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
WELLPOINT STOP LOSS

(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
35-0980405	61069	20488-04	1084	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	271140

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEGAL COMPANY **100 MONTGOMERY STREET, #500**
SAN FRANCISCO, CA 94104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	271140	ADMIN FEE	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
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	5422805
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39		D Employer Identification Number (EIN) 94-6171641

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
BLUE SHIELD OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0360524	47732	W0066823	1673	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	22758510
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39</p>	<p>D Employer Identification Number (EIN) 94-6171641</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
EYEMED VISION CARE

(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
86-0773195	00000	10018691001	14	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1627
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39		D Employer Identification Number (EIN) 94-6171641

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

EYEMED VISION CARE

(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
86-0773195	00000	10018241001	4307	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	165152
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39	D Employer Identification Number (EIN) 94-6171641

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
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	39748	11	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	195637
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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39		D Employer Identification Number (EIN) 94-6171641

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
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	933	5731	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	45504267
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

UNABLE TO PROVIDE CORRECT AMOUNT OF PREMIUMS PAID. USED PLAN RECORDS INSTEAD.

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39</p>	<p>D Employer Identification Number (EIN) 94-6171641</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
RELIASTAR 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
41-0451140	67105	63175-2	3593	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>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	556324
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39</p>	<p>D Employer Identification Number (EIN) 94-6171641</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
SAFEGUARD HEALTH PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2879515	96030	5752007	775	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	115538
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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39	D Employer Identification Number (EIN) 94-6171641	

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

ISHARES **525 WASHINGTON BOULEVARD, STE. 1405**
JERSEY CITY, NJ 07310

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

LORD ABBETT **500 ROSS STREET**
PITTSBURGH, PA 15262

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

MAINSTAY INVESTMENTS **169 LACKAWANNA AVE.**
PARSIPPANY, NJ 07054

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

VANGUARD GROUP **P.O. BOX 1110**
VALLEY FORGE, PA 19482

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

BLACKROCK

PO BOX 534402
PITTSBURGH, PA 15253-4402

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

JOHN HANCOCK INVESTMENT MANAGEMENT

200 BERKELEY STREET
BOSTON, MA 02116

(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

(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

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)

HEALTH SERVICES & BENEFIT ADMINISTR

94-3084365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	596908	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)

GRAYSTONE CONSULTING/MORGAN STANLEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 31 33 50	NONE	316129	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)

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50 55	NONE	309327	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	738	Yes <input type="checkbox"/> No <input checked="" 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)

ANTHEM BLUE CROSS

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	284442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF CALIFORNIA

94-1461412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	261606	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	203826	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)

WEINBERG, ROGER & ROSENFELD

94-2458080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	138440	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)

THE SEGAL COMPANY, INC.

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	130873	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	271056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EYEMED

8570 WEST SUNSET BLVD
WEST HOLLYWOOD, CA 90069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	16221	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)

ROAD RUNNER PRINTMAIL, INC.

100 RYAN INDUSTRIAL CT
SAN RAMON, CA 94583

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14594	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)

FREMONT BANK

94-1569025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	12706	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)

OPTUMRX, INC

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	10457	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5878	Yes <input type="checkbox"/> No <input checked="" 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)

TEAM ST INC

47-2090829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	8826	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)

SMART SOURCE LLC

30-0830429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	5474	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)

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13896	Yes <input type="checkbox"/> No <input checked="" 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
SEGAL SELECT INSURANCE SERVICES	53	7737
(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.	
ULLICO 13-2988846	COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	1294
(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.	
RLI INSURANCE 37-0915434	COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	3704
(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.	
HARTFORD INSURANCE COMPANY 06-0383750	COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANY.	

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
SEGAL SELECT INSURANCE SERVICES	53	1160
(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.	
TRAVELERS INSURANCE 06-0566090	COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUMRX, INC.	62 99	5878
(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.	
VARIOUS PHARMACIES 94-6171641	PHARMACY SUBMISSION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE SEGAL COMPANY, INC.	53	271056
(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.	
ANTHEM BLUE CROSS 95-4331852	COMMISSIONS RECEIVED ON INSURANCE POLICIES PLACED THROUGH SERVICE PROVIDER AND PAID BY THE RESPECTIVE INSURANCE COMPANY.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
ROAD RUNNER PRINTMAIL, INC. 100 RYAN INDUSTRIAL CT SAN RAMON, CA 94583	49 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION ON COMPENSATION, IF ANY.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39	D Employer Identification Number (EIN) 94-6171641

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	9654633	17562493
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10401853	9610275
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10755289	10809849
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2495269	2880857
(2) U.S. Government securities	1c(2)	62861008	69833065
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	9346133	10509410
(B) All other	1c(3)(B)	11623241	7870693
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79099572	89676394
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	196236998	218753036
Liabilities			
g Benefit claims payable.....	1g	4775000	6487000
h Operating payables.....	1h	116441	589407
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	103559	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4995000	7076407
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	191241998	211676629

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	114748001	
(B) Participants.....	2a(1)(B)	849542	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		115597543
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34387	
(B) U.S. Government securities.....	2b(1)(B)	2570446	
(C) Corporate debt instruments.....	2b(1)(C)	755716	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3360549
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3144746	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3144746
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	59783195	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	60082547	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-299352
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2906228	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7534200
c Other income	2c		3497172
d Total income. Add all income amounts in column (b) and enter total	2d		129928630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32357805	
(2) To insurance carriers for the provision of benefits	2e(2)	74632691	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		106990496
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1175891	
(3) Recordkeeping fees	2i(3)	165888	
(4) IQPA audit fees	2i(4)	37937	
(5) Investment advisory and investment management fees	2i(5)	381970	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	126082	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	615735	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2503503
j Total expenses. Add all expense amounts in column (b) and enter total	2j		109493999

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20434631
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**STATIONARY ENGINEERS LOCAL 39
HEALTH AND WELFARE PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

Stationary Engineers Local 39 Health and Welfare Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Stationary Engineers Local 39 Health and Welfare Plan:

Opinion

We have audited the financial statements of Stationary Engineers Local 39 Health and Welfare Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Stationary Engineers Local 39 Health and Welfare Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 Stationary Engineers Local 39 Health and Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Stationary Engineers Local 39 Health and Welfare Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibility 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Stationary Engineers Local 39 Health and Welfare Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Stationary Engineers Local 39 Health and Welfare 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.

Withum Smith + Brown, PC

October 7, 2025

Stationary Engineers Local 39 Health and Welfare Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 17,562,493	\$ 9,654,633
Receivables		
Employer contributions	9,610,275	10,401,853
Accrued income	698,958	608,130
Due from related plan	8,923,740	8,376,163
Prescription rebates	772,234	622,000
Stop-loss reimbursements	369,768	1,100,000
Total receivables	<u>20,374,975</u>	<u>21,108,146</u>
Prepaid expenses	<u>45,149</u>	<u>48,996</u>
Investments - at fair value		
U.S. Government Agency obligations	42,176,362	31,807,671
U.S. Treasury notes	27,656,703	31,053,337
Corporate bonds and notes	18,380,103	20,969,374
Money market funds and other short-term investments	2,880,857	2,495,269
Exchange-traded funds	46,833,238	41,309,573
Mutual funds	42,843,156	37,789,999
Total investments	<u>180,770,419</u>	<u>165,425,223</u>
Total assets	<u>218,753,036</u>	<u>196,236,998</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	589,407	116,441
Due to broker for securities purchased	<u>-</u>	<u>103,559</u>
Total liabilities	<u>589,407</u>	<u>220,000</u>
Net assets available for benefits	<u>\$ 218,163,629</u>	<u>\$ 196,016,998</u>

The Notes to Financial Statements are an integral part of these statements.

