

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- 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: [ ] Form 5558 [X] 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 OPERATING ENGINEERS LOCAL 312 HEALTH & WELFARE
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 05/15/1970
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) OPERATING ENGINEERS LOCAL 312 HEALTH & WELFARE 100 CRESCENT CENTER PARKWAY SUITE 340 TUCKER, GA 30084
2b Employer Identification Number (EIN) 23-7102671
2c Plan Sponsor's telephone number 800-959-3953
2d Business code (see instructions) 525100

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, 12/12/2025, KEITH BROWN; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 12/12/2025, JACOB EPPERSON; 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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	320
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	320
	<b>6a(2)</b>	309
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	309
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	38

**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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-7102671</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF ALABAMA**

(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
63-0103830	55433	70628	312	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	254028
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**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 **03/01/2024** and ending **02/28/2025**

<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7102671</b>

**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

**LLOYDS OF LONDON**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
			<b>314</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

**ALLIANCE INSURANCE GROUP**  
**P.O. BOX 240218**  
**MONTGOMERY, AL 36124**

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	191843
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-7102671</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL 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
35-0472300	65676	10104864	313	06/01/2023	05/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>1713</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>0</b></p>
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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

**PATRIOT GROWTH INS SERVICE LLC** **P.O. BOX 240518**  
**MONTGOMERY, AL 36124**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1713			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	11953
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-7102671</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**UNITED OF OMAHA 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
47-0322111	69868	G000C8XP	290	01/01/2024	01/01/2025

**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 <b>4937</b></p>	<p>(b) Total amount of fees paid <b>587</b></p>
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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  
**PATRIOT GROWTH INS SERVICE LLC** P.O. BOX 240518  
MONTGOMERY, AL 36124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4937			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**GI GEORGE PARENT LP** 501 OFFICE CENTER DR STE 215  
FT WASHINGTON, PA 19034

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	23840
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**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 **03/01/2024** and ending **02/28/2025**

<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7102671</b>

**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

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

**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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7102671</b>	

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD OF ALABAMA

450 RIVERCHASE PARKWAY  
BIRMINGHAM, AL 35298

63-0103838

(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?
23 50	INSURANCE PROVIDER	254028	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)

ZENITH AMERICAN SOLUTIONS

100 CRESCENT CENTRE PARKWAY, STE 34  
TUCKER, GA 30084

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	98228	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)

HIGHLAND CAPITAL MANAGEMENT

850 RIDGE LAKE BLVD. STE 205  
MEMPHIS, TN 38120

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	53043	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)

BHA CONSULTING LLC

5400 LAUREL SPRINGS PARKWAY 1306  
SUWANEE, GA 30024

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTING	22886	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)

REYNOLDS CONSULTING SERVICES LLC

25 NEWBRIDGE ROAD STE 205  
HICKSVILLE, NY 11801

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	15000	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)

STEVEN D. EISENBERG CPA, PA

7700 CONGRESS AVENUE 1128  
BOCA RATON, FL 33487

65-0140643

(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	AUDITOR	13731	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)

QUINN, CONNER, WEAVER DAVIES RUCCO

TWO NORTH 20TH STREET STE 930  
BIRMINGHAM, AL 35203

58-1368590

(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	ATTORNEY	9820	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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>03/01/2024</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7102671</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	333819	501128
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	69014	103599
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1379910	1171942
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2256370	4176744
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	4948081	5618516
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5398398	5996241
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	5582287	3189997

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19967879	20758167
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	3851000	3451000
<b>h</b> Operating payables.....	<b>1h</b>	73612	40933
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1799	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3926411	3491933
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	16041468	17266234

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3631593	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	143523	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3775116
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	63324	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	164011	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	193821	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	49077	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		470233
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	141488	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		141488
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	26835482	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	26229778	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		605704
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	347254	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5339795

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3379697	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	227636	
(3) Other .....	<b>2e(3)</b>	254028	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3861361
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	98228	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	13731	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	73350	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	5196	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	9820	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	53343	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		253668
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4115029

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1224766
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **STEVEN D EISENBERG CPA, P.A.**

(2) EIN: **65-0140643**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**OPERATING ENGINEERS LOCAL 312**  
**HEALTH AND WELFARE FUND**  
Financial Statements  
with Independent Auditors' Report  
February 28, 2025 and February 29, 2024

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT  
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

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## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
Operating Engineers Local 312 Health and Welfare Fund

### **Opinion**

We have audited the accompanying financial statements of Operating Engineers Local 312 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of plan benefit obligations and net assets available for benefits as of February 28, 2025 and February 29, 2024 and the related statements of changes in plan benefit obligation and net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Operating Engineers Local 312 Health and Welfare Fund as of February 28, 2025 and February 29, 2024 and the changes in its net assets available for benefits and changes in its plan benefit obligation for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Operating Engineers Local 312 Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, 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.