Stationary Engineers Local 39 Health and Welfare Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in		
fair value of investments	\$ 4,328,620	\$ 9,064,445
Interest and dividends	<u>6,505,295</u>	<u>5,233,767</u>
	10,833,915	14,298,212
Less: Investment expenses	<u>(381,970)</u>	<u>(316,129)</u>
Investment income	10,451,945	13,982,083
Employer contributions	114,748,001	106,242,554
Participant contributions	849,542	886,335
Stop-loss reimbursements	1,961,955	1,679,919
Other income	28,038	92,443
Prescription rebates	<u>1,507,179</u>	<u>1,200,261</u>
Total additions	<u>129,546,660</u>	<u>124,083,595</u>
Deductions		
Cost of benefits		
Group insurance premiums	74,632,691	72,327,878
Self-funded benefits	<u>30,645,805</u>	<u>27,100,034</u>
Total cost of benefits	105,278,496	99,427,912
Administrative expenses	<u>2,121,533</u>	<u>2,062,842</u>
Total deductions	<u>107,400,029</u>	<u>101,490,754</u>
Net change	22,146,631	22,592,841
Net assets available for benefits		
Beginning of year	<u>196,016,998</u>	<u>173,424,157</u>
End of year	<u>\$ 218,163,629</u>	<u>\$ 196,016,998</u>

The Notes to Financial Statements are an integral part of these statements.

**Stationary Engineers Local 39 Health and Welfare Plan
 Statements of Benefit Obligations
 December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and incurred but not reported	\$ 6,487,000	\$ 4,775,000
Total amounts currently payable	<u>\$ 6,487,000</u>	<u>\$ 4,775,000</u>
Other obligations for current benefit coverage - at present value of estimated amounts, net of amounts currently payable		
Accumulated eligibility credits	<u>20,352,197</u>	<u>17,404,638</u>
Total benefit obligations	<u>\$ 26,839,197</u>	<u>\$ 22,179,638</u>

The Notes to Financial Statements are an integral part of these statements.

**Stationary Engineers Local 39 Health and Welfare Plan
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 4,775,000	\$ 3,061,913
Increase during the year attributable to changes in Claims payable and incurred but not reported	<u>1,712,000</u>	<u>1,713,087</u>
Balance at end of year	<u>6,487,000</u>	<u>4,775,000</u>
Other obligations for current benefit coverage - at present value of estimated amounts, net of amounts currently payable		
Balance at beginning of year	17,404,638	16,396,852
Increase during the year attributable to changes in Accumulated eligibility credits	<u>2,947,559</u>	<u>1,007,786</u>
Balance at end of year	<u>20,352,197</u>	<u>17,404,638</u>
 Total benefit obligations	 <u>\$ 26,839,197</u>	 <u>\$ 22,179,638</u>

The Notes to Financial Statements are an integral part of these statements.

Stationary Engineers Local 39 Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Employer Contributions Receivable

Employer contributions due and not paid prior to year-end are recorded as employer contributions receivable. The carrying amount of contributions receivable is reduced for an allowance for credit losses that reflects management's best estimate of amounts that will not be collected. Factors which influence management's judgment in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions.

Prescription Rebates Receivable

The Plan had an arrangement with OptumRx Administrative Services ("OptumRX") for the years ended December 31, 2024 and 2023, whereby the Plan receives rebates for certain prescription claims based on the terms of the agreement. OptumRx is the Plan's prescription benefits manager. Rebates based on the minimum guarantee in the contract are remitted to the Plan on a quarterly basis. Quarterly rebates due and not received prior to year-end are recorded as rebates receivable.

At the end of each contract period, there may be additional rebates due to the Plan in excess of the minimum guarantee. The contract period spans multiple years; therefore, the additional rebate amount, if any, is recognized by the Plan when it is determined by OptumRx at the end of each contract period.

Investment Valuation, Transactions and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, 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.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

Stationary Engineers Local 39 Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Inputs and Valuation Methods- In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

U.S. Treasury Notes, Mutual funds and exchange traded funds: The fair value of mutual funds and exchange traded funds is determined based on quoted market prices in an active market (Level 1).

Corporate bonds and U.S. Government Agency obligations: The fair value of corporate bonds and U.S. Government Agency obligations is generally determined based on a model that uses inputs such as interest-rate yield curves, cross-currency-basis index spreads or country credit-spreads, which are similar to the valued bond in terms of issuer, maturity and seniority (Level 2).

Money market funds and other short-term investments: The fair value of the money market funds is based on the total value of all the securities held using the amortized cost method. Generally, the amortized cost approximates the current fair value. The money market funds seek to maintain a net asset value of \$1.00. The other short-term investments are bank deposits held in Morgan Stanley Bank N.A., from which available cash balances are invested in interest-bearing accounts. This program applies certain limits to the maximum deposit amount permitted in each bank; however, balances may at times exceed the Federal Deposit Insurance Corporation ("FDIC") insurance limits (Level 2).

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Benefit Obligations

Benefit claims payable and incurred but not reported were estimated by the Plan's third-party administrator based on claims experience using reserve factors applied to actual historical claims experience and payment patterns.

Accumulated Eligibility Credits

The Plan provides eligibility for benefits in either the first or second month following the month in which the employee worked 80 hours or more for the employer. Accumulated eligibility credits were estimated by the Plan's third-party administrator based on premium and claim payments made by the Plan.

Cash

Cash includes demand-deposit checking and money market accounts.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Stationary Engineers Local 39 Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

Risks and Uncertainties

The Plan invests in corporate bonds, U.S. Treasury notes, U.S. Government Agency obligations, money market funds and other short-term investments, exchange-traded funds and mutual funds. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Cost of Benefits

Benefits are recorded when paid.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses have been offset with net investment income and are not readily determinable.

2. DESCRIPTION OF THE PLAN

The Plan was established in 1965 as a result of a collective bargaining agreement between IUOE Stationary Engineers Local 39 (the "Union"), the employer association and independent employers to provide welfare benefits for eligible employees and their dependents. Substantially all employers are located in Northern California and are signatory to collective bargaining agreements with the Stationary Engineers Local 39 Health and Welfare Plan. The current Plan provides medical, dental, prescription drug, vision and life insurance benefits.

General eligibility rules under the Plan are as follows:

- a. Initial eligibility requires 80 hours to be worked within a calendar month.
- b. To maintain eligibility, an employee must continue to work at least 80 hours in each calendar month.
- c. Eligibility will terminate on the earliest of the following dates: (a) the date the Plan terminates; or (b) in accordance with the terms of the collective bargaining agreement in effect between the Union and the employer, either the first day of the second calendar month following the month in which an employee fails to work 80 hours or the first day of the calendar month immediately following the month in which an employee fails to work 80 hours; or (c) the date of entrance into full-time active duty with the Armed Services of the United States; or (d) the date the collective bargaining agreement between the Union and the employer ceases to be in effect.

Medical, dental, prescription drug, vision and life benefits are provided to participants, as determined by the terms of the collective bargaining agreement covering the participant. Participants also have the option of insured or self-funded coverage under the Plan for medical and dental benefits.

Certain self-funded medical benefits are paid under the terms of a stop-loss insurance policy. If the claims paid on behalf of an eligible participant or dependent exceed the deductible during the policy year ending December 31, the carrier will reimburse the Plan for the excess in accordance with the terms of the stop-loss insurance arrangement. The deductible for each of the policy years was \$225,000 for 2024 and 2023.

Stationary Engineers Local 39 Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), has been adopted by the Plan.

For participants retiring on or after September 1, 2001, with a minimum age of 55, the Plan provides a self-pay retiree health benefits program that continues only until participants are eligible for Medicare. To qualify, participants must be eligible as an active participant under the active plan for a minimum of five years immediately preceding retirement. As of December 31, 2024 and 2023, 23 and 27 retirees were enrolled in the retiree plan, respectively. The Plan's consultant has advised the Board of Trustees that, because contributions from participants fund 100% of the cost of retiree benefits, the Plan has no obligation for post-retirement benefits.

Participants should refer to the summary Plan description and recent Plan amendments for more complete information.

3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan's assets to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

4. TAX STATUS

The Plan obtained its latest determination letter in June 1987, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

The Plan is financed by employer and retiree contributions and from participants electing COBRA coverage. The monthly employer contribution rate is specified in the collective bargaining agreements. The COBRA contribution rate and the retiree contribution rate are calculated by the Plan's consultant.

6. RELATED-PARTY TRANSACTIONS

Members of the Plan's Board of Trustees are also members of the Boards of Trustees of the IUOE Stationary Engineers Local 39 Annuity Plan and Pension Plan.

Employer contributions to the IUOE Stationary Engineers Local 39 Pension, Annuity, and Health and Welfare plans are paid by employers with a single monthly check. Employer contributions are then allocated to the respective plans based on information received.

Stationary Engineers Local 39 Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

As of December 31, 2024 and 2023, the amount due from the Stationary Engineers Local 39 Pension Plan totaled approximately \$8,924,000 and \$8,376,000, respectively. The amount due reflects employer contributions received by the pension plan, but not yet transferred to the Plan as of year-end.

7. CASH CONCENTRATIONS

The Plan places its cash with financial institutions deemed to be creditworthy. The balances are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to \$250,000. Cash balances may at times exceed the FDIC-insured deposit limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan’s financial condition, results of operations, and cash flows. As of December 31, 2024 and 2023, cash in excess of the FDIC limit consisted of the following:

<u>Depository</u>	<u>2024</u>	<u>2023</u>
Fremont Bank	<u>\$ 17,312,493</u>	<u>\$ 9,404,633</u>

8. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2024 and 2023, are as follows:

	<u>December 31,</u> <u>2024</u>	<u>Fair Value Measurements</u> <u>at Reporting Date Using</u>		
		<u>Quoted Prices</u> <u>in Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
Assets in the fair value hierarchy				
U.S. Government Agency obligations	\$ 42,176,362	\$ -	\$ 42,176,362	\$ -
U.S. Treasury notes	27,656,703	27,656,703	-	-
Corporate bonds and notes	18,380,103	-	18,380,103	-
Money market funds and other short-term investments	2,880,857	-	2,880,857	-
Exchange-traded funds	46,833,238	46,833,238	-	-
Mutual funds	42,843,156	42,843,156	-	-
Total investments at fair value	<u>\$ 180,770,419</u>	<u>\$ 117,333,097</u>	<u>\$ 63,437,322</u>	<u>\$ -</u>

Stationary Engineers Local 39 Health and Welfare Plan
Notes to Financial Statements
December 31, 2024 and 2023

	December 31, 2023	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets in the fair value hierarchy				
U.S. Government Agency obligations	\$ 31,807,671	\$ -	\$ 31,807,671	\$ -
U.S. Treasury notes	31,053,337	31,053,337	-	-
Corporate bonds and notes	20,969,374	-	20,969,374	-
Money market funds and other short-term investments	2,495,269	-	2,495,269	-
Exchange-traded funds	41,309,573	41,309,573	-	-
Mutual funds	37,789,999	37,789,999	-	-
Total investments at fair value	<u>\$ 165,425,223</u>	<u>\$ 110,152,909</u>	<u>\$ 55,272,314</u>	<u>\$ -</u>

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 218,163,629	\$ 196,016,998
Benefit obligations currently payable	<u>6,487,000</u>	<u>4,775,000</u>
Net assets available for benefits per the Form 5500	<u>\$ 211,676,629</u>	<u>\$ 191,241,998</u>

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

	Year Ended December 31, 2024
Benefits paid to or for participants per the financial statements	\$ 105,278,496
Add: Amounts currently payable at December 31, 2024	6,487,000
Less: Amounts currently payable at December 31, 2023	<u>(4,775,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 106,990,496</u>

10. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 7, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Stationary Engineers Local 39 Health and Welfare Plan:

We have audited the financial statements of Stationary Engineers Local 39 Health and Welfare Plan (the "Plan") as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon dated October 7, 2025, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules, which appear on page 15, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 7, 2025

**Stationary Engineers Local 39 Health and Welfare Plan
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 851,106	\$ 892,943
Audit and payroll compliance testing fees	203,825	213,260
Claims administrative fees	324,785	292,562
Consulting fees	144,672	138,047
Cost containment fees	248,195	223,101
Insurance	89,740	86,425
Legal and collection fees	126,082	101,982
Other expenses	70,309	25,282
Printing and postage	<u>62,819</u>	<u>89,240</u>
	<u>\$ 2,121,533</u>	<u>\$ 2,062,842</u>

See Independent Auditor's Report on Supplementary Information.

Stationary Engineers Local 39 Health and Welfare Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN 96-6171641, Plan# 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Interest-bearing Cash</u>	See attached	\$ 2,880,857	\$ 2,880,857
	<u>U.S. Government Securities</u>			
	Treasury Securities	See attached	28,643,294	27,656,703
	Federal Agencies	See attached	<u>48,000,398</u>	<u>42,176,362</u>
			<u>76,643,692</u>	<u>69,833,065</u>
	<u>Corporate Debt instruments - Preferred</u>	See attached	<u>10,159,247</u>	<u>10,509,410</u>
	<u>Corporate Debt Instruments - Other</u>	See attached	<u>7,884,531</u>	<u>7,870,693</u>
	<u>Registered Investment Companies</u>			
	Exchange-Traded Funds	See attached	27,949,024	46,833,238
	Mutual Funds	See attached	<u>42,079,154</u>	<u>42,843,156</u>
			<u>70,028,178</u>	<u>89,676,394</u>
			<u>\$ 167,596,505</u>	<u>\$ 180,770,419</u>

See Independent Auditor's Report on Supplementary Information.

Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

Cash, Deposits, Money Market Funds, and Certificates of Deposit

BANK DEPOSITS

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.	337-159552-506	\$57.16
MORGAN STANLEY BANK N.A.	337-159553-506	249,360.85
MORGAN STANLEY PRIVATE BANK NA	337-109121-506	365.03
MORGAN STANLEY PRIVATE BANK NA	337-126194-506	3,748.14
MORGAN STANLEY PRIVATE BANK NA	337-128771-506	57,340.93
MORGAN STANLEY PRIVATE BANK NA	337-159552-506	241,374.88
MORGAN STANLEY PRIVATE BANK NA	337-159553-506	2,328,610.25
Total Bank Deposits		\$2,880,857.24

	Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Cash, Deposits, Money Market Funds and Certificates of Deposit	1.59%	\$0.00	\$0.00	\$2,880,857.24	\$0.00	\$0.00	\$0.00

US Government Securities

TREASURY SECURITIES

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
UNITED STATES TREASURY NOTE	337-159552-506	620,000.00	\$100.078	\$626,212.56	\$636,877.16	\$620,484.38	\$(5,728.18)	\$(14,082.68)	\$2,310.10
Coupon Rate 4.375%; Matures 11/30/2028; CUSIP 91282CJN2 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.352%; Moody AAA; Issued 11/30/23; Asset Class: FI & Pref									
UNITED STATES TREASURY NOTE	337-159553-506	3,981,000.00	97.617	3,965,912.91	3,975,302.55	3,886,140.25	(79,772.67)	(22,956.56)	66,205.74
Coupon Rate 4.000%; Matures 01/31/2031; CUSIP 91282CJX0 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.451%; Moody AAA; Issued 01/31/24; Asset Class: FI & Pref									
UNITED STATES TREASURY BILL	337-159552-506	458,000.00	99.590	451,576.48	451,576.48	456,124.27	4,547.79	4,547.79	
Zero Coupon; Matures 02/06/2025; CUSIP 912797MJ3 Issued 08/08/24; Asset Class: FI & Pref									

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Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