## INDEPENDENT AUDITORS' REPORT

---

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 Operating Engineers Local 312 Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Operating Engineers Local 312 Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Operating Engineers Local 312 Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

## INDEPENDENT AUDITORS' REPORT

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### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held at End of Year and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Other Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Employer Contributions and Operating Expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with generally accepted auditing standards. In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole.



Steven D. Eisenberg C.P.A., P.A.  
December 8, 2025

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
<b><u>ASSETS</u></b>		
Investments - at Fair Value:		
Equity Securities	\$ 5,996,241	\$ 5,398,398
Corporate Bonds	5,618,516	4,948,081
Government Securities	4,176,744	2,256,370
Limited Partnership	1,838,471	1,904,836
Certificates of Deposit	630,589	1,205,395
Short Term Reserves	464,548	1,256,538
Municipal Bonds	144,522	1,421,479
Exchange Traded Fund	-	294,576
	18,869,631	18,685,673
Other Investments:		
Insurance Company Stable Value Fund	742,456	704,858
	19,612,087	19,390,531
Cash	541,353	174,515
Receivables		
Contributions	501,128	333,819
Interest and Other	63,599	69,014
Due from Affiliated Fund	40,000	-
Due (to) from Brokers for Sales and or (Purchases) of Securities	-	(1,799)
	604,727	401,034
Total Assets	20,758,167	19,966,080
<b><u>LIABILITIES</u></b>		
Accounts Payable and Accrued Expenses	40,933	73,612
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>	<b>\$ 20,717,234</b>	<b>\$ 19,892,468</b>

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

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
<u>ADDITIONS TO NET ASSETS:</u>		
Contributions		
Employers	\$ 3,631,593	\$ 3,557,360
Participants	143,523	195,244
	3,775,116	3,752,604
Investment Income		
Interest and Dividends	611,721	621,214
Net Gain on Sales of Investments	605,704	32,834
Net Appreciation in Fair Value of Investments	347,254	905,543
	1,564,679	1,559,591
Less: Investment Expenses	(63,546)	(55,496)
	1,501,133	1,504,095
Total Additions	5,276,249	5,256,699
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Payments for:		
Health Claims and Other Benefits	3,779,697	4,116,759
Insurance Premiums	227,636	207,091
	4,007,333	4,323,850
Operating Expenses	444,150	451,651
Total Deductions	4,451,483	4,775,501
<u>NET INCREASE</u>	824,766	481,198
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning	19,892,468	19,411,270
Ending	\$ 20,717,234	\$ 19,892,468

The accompanying notes are an integral part of these financial statements

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
STATEMENTS OF PLAN BENEFIT OBLIGATION  
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
Obligations for current benefit coverage:		
Health claims incurred but not reported and reported but not paid.	\$ 379,000	\$ 959,000
Other obligations for current benefit coverage, at present value of estimated amounts.		
Accumulated eligibility credits	3,072,000	2,892,000
Total obligations other than post retirement benefit obligations	3,451,000	3,851,000
Post retirement benefit obligations		
Inactive employees	739,145	750,010
Other participants fully eligible for benefits	701,218	637,178
Other participants not fully eligible for benefits	1,644,295	1,606,417
	3,084,658	2,993,605
Plan's Total Benefit Obligation	\$ 6,535,658	\$ 6,844,605