TREASURY SECURITIES (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
UNITED STATES TREASURY NOTE Coupon Rate 4.500%; Matures 05/15/2027; CUSIP 91282CKR1 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.260%; Moody AAA; Issued 05/15/24; Asset Class: FI & Pref</i>	337-159552-506	1,196,000.00	100.531	1,194,598.20	1,199,114.68	1,202,353.75	7,755.55	10,078.07	6,839.00
UNITED STATES TREASURY NOTE Coupon Rate 4.625%; Matures 04/30/2029; CUSIP 91282CKP5 <i>Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.364%; Moody AAA; Issued 04/30/24; Asset Class: FI & Pref</i>	337-159552-506	1,289,000.00	101.016	1,301,233.60	1,306,110.37	1,302,091.41	857.81	6,026.86	10,045.82
UNITED STATES TREASURY NOTE Coupon Rate 4.375%; Matures 07/15/2027; CUSIP 91282CKZ3 <i>Interest Paid Semi-Annually; Yield to Maturity 4.251%; Moody AAA; Issued 07/15/24; Asset Class: FI & Pref</i>	337-159552-506	1,569,000.00	100.293	1,595,175.63	1,600,495.70	1,573,596.68	(21,578.95)	4,624.87	31,523.89
UNITED STATES TREASURY NOTE Coupon Rate 4.125%; Matures 11/15/2027; CUSIP 91282CLX7 <i>Interest Paid Semi-Annually; Yield to Maturity 4.278%; Moody AAA; Issued 11/15/24; Asset Class: FI & Pref</i>	337-159552-506	1,342,000.00	99.586	1,336,185.11	1,343,219.49	1,336,443.28	258.17	258.16	7,034.37
UNITED STATES TREASURY NOTE Coupon Rate 3.625%; Matures 08/31/2029; CUSIP 91282CLK5 <i>Interest Paid Semi-Annually; Yield to Maturity 4.374%; Moody AAA; Issued 09/03/24; Asset Class: FI & Pref</i>	337-159553-506	2,997,000.00	96.863	2,975,070.20	2,988,050.90	2,902,992.55	(72,077.65)	(49,927.10)	35,131.25
UNITED STATES TREASURY NOTE Coupon Rate 3.375%; Matures 09/15/2027; CUSIP 91282CLL3 <i>Interest Paid Semi-Annually; Yield to Maturity 4.259%; Moody AAA; Issued 09/16/24; Asset Class: FI & Pref</i>	337-159553-506	2,501,000.00	97.758	2,478,772.23	2,483,896.71	2,444,922.90	(33,849.33)	(14,257.45)	24,716.36
UNITED STATES TREASURY BOND Coupon Rate 2.875%; Matures 05/15/2049; CUSIP 912810SH2 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.932%; Moody AAA; Issued 05/15/19; Asset Class: FI & Pref</i>	337-159553-506	6,538,000.00	71.008	5,228,056.94	5,168,730.51	4,642,490.78	(585,566.16)	(502,354.39)	23,885.34
UNITED STATES TREASURY NOTE Coupon Rate 3.375%; Matures 05/15/2033; CUSIP 91282CHC8 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.541%; Moody AAA; Issued 05/15/23; Asset Class: FI & Pref</i>	337-159553-506	1,497,000.00	91.953	1,449,708.52	1,464,296.04	1,376,538.28	(73,170.24)	(81,337.62)	6,420.14
UNITED STATES TREASURY BOND Coupon Rate 2.375%; Matures 02/15/2042; CUSIP 912810TF5 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.867%; Moody AAA; Issued 02/28/22; Asset Class: FI & Pref</i>	337-159553-506	4,024,000.00	71.266	2,969,181.10	3,104,640.02	2,867,728.75	(101,452.34)	(201,072.52)	35,838.75
UNITED STATES TREASURY NOTE Coupon Rate 1.375%; Matures 11/15/2031; CUSIP 91282CDJ7 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.490%; Moody AAA; Issued 11/15/21; Asset Class: FI & Pref</i>	337-159552-506	532,000.00	81.750	424,670.74	442,941.60	434,910.00	10,239.26	(7,102.07)	929.53
UNITED STATES TREASURY NOTE Coupon Rate 3.875%; Matures 08/15/2033; CUSIP 91282CHT1 <i>Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.548%; Moody AAA S&P AAA; Issued 08/15/23; Asset Class: FI & Pref</i>	337-159552-506	648,000.00	95.242	615,883.52	643,979.99	617,169.38	1,285.86	(17,394.36)	9,416.25
UNITED STATES TREASURY NOTE Coupon Rate 3.750%; Matures 05/31/2030; CUSIP 91282CHF1 <i>Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.413%; Moody AAA; Issued 05/31/23; Asset Class: FI & Pref</i>	337-159552-506	453,000.00	96.836	449,269.44	450,652.03	438,666.80	(10,602.64)	(10,538.49)	1,446.74

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Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

TREASURY SECURITIES (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
UNITED STATES TREASURY NOTE	337-159552-506	930,000.00	84.164	794,514.89	806,557.03	782,725.78	(11,789.10)	(17,292.19)	6,539.06
Coupon Rate 1.875%; Matures 02/15/2032; CUSIP 91282CDY4 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.498%; Moody AAA; Issued 02/15/22; Asset Class: FI & Pref									
UNITED STATES TREASURY NOTE	337-159552-506	808,000.00	95.461	787,271.68	795,611.02	771,324.38	(15,947.30)	(24,286.64)	
Coupon Rate 3.250%; Matures 06/30/2029; CUSIP 91282CEV9 Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.373%; Moody AAA; Issued 06/30/22; Asset Class: FI & Pref									
Total Treasury Securities				\$28,643,293.75	\$28,862,052.28	\$27,656,703.62	\$(986,590.12)	\$(937,066.32)	\$268,282.34

FEDERAL AGENCIES

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
FEDERAL NATIONAL MTG ASSN POOL FS3043	337-159553-506	5,365,100.00	\$94.665	\$5,148,058.98	\$4,486,318.46	\$4,338,294.18	\$(150,639.23)	\$(130,838.88)	\$17,185.40
Coupon Rate 4.500%; Matures 10/01/2052; CUSIP 3140XJLZ4 Interest Paid Monthly; Yield to Maturity 4.851%; Factor .8541846; Issued 10/01/22; Current Face 4,582,785.797; Asset Class: FI & Pref									
FEDERAL NATIONAL MTG ASSN POOL FM9993	337-159553-506	7,171,300.00	89.452	4,778,796.40	4,016,079.89	3,845,182.25	(176,509.04)	(158,360.09)	12,537.55
Coupon Rate 3.500%; Matures 07/01/2051; CUSIP 3140XEC77 Interest Paid Monthly; Yield to Maturity 4.161%; Factor .5994169; Issued 12/01/21; Current Face 4,298,598.415; Asset Class: FI & Pref									
FEDERAL NATIONAL MTG ASSN POOL CB4613	337-159553-506	1,200,000.00	94.244	1,044,270.76	1,024,817.89	980,537.42	(43,630.21)	(40,378.89)	3,901.58
Coupon Rate 4.500%; Matures 09/01/2052; CUSIP 3140QQDT9 Interest Paid Monthly; Yield to Maturity 4.881%; Factor .8670202; Issued 08/01/22; Current Face 1,040,424.240; Asset Class: FI & Pref									
FEDERAL NATIONAL MTG ASSN POOL CB4212	337-159553-506	2,123,400.00	94.233	1,833,293.97	1,764,683.70	1,744,335.12	(16,976.39)	(13,407.02)	6,941.56
Coupon Rate 4.500%; Matures 07/01/2052; CUSIP 3140QPVE4 Interest Paid Monthly; Yield to Maturity 4.883%; Factor .8717563; Issued 07/01/22; Current Face 1,851,087.327; Asset Class: FI & Pref									
FEDERAL NATIONAL MTG ASSN POOL FP0044	337-159553-506	1,949,400.00	88.473	1,670,240.38	1,614,275.45	1,602,082.02	(11,637.69)	(6,911.90)	5,281.53
Coupon Rate 3.500%; Matures 10/01/2050; CUSIP 3140XTBNO Interest Paid Monthly; Yield to Maturity 4.240%; Factor .9289087; Issued 06/01/23; Current Face 1,810,814.620; Asset Class: FI & Pref									
FEDERAL NATIONAL MTG ASSN POOL MA4761	337-159552-506	1,015,000.00	96.802	915,996.82	829,164.96	806,733.09	(4,449.45)	(18,959.44)	3,472.43
Coupon Rate 5.000%; Matures 09/01/2052; CUSIP 31418EJF8 Interest Paid Monthly; Yield to Maturity 5.219%; Factor .8210687; Issued 08/01/22; Current Face 833,384.730; Asset Class: FI & Pref									

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Holdings

FEDERAL AGENCIES (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
FEDERAL NATIONAL MTG ASSN POOL CB4113 Coupon Rate 3.500%; Matures 07/01/2052; CUSIP 3140QPSB4 <i>Interest Paid Monthly; Yield to Maturity 4.183%; Factor .8525414; Issued 06/01/22; Current Face 767,287.260; Asset Class: FI & Pref</i>	337-159553-506	900,000.00	88.901	730,876.69	718,266.11	682,126.05	(35,767.09)	(33,902.14)	2,237.92
FEDERAL NATIONAL MTG ASSN POOL CB4555 Coupon Rate 4.500%; Matures 09/01/2052; CUSIP 3140QQBZ7 <i>Interest Paid Monthly; Yield to Maturity 4.881%; Factor .8916882; Issued 08/01/22; Current Face 4,451,931.676; Asset Class: FI & Pref</i>	337-159553-506	4,992,700.00	94.240	4,340,394.71	4,237,356.56	4,195,500.41	(34,849.87)	(25,161.45)	16,694.70
FEDERAL NATIONAL MTG ASSN POOL MA5294 Coupon Rate 5.000%; Matures 03/01/2054; CUSIP 31418E3C2 <i>Interest Paid Monthly; Yield to Maturity 5.233%; Factor .9568308; Issued 02/01/24; Current Face 1,111,837.390; Asset Class: FI & Pref</i>	337-159552-506	1,162,000.00	96.523	1,126,829.11	1,077,762.67	1,073,178.80	(5,864.92)	48.78	4,632.65
FEDERAL NATIONAL MTG ASSN POOL FS5869 Coupon Rate 4.500%; Matures 04/01/2053; CUSIP 3140XMQX7 <i>Interest Paid Monthly; Yield to Maturity 4.832%; Factor .9128483; Issued 09/01/23; Current Face 896,417.031; Asset Class: FI & Pref</i>	337-159553-506	982,000.00	94.912	871,112.37	863,109.55	850,807.33	(10,733.50)	(8,940.67)	3,361.55
FEDERAL NATIONAL MTG ASSN POOL FS4346 Coupon Rate 3.500%; Matures 04/01/2052; CUSIP 3140XKZL7 <i>Interest Paid Monthly; Yield to Maturity 4.145%; Factor .8595104; Issued 03/01/23; Current Face 1,124,755.309; Asset Class: FI & Pref</i>	337-159553-506	1,308,600.00	89.522	1,097,305.77	1,047,184.59	1,006,903.45	10,495.66	(37,000.61)	3,280.53
FEDERAL NATIONAL MTG ASSN POOL MA4625 Coupon Rate 3.500%; Matures 06/01/2052; CUSIP 31418ED72 <i>Interest Paid Monthly; Yield to Maturity 4.207%; Factor .8591477; Issued 05/01/22; Current Face 753,472.533; Asset Class: FI & Pref</i>	337-159552-506	877,000.00	88.554	749,415.48	694,435.45	667,230.07	7,705.73	(25,007.76)	2,197.62
FEDERAL NATIONAL MTG ASSN POOL CB3760 Coupon Rate 3.500%; Matures 05/01/2052; CUSIP 3140QPFAO <i>Interest Paid Monthly; Yield to Maturity 4.184%; Factor .8415461; Issued 05/01/22; Current Face 96,784.534; Asset Class: FI & Pref</i>	337-159553-506	115,008.00	88.923	93,253.31	86,816.73	86,063.71	(724.81)	(470.73)	282.29
FEDERAL NATIONAL MTG ASSN POOL FS3815 Coupon Rate 3.500%; Matures 09/01/2051; CUSIP 3140XKGZ7 <i>Interest Paid Monthly; Yield to Maturity 4.158%; Factor .8502570; Issued 01/01/23; Current Face 1,849,308.975; Asset Class: FI & Pref</i>	337-159553-506	2,175,000.00	89.458	1,921,134.94	1,723,734.76	1,654,354.82	(49,899.12)	(63,986.13)	5,393.81
FEDERAL NATIONAL MTG ASSN POOL FS3575 Coupon Rate 4.500%; Matures 09/01/2052; CUSIP 3140XJ6M0 <i>Interest Paid Monthly; Yield to Maturity 4.835%; Factor .8502400; Issued 07/01/23; Current Face 759,604.416; Asset Class: FI & Pref</i>	337-159553-506	893,400.00	94.918	798,515.61	745,157.09	721,001.32	22,640.01	(21,307.26)	2,848.51

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Holdings

FEDERAL AGENCIES (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
FEDERAL NATIONAL MTG ASSN POOL CB4675	337-159553-506	2,000,000.00	94.246	1,840,155.76	1,653,532.04	1,591,897.12	(45,989.78)	(55,300.86)	6,334.06
Coupon Rate 4.500%; Matures 09/01/2052; CUSIP 3140QQFR1 Interest Paid Monthly; Yield to Maturity 4.881%; Factor .8445436; Issued 08/01/22; Current Face 1,689,087.200; Asset Class: FI & Pref									
FHLMC 30 YR GOLD RA7779	337-159553-506	2,213,900.00	94.236	1,852,944.10	1,709,661.03	1,690,844.81	(14,120.12)	(12,087.74)	6,728.48
Coupon Rate 4.500%; Matures 08/01/2052; CUSIP 3133KPUC0 Interest Paid Monthly; Yield to Maturity 4.882%; Factor .8104550; Issued 08/01/22; Current Face 1,794,266.324; Asset Class: FI & Pref									
FHLMC 30 YR GOLD RA7672	337-159553-506	364,000.00	94.280	307,875.29	301,880.45	294,921.27	(6,138.04)	(5,786.13)	1,173.05
Coupon Rate 4.500%; Matures 07/01/2052; CUSIP 3133KPQZ4 Interest Paid Monthly; Yield to Maturity 4.880%; Factor .8593798; Issued 07/01/22; Current Face 312,814.247; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD8243	337-159552-506	860,000.00	88.578	746,620.22	703,639.29	676,631.03	8,234.64	(24,780.28)	2,227.98
Coupon Rate 3.500%; Matures 08/01/2052; CUSIP 3132DWEQ2 Interest Paid Monthly; Yield to Maturity 4.203%; Factor .8882344; Issued 08/01/22; Current Face 763,881.584; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD1739	337-159553-506	6,560,000.00	94.182	6,471,064.72	5,546,206.45	5,351,701.51	(296,857.89)	(173,196.38)	21,308.56
Coupon Rate 4.500%; Matures 10/01/2052; CUSIP 3132DN4Y6 Interest Paid Monthly; Yield to Maturity 4.885%; Factor .8662039; Issued 10/01/22; Current Face 5,682,297.584; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD1900	337-159553-506	7,382,000.00	88.697	6,877,485.70	5,913,115.98	5,662,986.87	(364,515.87)	(231,507.27)	18,621.84
Coupon Rate 3.500%; Matures 06/01/2052; CUSIP 3132DPDD7 Interest Paid Monthly; Yield to Maturity 4.198%; Factor .8648934; Issued 11/01/22; Current Face 6,384,643.079; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD8214	337-159552-506	186,000.00	88.581	157,851.26	140,899.42	139,083.62	1,795.44	(1,357.85)	457.95
Coupon Rate 3.500%; Matures 05/01/2052; CUSIP 3132DWDT7 Interest Paid Monthly; Yield to Maturity 4.207%; Factor .8441555; Issued 04/01/22; Current Face 157,012.923; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD1549	337-159553-506	329,000.00	89.080	263,111.51	256,576.92	244,063.51	(11,767.57)	(11,714.30)	799.11
Coupon Rate 3.500%; Matures 04/01/2052; CUSIP 3132DNWJ8 Interest Paid Monthly; Yield to Maturity 4.174%; Factor .8327732; Issued 08/01/22; Current Face 273,982.383; Asset Class: FI & Pref									
FHLMC 30 YR GOLD SD1118	337-159553-506	2,452,700.00	88.728	1,916,476.69	1,856,395.95	1,827,951.46	(25,239.76)	(22,435.66)	6,008.83
Coupon Rate 3.500%; Matures 06/01/2052; CUSIP 3132DNG31 Interest Paid Monthly; Yield to Maturity 4.196%; Factor .8399618; Issued 06/01/22; Current Face 2,060,174.307; Asset Class: FI & Pref									