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

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	<u>2025</u>	<u>2024</u>
Obligations for current benefit coverage:		
Balance - Beginning of year	\$ 959,000	\$ 506,100
Claims reported and approved for payment and claims incurred but not reported	3,199,697	4,569,659
Claims Paid	<u>(3,779,697)</u>	<u>(4,116,759)</u>
Balance - End of year	<u>379,000</u>	<u>959,000</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance - Beginning of year	2,892,000	2,463,000
Net Change during the year: Accumulated eligibility	<u>180,000</u>	<u>429,000</u>
	<u>3,072,000</u>	<u>2,892,000</u>
Total obligations other than post retirement benefit obligations	<u>3,451,000</u>	<u>3,851,000</u>
Post retirement benefit obligation		
Increase (decrease) during the year expected to be paid by the Plan:		
Balance - Beginning of year	2,993,605	3,720,055
Increase (decrease) during the year:		
Benefits Accumulated and Actuarial Experience	(45,697)	(9,837)
Benefits Paid	(108,536)	(142,899)
Interest	163,911	194,049
Changes in Actuarial Assumptions	-	(554,761)
Increase (Decrease) in contribution rate to Plan benefits	-	(307,502)
Participants Contributions received	<u>81,375</u>	<u>94,500</u>
Net Accumulated Post-Retirement Benefit Obligation	<u>3,084,658</u>	<u>2,993,605</u>
Plan's Total Benefit Obligations - End of year	<u>\$ 6,535,658</u>	<u>\$ 6,844,605</u>

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

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 1                      DESCRIPTION

The following description of the Operating Engineers Local 312 Health and Welfare Fund is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

**General** – The Plan was formed pursuant to Collective Bargaining Agreements between the International Union of Operating Engineers Local 312 and employers which are signatory to the Agreements. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

**Benefits** – The Plan provides medical, hospital, surgical, death and dental benefits to eligible employees and their dependents.

The Plan also provides benefits for retired and terminated participants on a self-pay basis.

The Plan maintains stop loss insurance coverage through Lloyd's, London. Stop loss premiums paid in 2025 and 2024 amounted to \$191,843 and \$171,395.

Stop loss reimbursements totaled \$23,891 and \$3,920 in 2025 and 2024 and have been deducted from health claims and other benefit payments in the statements of changes in net assets available for benefits.

The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds based on the Plan's drug utilization. Prescription drug rebates totaled \$671,054 and \$205,024 in 2025 and 2024. Prescription rebates are recorded as a reduction of prescription costs included in health claims and other benefits in the Statements of Changes in Net Assets Available for Benefits.

**Eligibility** – An employee becomes eligible for benefits on the first day of the benefit quarter following the date on which contributions for a minimum of 600 hours are made during one or two consecutive eligibility quarters .

Continued qualifying requires a minimum of 350 hours of contributions in each qualifying quarter. The qualifying and benefit quarters are as follows:

Qualifying Quarter

Benefit Quarter

November, December, January  
February, March, April  
May, June , July  
August, September, October

March, April, May  
June, July, August  
September, October, November  
December, January, February

The Plan also maintains an hour bank for members to assist in retaining eligibility. All hours paid in excess of 375 hours during a qualifying period are credited to the hour bank to a maximum of 700 hours.

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 1            DESCRIPTION (continued)

**Contributions** – Plan benefits are funded by contributions from employers, pursuant to collective bargaining agreements, based upon the number of hours worked. The employer contribution rate effective September 1, 2025 is \$5.25 per hour. Prior to September 1 2025, the contribution rate was \$5.15 per hour.

Certain terminated employees and retired members may extend coverage by contributing specified amounts determined periodically by the Plan’s Consultant.

The costs of the post retirement benefit obligations are shared by the Plan’s participating employers and retirees.

The Plan receives reciprocal contributions from other local union health plans on behalf of International Union of Operating Engineers Local 312 members working in other jurisdictions. Reciprocal funds received are included in employers’ contributions.

The Plan also remits payments to other health plans on behalf of members of other local unions working within International Union of Operating Engineers Local 312 jurisdiction. In 2025 and 2024, the Plan remitted \$49,460 and \$62,709 to other local union health plans. Payments remitted to other Plans are recorded as a reduction of employers’ contributions in the Statement of Changes in Net Assets Available for Benefits.

**Other** – The Board of Trustees have the right under the Plan to discontinue or modify the requirements for participation in the Plan, eligibility of participants, type of benefits offered, amount to be paid and procedures for payment of benefit claims. The Plan may be terminated by joint agreement by the Board of Trustees, subject to the provisions set forth in ERISA.

NOTE 2            SUMMARY OF ACCOUNTING POLICIES

This summary of accounting policies and information of Operating Engineers Local 312 Health and Welfare Fund is presented to assist in understanding the Plan’s financial statements.

**Method of Accounting** – The accounts of the Plan are maintained on the accrual basis of accounting in conformity with United States generally accepted accounting principles.

**Use of Estimates** – The presentation of financial statements in conformity with United States of America generally accepted accounting principles requires the Trustees to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates. Material estimates that are particularly susceptible to significant change in the near term are the Plan’s Benefit Obligations and Other Plan Benefits

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 2      SUMMARY OF ACCOUNTING POLICIES (continued)

**Valuation of Investments and Income Recognition** – Investments are valued as fair value. Quoted market prices are used to value investments. See Note 3.

Security transactions are accounted for on the date the order to buy or sell is executed. Realized and unrealized gains and losses from security transactions are calculated on the cost basis.

Interest Income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Cash** – The Plan maintains its cash in bank deposit accounts at a high credit, quality financial institution. The balances, at times may exceed federally insured limits. Balances are insured by the Federal Deposit Insurance Corporation up to \$250,000.

The Plan has not experienced, nor does it expect to experience any losses on such accounts. At February 28, 2025, the balance of funds in excess of federally insured limits was approximately \$291,000.

**Contributions Receivable** – Contributions receivable was determined by a review of cash collections in subsequent periods. Accordingly, an allowance for uncollectible contributions is not considered necessary.

Employer contributions receivable totaled \$501,128 and \$333,819 for 2025 and 2024 respectively. Delinquent contributions receivable may exist at February 28, 2025 and February 29, 2024, however due to the uncertainty of the amount and collectability no receivable has been recorded.

The Plan maintains an on-going payroll compliance audit program to collect these amounts and monitor reporting compliance.

**Payment of Benefits** - Benefit payments for health claims are recorded when paid.

**Operating Expenses** - The Plan's expenses are paid by the Plan, as provided by the Plan document. Operating expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are recorded as a deduction from investment income.

**Post-Benefit Obligations** – The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to February 28, 2024. Post - retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 2      SUMMARY OF ACCOUNTING POLICIES (continued)

The actuarial present value of the expected post-retirement benefit obligation is determined by BHA Consulting LLC, an independent actuary and is that amount that results from applying actuarial assumptions and projection of costs for each employee, both active and inactive, for each post retirement year in the future. The present value for active employees is accrued proportionately from initial eligibility for participation until the earliest eligibility date for retirement. For inactive retirees and their spouses, the full present value of expected benefits is included in the projected benefit obligations.

The following were other significant assumptions used in the valuation as of February 29, 2025:

- a) Discount Rate: 5.50% compounded annually
- b) Mortality Table: RP 2014 Blue Collar Mortality Table with fully generational projection using Scale MP 2017
- c) Actuarial Cost Method: Projected Unit Cost method with benefits accrued ratably from the date of eligibility to full benefit eligibility date
- d) Monthly Per Capita Retiree Costs: \$1,529 per month
- e) Monthly Per Capita Retiree Contributions: \$900 per month assumed to increase 5.0% per year.
- f) Administrative Expenses: \$81.00 per month per individual. Administrative expenses are assumed to increase at 3.0% per year.

The following were other significant assumptions used in the valuations as of February 29, 2024:

- a) Discount Rate: 5.50% compounded annually
- b) Mortality Table: RP 2014 Blue Collar Mortality Table with fully generational projection using Scale MP 2017
- c) Actuarial Cost Method: Projected Unit Cost method with benefits accrued ratably from the date of eligibility to full benefit eligibility date
- d) Monthly Per Capita Retiree Costs: \$1,529 per month
- e) Monthly Per Capita Retiree Contributions: \$900 per month assumed to increase 5.0% per year.
- f) Administrative Expenses: \$81.00 per month per individual. Administrative expenses are assumed to increase at 3.0% per year.

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

**Other Estimated Benefit Obligations** - Plan obligations at February 28, 2025 and February 29, 2024 for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants at February 28, 2025 and February 29, 2024 are estimated based upon subsequent claims payments. Such estimated amounts are reported in the accompanying statement of Plan's Benefit Obligations.

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 2            SUMMARY OF ACCOUNTING POLICIES (continued)

**Contribution Concentration Risk** – For the year ended February 28, 2025, approximately 10% or \$354,000 of total contributions was received from one employer. As of February 28, 2025, amounts due from this employer totaled \$29,232.

For the year ended February 29, 2024, approximately 10% or \$369,000 of total contributions was received from one employer. As of February 29, 2024, amounts due from this employer totaled \$11,392.