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Holdings

FEDERAL AGENCIES (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
FHLMC 30 YR GOLD SD8349	337-159552-506	504,000.00	98.799	447,317.03	444,507.19	441,950.68	(1,668.08)	(506.28)	2,050.23
Coupon Rate 5.500%; Matures 08/01/2053; CUSIP 3132DWH22 Interest Paid Monthly; Yield to Maturity 5.584%; Factor .8875457; Issued 07/01/23; Current Face 447,323.033; Asset Class: FI & Pref									
Total Federal Agencies				\$48,000,397.58	\$43,455,578.58	\$42,176,361.92	\$(1,257,106.95)	\$(1,123,256.94)	\$155,959.72
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Government Securities		38.72%		\$76,643,691.33	\$72,317,630.86	\$69,833,065.54	\$(2,243,697.07)	\$(2,060,323.26)	\$424,242.06

Corporate Fixed Income

CORPORATE BONDS

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
ABBVIE INC	337-159552-506	460,000.00	\$97.179	\$416,994.60	\$442,836.37	\$447,021.10	\$30,026.50	\$5,692.50	\$1,507.77
Coupon Rate 2.950%; Matures 11/21/2026; CUSIP 00287YBVO Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 09/21/26; Yield to Maturity 4.524%; Moody A3 S&P A-; Issued 05/21/20; Asset Class: FI & Pref									
AIR LEASE CORP	337-159552-506	484,000.00	92.235	387,931.50	442,402.62	446,414.98	58,483.49	7,944.86	3,932.50
Coupon Rate 3.250%; Matures 10/01/2029; CUSIP 00914AAE2 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 07/01/29; Yield to Maturity 5.111%; S&P BBB; Issued 09/16/19; Asset Class: FI & Pref									
AMERICAN ELECTRIC POWER CO INC	337-159552-506	437,000.00	101.092	453,773.26	464,299.38	441,772.04	(12,001.22)	(14,333.59)	8,193.75
Coupon Rate 5.625%; Matures 03/01/2033; CUSIP 025537AX9 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/01/32; Yield to Call 5.452%; Moody BAA2 S&P BBB; Issued 03/01/23; Asset Class: FI & Pref									
AMGEN INC	337-159553-506	1,513,000.00	99.306	1,563,184.34	1,600,724.89	1,502,499.78	(60,684.56)	(71,968.27)	26,256.84
Coupon Rate 5.250%; Matures 03/02/2033; CUSIP 031162DR8 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 12/02/32; Yield to Maturity 5.355%; Moody BAA1 S&P BBB+; Issued 03/02/23; Asset Class: FI & Pref									
AMGEN INC	337-159552-506	436,000.00	100.952	443,303.09	452,368.24	440,150.72	(3,152.37)	(4,651.11)	7,566.41
Coupon Rate 5.250%; Matures 03/02/2030; CUSIP 031162DQ0 Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 01/02/30; Yield to Call 5.032%; Moody BAA1 S&P BBB+; Issued 03/02/23; Asset Class: FI & Pref									

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Unrealized Accrued Income
BANK OF AMERICA CORP FXD TO 072026 VAR THRAFR 1.7340% Coupon Rate 1.734%; Matures 07/22/2027; CUSIP 06051GJS9 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 07/22/26; Floating Rate; Moody A1 S&P A-; Issued 04/22/21; Asset Class: FI & Pref	337-159552-506	473,000.00	95.341	434,095.75	438,105.53	450,962.93	16,867.18	16,479.87	3,622.47
BANK OF AMERICA CORP FXD TO 072032 VAR THRAFR 5.0150% Coupon Rate 5.015%; Matures 07/22/2033; CUSIP 06051GKY4 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 07/22/32; Floating Rate; Moody A1 S&P A-; Issued 07/22/22; Asset Class: FI & Pref	337-159553-506	1,504,000.00	98.042	1,477,941.34	1,512,214.19	1,474,551.68	(3,389.66)	(4,349.54)	33,312.97
BANK OF AMERICA CORP FXD TO 072031 VAR THRAFR 2.2990% Coupon Rate 2.299%; Matures 07/21/2032; CUSIP 06051GKA6 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 07/21/31; Floating Rate; Moody A1 S&P A-; Issued 07/21/21; Asset Class: FI & Pref	337-159552-506	531,000.00	83.424	385,326.73	439,224.65	442,981.44	57,654.71	9,182.43	5,425.64
BOEING CO/THE Coupon Rate 2.196%; Matures 02/04/2026; CUSIP 097023DG7 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 01/10/25; Yield to Maturity 5.075%; Moody BAA3 (-) S&P BBB- (-); Issued 02/04/21; Asset Class: FI & Pref	337-159552-506	467,000.00	96.978	409,276.55	445,740.76	452,884.93	43,608.38	11,331.75	4,187.58
CAPITAL ONE FINANCIAL CORP FXD TO 022029 VAR THRAFR 5.7% Coupon Rate 5.700%; Matures 02/01/2030; CUSIP 14040HDE2 Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 02/01/29; Floating Rate; Moody BAA1 (-) S&P BBB; Issued 02/01/24; Asset Class: FI & Pref	337-159552-506	456,000.00	101.367	472,420.51	476,864.14	462,233.52	(10,186.99)	(3,800.62)	10,830.00
CHARLES SCHWAB CORP/THE FXD TO 062026 VAR THRAFR 4% Coupon Rate 4.000%; Perpetual Maturity; CUSIP 808513BK0 Interest Paid Quarterly Dec; Callable \$100.00 on 06/01/26; Floating Rate; Moody BAA2 S&P BBB-; Issued 03/18/21; Pays Div; Asset Class: FI & Pref	337-159552-506	234,000.00	96.821	214,253.00	216,593.00	226,561.14	12,308.14	10,748.14	780.00
CITIGROUP INC FXD TO 012027 VAR THRAFR 3.8870% Coupon Rate 3.887%; Matures 01/10/2028; CUSIP 172967LD1 Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 01/10/27; Floating Rate; Moody A3 S&P BBB+; Issued 01/10/17; Asset Class: FI & Pref	337-159552-506	681,000.00	98.034	619,197.81	671,654.83	667,611.54	48,413.73	8,530.18	12,573.47
EDISON INTERNATIONAL Coupon Rate 5.750%; Matures 06/15/2027; CUSIP 281020AN7 Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 04/15/27; Yield to Call 4.944%; Moody BAA2 S&P BBB-; Issued 06/21/19; Asset Class: FI & Pref	337-159552-506	216,000.00	101.715	209,230.56	221,513.52	219,704.40	10,473.84	(1,257.12)	552.00
ENERGY TRANSFER LP Coupon Rate 5.250%; Matures 04/15/2029; CUSIP 29278NAG8 Interest Paid Semi-Annually Apr/Oct; Callable \$100.00 on 01/15/29; Yield to Call 5.123%; Moody BAA2 S&P BBB; Issued 01/15/19; Asset Class: FI & Pref	337-159552-506	439,000.00	100.456	407,356.20	447,623.42	440,999.65	33,643.46	(1,758.19)	4,865.58
GOLDMAN SACHS GROUP INC FXD TO 052028 VAR THRAFR 4.2230% Coupon Rate 4.223%; Matures 05/01/2029; CUSIP 38141GWZ3 Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 05/01/28; Floating Rate; Moody A2 S&P BBB+; Issued 04/23/18; Asset Class: FI & Pref	337-159552-506	460,000.00	97.293	458,270.40	466,094.68	447,547.80	(10,722.60)	(15,309.25)	3,237.63