**Income Taxes** – The Plan is exempt from income taxes under the Internal Revenue Code. Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 3            INVESTMENTS

Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

*Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2 Fair Value Measurements*

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active or non-active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

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

*Level 3 Fair Value Measurements*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at February 28, 2025 and February 29, 2024.

*Registered Investment Companies (Mutual Funds):* Valued at the net asset value (NAV) of the shares held by the Fund at year end.

*Common and Preferred Stock:* Valued at the closing price reported on the active market on which the individual security is traded.

*United States Government Securities and Corporate Bonds:* Valued at the closing price reported in the active market in which the bond is traded. Others are valued based upon yields currently available on comparative securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

*Short Term Reserves:* Valued at period ending amounts.

*Insurance Company Stable Value Fund:* Fixed Rate Fund that provides the underlying investment vehicle and guarantees interest crediting rates for the duration of each rate guarantee period.

**Investments Measured at Net Asset Value**

The Fund has investments in alternative asset classes that does not have a readily available market quotation. These investments are measured at net asset value based upon their proportionate share of the value of the investment as determined by the fund managers and is valued according to methodologies which include pricing models, discounted cash flows models and similar techniques.

*Limited Partnership:* Open-end commingled real estate equity fund with a portfolio of top-quality, core, income producing assets. The fund invests in office buildings, industrial, retail and multi-family properties.

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

Fair Value Measurements at February 28, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Securities	\$ 5,996,241	\$ -	\$ -	\$ 5,996,241
Corporate Bonds	-	5,618,516	-	5,618,516
Government Securities	-	4,176,744	-	4,176,744
Stable Value Fund	-	742,456	-	742,456
Certificates of Deposit	-	630,589	-	630,589
Short Term Reserves	464,548	-	-	464,548
Municipal Bonds	-	144,522	-	144,522
	<u>          </u>	<u>          </u>	<u>          </u>	
Investments Measured at Fair Value	<u>\$ 6,460,789</u>	<u>\$ 11,312,827</u>	<u>\$ -</u>	17,773,616
Investments Measured at Net Asset Value				<u>1,838,471</u>
Total Investments				<u>\$19,612,087</u>

Fair Value Measurements at February 29, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Securities	\$ 5,398,398	\$ -	\$ -	\$ 5,398,398
Corporate Bonds	-	4,948,081	-	4,948,081
Government Securities	-	2,256,370	-	2,256,370
Municipal Bonds	-	1,421,479	-	1,421,479
Short Term Reserves	1,256,538	-	-	1,256,538
Certificates of Deposit	-	1,205,395	-	1,205,395
Stable Value Fund	-	704,858	-	704,858
Exchange Traded Fund	294,576	-	-	294,576
	<u>          </u>	<u>          </u>	<u>          </u>	
Investments Measured at Fair Value	<u>\$ 6,949,512</u>	<u>\$ 10,536,183</u>	<u>\$ -</u>	17,485,695
Investments Measured at Net Asset Value				<u>1,904,836</u>
Total Investments				<u>\$19,390,531</u>

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 3      INVESTMENTS (continued)

The following table summarizes investments for which fair value is measured using the net asset value per share, including their related unfunded commitments and redemption restrictions.

Investments Measured at Net Asset Value – February 28, 2025

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Notice Period</u>
Boyd Watterson GSA Fund, LP	<u>\$ 1,838,471</u>	-	Quarterly	90 days

Investments Measured at Net Asset Value – February 29, 2024

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Notice Period</u>
Boyd Watterson GSA Fund, LP	<u>\$ 1,904,836</u>	-	Quarterly	90 days

The following table represents the fair value of investments at February 28, 2025 and February 29, 2024.

	<u>2025</u>	<u>2024</u>
Highland Capital:		
Equity Securities	\$ 5,996,241	\$ 5,398,398
Corporate Bonds	5,618,516	3,774,463
Government Securities	4,176,744	2,132,976
Short Term Reserves	464,548	1,203,193
Certificate of Deposit	389,739	652,702
Municipal Bonds	144,522	197,227
Exchange Traded Fund	-	294,576
Boyd Watterson Asset Management: Limited Partnership	1,838,471	1,904,836
EmPower: Insurance Company Stable Value Fund	742,456	704,858
Cadence Bank Certificate of Deposit	240,850	277,693
Bank of Labor:		
Municipal Bonds	-	1,224,252
Corporate Bonds	-	1,173,618
Certificates of Deposit	-	275,000
Government Securities	-	123,394
Short Term Reserves	-	<u>53,345</u>
	<u>\$ 19,612,087</u>	<u>\$ 19,390,531</u>

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 4            BENEFIT OBLIGATIONS

The Plan's total benefit obligation as of February 28, 2025 and February 29, 2024 totaled \$6,535,658 and \$6,844,605 resulting in excess of Net Assets over Total Benefit Obligations of \$14,181,576 and \$13,047,863 respectively.

The weighted-average health care rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of February 28, 2025 and February 29, 2024 by \$309,009 and \$296,162 respectively.

NOTE 5            RISKS AND UNCERTAINTIES

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

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

NOTE 6            RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan pays investment and operating expenses directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7            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:

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits per the financial statements	\$ 20,717,234	\$ 19,892,468
Benefit obligations currently payable	(379,000)	(959,000)
Benefit obligations for current benefit coverage	<u>(3,072,000)</u>	<u>(2,892,000)</u>
Net Assets Available for Benefits per form 5500	<u>\$ 17,266,234</u>	<u>\$ 16,041,468</u>

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE 7            RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of benefits paid to participants for the year ended February 28, 2025 per the financial statements to the form 5500:

Benefits paid to participants per the financial statements	\$ 3,779,697
Add: benefit obligations for the current benefit coverage at February 29, 2024	3,451,000
Less: benefit obligations for the current benefit coverage at February 29, 2024	<u>(3,851,000)</u>
Benefits paid to participants per form 5500	<u>\$ 3,379,697</u>

NOTE 8            OTHER

In February 2025, the certificate of deposit with Cadence Bank matured. The banking facility erroneously confused ownership of the certificate of deposit with an affiliated Apprenticeship Fund and accordingly remitted \$40,000 to the Apprenticeship Fund reducing the balance to comply with the federally insurable limit.

In September 2025, the Apprenticeship repaid the amount.

NOTE 9            SUBSEQUENT EVENTS

In preparing these financial statements, the impact of events and transactions for potential recognition or disclosure through December 8, 2025 were evaluated.

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## SUPPLEMENTAL INFORMATION

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OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
AAON Inc			220	\$ 25,082	\$ 16,896
Abbott Laboratories			110	11,701	15,181
Abbvie Inc			268	48,086	56,020
Advanced Micro Devices Inc			173	24,082	17,276
Air Products & Chemicals Inc			40	11,812	12,646
Albemarle Corp			50	7,506	3,851
Alphabet Inc			780	107,658	134,332
Alphabet Inc			838	119,314	142,695
Altria Group Inc			210	9,498	11,728
Amazon.com Inc			1,499	265,483	318,208
American Airlines Co			1,466	24,692	21,037
American Electric Power Co Inc			150	12,095	15,907
American Express Co			185	44,371	55,678
American International Group			200	9,337	16,588
Ameriprise Financial Inc			44	22,857	23,641
Apple Inc			2,018	361,009	488,033
Applied Materials Inc			262	47,250	41,414
Applovin Corp			194	39,395	63,194
Asteria Labs Inc			302	19,590	22,454
AT&T Inc			620	14,103	16,994
Axon Enterprise Inc			55	17,632	29,065
Bank Amer Corp			550	16,641	25,355
Berkshire Hathaway Inc			80	20,657	41,106
Boston Scientific Corp			150	13,625	15,568
Broadcom Inc			957	107,389	190,855
Builders FirstSource Inc			110	16,999	15,289
Cadence Design Sys Inc			84	24,793	21,042
Capital One Financial Corp			60	12,139	12,033
Caravana Co			96	18,831	22,378
Carrier Global Corp			135	5,593	8,748
Casey's General Stores Inc			30	10,815	12,426
Caterpillar Inc			50	15,600	17,197
CBOE Global Markets Inc			70	8,362	14,756
Cheniere Energy Inc			162	28,061	37,027
Chevron Corp			100	12,894	15,862
Chubb Limited			40	8,619	11,419
Cisco Systems Inc			200	10,108	12,822
CitiGroup Inc			170	10,699	13,591
Coca Cola Co			554	34,776	39,451
Coinbase Global Inc			84	24,187	18,112
Comcast Corp			290	12,387	10,405
Conocophillips			234	17,747	23,201
Cooper Cos Inc			120	12,246	10,846
Corning Inc			240	8,129	12,036
Costco Wholesale Corp			73	59,468	76,549
Crowdstrike Holdings Inc			91	23,801	35,459