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Unrealized Accrued Income
GOLDMAN SACHS GROUP INC/THE FX D TO 022032 VAR THRAFR 3.102% Coupon Rate 3.102%; Matures 02/24/2033; CUSIP 38141GZM9 <i>Interest Paid Semi-Annually Feb/Aug; Callable \$100.00 on 02/24/32; Floating Rate; Moody A2 S&P BBB+; Issued 01/24/22; Asset Class: FI & Pref</i>	337-159553-506	2,008,000.00	86.206	1,626,626.58	1,744,966.02	1,731,016.48	104,389.90	8,024.33	21,973.87
HCA INC Coupon Rate 5.200%; Matures 06/01/2028; CUSIP 404119CP2 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 05/01/28; Yield to Call 5.103%; Moody BAA3 S&P BBB-; Issued 05/04/23; Asset Class: FI & Pref</i>	337-159552-506	437,000.00	100.287	440,592.14	444,379.47	438,252.01	(2,340.13)	(4,233.79)	1,893.67
JPMORGAN CHASE & CO FXD TO 072032 VAR THRAFR 4.9120% Coupon Rate 4.912%; Matures 07/25/2033; CUSIP 46647PDH6 <i>Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 07/25/32; Floating Rate; Moody A1 S&P A; Issued 07/25/22; Asset Class: FI & Pref</i>	337-159553-506	2,007,000.00	97.746	1,933,168.33	2,017,000.56	1,961,762.22	28,593.89	(12,518.68)	42,719.66
KROGER CO/THE Coupon Rate 5.000%; Matures 09/15/2034; CUSIP 501044DVO <i>Interest Paid Semi-Annually; Callable \$100.00 on 06/15/34; Yield to Maturity 5.404%; First Coupon 03/15/25; Moody BAA1 S&P BBB; Issued 08/27/24; Asset Class: FI & Pref</i>	337-159552-506	452,000.00	96.974	456,086.08	456,086.08	438,320.22	(17,765.86)	(9,981.42)	7,784.44
SABINE PASS LIQUEFACTION LLC Coupon Rate 5.000%; Matures 03/15/2027; CUSIP 785592AS5 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 09/15/26; Yield to Call 4.869%; Moody BAA1 S&P BBB+; Issued 03/15/17; Asset Class: FI & Pref</i>	337-159552-506	441,000.00	100.205	441,308.70	449,271.20	441,904.05	595.35	(874.65)	6,492.50
T-MOBILE USA INC Coupon Rate 5.050%; Matures 07/15/2033; CUSIP 87264ACY9 <i>Interest Paid Semi-Annually Jan/Jul; Callable \$100.00 on 04/15/33; Yield to Maturity 5.353%; Moody BAA2 S&P BBB; Issued 02/09/23; Asset Class: FI & Pref</i>	337-159553-506	1,503,000.00	97.943	1,532,193.01	1,541,527.78	1,472,083.29	(60,109.72)	(34,445.47)	34,999.02
TORONTO-DOMINION BANK/THE Coupon Rate 4.693%; Matures 09/15/2027; CUSIP 89115A2H4 <i>Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.779%; Moody A2 S&P A-; Issued 09/15/22; Asset Class: FI & Pref</i>	337-159552-506	444,000.00	99.777	436,505.28	441,019.95	443,009.88	6,504.60	8,125.24	6,135.31
US BANCORP FXD TO 112031 VAR THRAFR 2.4910% Coupon Rate 2.491%; Matures 11/03/2036; CUSIP 91159HJB7 <i>Interest Paid Semi-Annually May/Nov; Callable \$100.00 on 11/03/31; Floating Rate; Moody A3 S&P A-; Issued 11/03/21; Asset Class: FI & Pref</i>	337-159552-506	552,000.00	81.003	430,647.82	434,166.43	447,136.56	16,488.74	15,185.46	2,215.33
VIATRIS INC Coupon Rate 2.700%; Matures 06/22/2030; CUSIP 92556VAD8 <i>Interest Paid Semi-Annually Jun/Dec; Callable \$100.00 on 03/22/30; Yield to Maturity 5.532%; Moody BAA3 S&P BBB-; Issued 06/22/21; Asset Class: FI & Pref</i>	337-159552-506	515,000.00	86.779	453,622.30	458,218.68	446,911.85	(6,710.45)	(10,959.20)	347.63
WELLS FARGO & CO FXD TO 032027 VAR THRAFR 3.526% Coupon Rate 3.526%; Matures 03/24/2028; CUSIP 95000U2V4 <i>Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 03/24/27; Floating Rate; Moody A1 S&P BBB+; Issued 03/24/22; Asset Class: FI & Pref</i>	337-159552-506	690,000.00	96.976	651,484.20	652,903.41	669,134.40	17,650.20	22,786.41	6,555.42

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

CORPORATE BONDS (CONTINUED)

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
WELLS FARGO & CO FXD TO 032032	337-159553-506	1,513,000.00	87.685	1,288,987.71	1,339,398.76	1,326,674.05	37,686.34	4,029.66	16,754.37
VAR THRAFR 3.35%									
Coupon Rate 3.350%; Matures 03/02/2033; CUSIP 95000U2U6									
Interest Paid Semi-Annually Mar/Sep; Callable \$100.00 on 03/02/32; Floating Rate; Moody A1 S&P BBB+; Issued 03/02/22; Asset Class: FI & Pref									
Total Corporate Bonds				\$18,043,777.79	\$18,717,198.56	\$18,380,102.66	\$336,324.89	\$(62,380.07)	\$274,715.83
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Fixed Income		10.28%		\$18,043,777.79	\$18,717,198.56	\$18,380,102.66	\$336,324.89	\$(62,380.07)	\$274,715.83

Exchange-Traded & Closed-End Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	
ISHARES CORE S&P SMALL CAP E (IJR)	337-126194-506	28,808.000	\$115.220	\$2,090,682.98	\$3,121,131.98	\$3,319,257.76	\$1,228,574.78	\$198,125.78	
Purchases		28,808.000		2,090,682.98	3,121,131.98	3,319,257.76	1,228,574.78	198,125.78	
Reinvestments		2,922.874		276,110.98	316,671.60	336,773.54	60,662.56	20,101.94	
Total		31,730.874		2,366,793.96	3,437,803.58	3,656,031.30	1,289,237.34	218,227.72	
<i>Next Dividend Payable 03/2025; Asset Class: Equities</i>									
ISHARES S&P MIDCAP 400 INDEX (IJH)	337-126194-506	57,684.968	62.310	2,053,963.04	3,201,695.84	3,594,350.36	1,540,387.32	392,654.52	
Purchases		57,684.968		2,053,963.04	3,201,695.84	3,594,350.36	1,540,387.32	392,654.52	
Reinvestments		5,634.790		265,287.56	312,748.44	351,103.76	85,816.20	38,355.32	
Total		63,319.758		2,319,250.60	3,514,444.28	3,945,454.12	1,626,203.52	431,009.84	
<i>Next Dividend Payable 03/2025; Asset Class: Equities</i>									
VANGUARD GROWTH ETF (VUG)	337-126194-506	36,953.000	410.440	5,595,287.06	11,500,990.27	15,166,989.32	9,571,702.26	3,665,999.05	
Purchases		36,953.000		5,595,287.06	11,500,990.27	15,166,989.32	9,571,702.26	3,665,999.05	
Reinvestments		1,700.010		413,567.98	529,099.08	697,752.10	284,184.12	168,653.02	
Total		38,653.010		6,008,855.04	12,030,089.36	15,864,741.42	9,855,886.38	3,834,652.06	
<i>Next Dividend Payable 03/2025; Asset Class: Equities</i>									
VANGUARD INTL EQUITY INDEX FD (VEU)	337-126194-506	117,245.000	57.410	5,990,921.96	6,589,994.46	6,731,035.45	740,113.49	141,040.99	
Purchases		117,245.000		5,990,921.96	6,589,994.46	6,731,035.45	740,113.49	141,040.99	
Reinvestments		23,884.275		1,309,124.03	1,342,464.41	1,371,196.23	62,072.20	28,731.82	
Total		141,129.275		7,300,045.99	7,932,458.87	8,102,231.68	802,185.69	169,772.81	
<i>Next Dividend Payable 03/2025; Asset Class: Equities</i>									

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Plan Account Number: 337-105136-506
For the Period: 01/01/2024 - 12/31/2024

Holdings

Exchange-Traded & Closed-End Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VANGUARD VALUE ETF INDEX (VTV)	337-126194-506	77,164.000	169.300	8,222,758.71	11,566,015.41	13,063,865.20	4,841,106.49	1,497,849.79
Reinvestments	Purchases	77,164.000		8,222,758.71	11,566,015.41	13,063,865.20	4,841,106.49	1,497,849.79
		13,000.082		1,731,320.12	1,948,566.02	2,200,913.88	469,593.76	252,347.86
	Total	90,164.082		9,954,078.83	13,514,581.43	15,264,779.08	5,310,700.25	1,750,197.65
<i>Next Dividend Payable 03/2025; Asset Class: Equities</i>								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Exchange-Traded & Closed-End Funds		25.81%		\$27,949,024.42	\$40,429,377.52	\$46,833,237.60	\$18,884,213.18	\$6,403,860.08

Mutual Funds

Open-End Non-Sweep Money Market Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
BLACKROCK FEDFUND PREMIER (BUPXX)	337-128771-506	42,400.000	\$1.0000	N/A	\$42,400.00	\$42,400.00	N/A	\$0.00
<i>Dividend Cash; Capital Gains Cash; Asset Class: Cash</i>								

Open-End Mutual Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
JH MGD ACCTSH INV GD CRPBD SMA (JMABX)	337-159553-506	2,523,965.921	\$8.700	\$21,404,815.59	\$22,143,382.55	\$21,958,503.51	\$553,687.94	\$(184,879.04)
Total Purchases vs Market Value				21,404,815.59		21,958,503.51		
Cumulative Cash Distributions						1,694,843.83		
Net Value Increase/(Decrease)						2,248,531.75		
<i>Dividend Cash; Capital Gains Cash; Asset Class: FI & Pref</i>								
JH MGD ACCTSH SEC DBT SMA (JMAEX)	337-159553-506	1,220,994.308	9.410	11,076,928.05	11,250,578.55	11,489,556.44	412,628.40	238,977.89
Total Purchases vs Market Value				11,076,928.05		11,489,556.44		
Cumulative Cash Distributions						976,491.80		
Net Value Increase/(Decrease)						1,389,120.19		
<i>Dividend Cash; Capital Gains Cash; Asset Class: FI & Pref</i>								
LORD ABBETT ULTRA SHORT BD I (LUBYX)	337-128771-506	416,440.706	10.030	4,110,931.09	4,144,462.83	4,176,900.28	65,969.19	32,437.45
Total Purchases vs Market Value				4,110,931.09		4,176,900.28		
Cumulative Cash Distributions						525,619.60		
Net Value Increase/(Decrease)						591,588.79		
<i>Dividend Cash; Capital Gains Cash; Asset Class: FI & Pref</i>								

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

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Plan Account Number: 337-105136-506
 For the Period: 01/01/2024 - 12/31/2024

Holdings

Mutual Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
NYLI MCKAY HGYLD CO BD I (MHYIX)	337-109121-506	537,437.851	5.200	2,993,596.31	2,774,036.80	2,794,676.83	(198,919.48)	20,640.03
	Purchases	537,437.851		2,993,596.31	2,774,036.80	2,794,676.83	(198,919.48)	20,640.03
Reinvestments		457,907.468		2,492,882.83	2,363,533.14	2,381,118.84	(111,763.99)	17,585.70
	Total	995,345.319		5,486,479.14	5,137,569.94	5,175,795.66	(310,683.47)	38,225.72
Total Purchases vs Market Value				2,993,596.31		5,175,795.66		
Net Value Increase/(Decrease)						2,182,199.35		
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Mutual Funds		23.61%		\$42,079,153.87	\$42,718,393.87	\$42,843,155.89	\$721,602.06	\$124,762.02

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

Stationary Engineers Local 39 Health and Welfare Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN 96-6171641, Plan# 501
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
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See attached

See Independent Auditor's Report on Supplementary Information.

Plan Account Number: 337-105136-506
 For the Period: 01/01/2024 - 12/31/2024

Activity

SERIES OF TRANSACTIONS

Activity Date	Settlement Date	Account Number	Security Description	Activity Type	Quantity	Price	Amount	% Of Mkt Value
02/08/24	02/09/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	3,362,000.000	\$99.14	\$3,336,695.54	2.01%
02/28/24	02/29/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Sold	725,000.000	98.14	713,886.62	0.43%
03/01/24	03/04/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	112,000.000	98.65	110,901.15	0.07%
03/27/24	03/28/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	1,634,000.000	98.78	1,624,448.23	0.98%
04/02/24	04/03/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	363,000.000	97.83	357,657.53	0.22%
06/13/24	06/14/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	500,000.000	98.64	500,659.78	0.30%
08/28/24	08/29/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	1,023,000.000	101.57	1,042,288.97	0.63%
09/05/24	09/06/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Bought	263,000.000	102.08	269,543.74	0.16%
10/21/24	10/22/24	337-159553-506	UNITED STATES TREASURY NOTE 4.000% DUE2031-01-31 (91282CJX0)	Sold	2,538,000.000	99.71	2,553,560.78	1.54%
							\$10,509,642.34	6.34%

STATIONARY LOCAL 39 HEALTH AND WELFARE PLAN

EIN 94-6171641

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

STATIONARY LOCAL 39 HEALTH AND WELFARE PLAN

EIN 94-6171641

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

STATIONARY LOCAL 39 HEALTH AND WELFARE PLAN

EIN 94-6171641

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending 12/31/2024
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

Part II	Basic Plan Information—enter all requested information		
1a Name of plan	STATIONARY ENGINEERS LOCAL 39 HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	06/01/1955
2a Plan sponsor's name (employer, if for a single-employer plan)	BOARD OF TRUSTEES OF STATIONARY ENGINEERS LOCAL 39		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	4160 DUBLIN BOULEVARD, SUITE 400		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	DUBLIN CA 94568		
		2b Employer Identification Number (EIN)	94-6171641
		2c Plan Sponsor's telephone number	(925) 208-2280
		2d Business code (see instructions)	561210

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

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

SIGN HERE		10/9/2025	DANNY MURTAGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/2025	TIMOTHY EGGEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3,695
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3,650
a(2) Total number of active participants at the end of the plan year	6a(2)	3,641
b Retired or separated participants receiving benefits	6b	34
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	3,675
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e.	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	116

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

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

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

a Pension Schedules

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

b General Schedules

- (1) H (Financial Information)
- (2) I (Financial Information – Small Plan)
- (3) A (Insurance Information) – Number Attached 8
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____