**OPERATING ENGINEERS LOCAL 312**  
**HEALTH AND WELFARE FUND**  
**ASSETS HELD AT END OF YEAR**  
**FEBRUARY 28, 2025**

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
Cummins Inc			50	8,588	18,409
Danaher Corp			40	9,244	8,310
Dell Technologies Inc			80	11,437	8,221
DocuSign Inc			271	24,605	22,539
Duke Energy Holding Corp			110	9,485	12,924
Dutch Bros Inc			428	24,639	33,880
Eagle Materials Inc			80	11,703	18,097
Eaton Corp			60	4,930	17,599
Eli Lilly & Co			131	67,767	120,603
Emcor Group Inc			56	23,358	22,899
F5 Inc			30	5,880	8,773
Fair Isaac Corp			13	23,154	24,523
Fiserv Inc			109	23,342	25,690
Gaming and Leisure Properties Reit			220	9,923	11,033
GE AeroSpace Co			156	31,509	32,289
GE Vernova Inc			80	10,985	26,814
Genuine Parts Co			80	10,998	9,990
GitLab Inc			397	24,355	23,903
GoDaddy Inc			133	22,005	23,873
Goldman Sachs Group Inc			80	44,594	49,783
Hilton Worldwide Holdings Inc			70	6,447	18,547
Honeywell Intl Inc			152	34,720	32,359
Howmet Aerospace Inc			214	21,575	29,232
Intuitive Surgical Inc			115	59,265	65,912
Iqvia Holdings Inc			119	23,813	22,467
Iron Mountain Inc			183	21,148	17,050
Ishares Trust			5,700	322,939	315,324
Jefferies Financial Group Inc			348	23,488	23,038
Johnson & Johnson			130	18,582	21,453
Jones Lang Lasalle Inc			60	10,638	16,313
JP Morgan Chase & Co			140	15,946	37,051
Kimberly Clark			80	10,112	11,361
KKR & Co Inc			211	22,064	28,609
Knight Swift Transportation Holdings			100	4,999	5,044
Laboratory Corp of Amer Hldgs			40	7,951	10,042
Lowes Companies Inc			50	11,028	12,432
Lyondellbasell Industries NV			120	11,140	9,220
Marriott International Inc			50	13,569	14,022
Marvel Technology Inc			417	39,199	38,289
Mastercard Inc			65	32,313	37,460
McDonalds Corp			118	34,665	36,383
McKesson Corp			20	11,071	12,805
Medtronic PLC			70	7,352	6,441
Merck & Co			412	41,315	38,007
Meta Platforms Inc			410	153,687	273,962
Metlife Inc			150	10,052	12,927

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
MGM Resorts International			280	9,806	9,733
Micron Technology Inc			160	9,167	14,981
Microsoft Corp			1,097	369,139	435,498
Molson Coors Beverage Co			350	18,726	21,451
Morgan Stanley Group Inc			201	22,297	26,755
Netflix Inc			92	65,335	90,212
Nextera Energy Inc			170	11,452	11,929
Nike Inc			100	10,452	7,943
Norfolk Southern Corp			50	8,208	12,287
NRG Energy Inc			140	6,834	14,799
Nvidia Corp			3,822	285,542	477,444
Olin Corp			270	9,209	6,855
Oneok Inc			110	11,629	11,043
Oracle Corp			120	16,195	19,927
Palantir Technologies Inc			160	6,407	13,587
Palo Alto Networks Inc			128	24,798	24,375
Pepsico Inc			60	8,798	9,208
Proctor & Gamble Co			140	19,695	24,338
Prologis Inc			80	7,510	9,914
Realty Income Corp			160	10,657	9,125
RH			61	24,722	19,646
Roblox Corp			436	31,910	27,747
RTX Corp			135	10,133	17,954
S&P Global Inc			30	10,003	16,012
SalesForce Inc			128	38,829	38,125
Schlumberger Ltd			230	11,813	9,582
ServiceNow Inc			44	41,990	40,909
Simon Property Group Inc			129	22,389	24,006
Snowflake Inc			186	32,220	32,941
Sofi Technologies Inc			1,602	24,407	23,181
Synchrony Financial			200	9,786	12,136
Targa Resources Corp			83	14,709	16,743
Tesla Inc			547	174,462	160,260
The Boeing Co			60	10,944	10,478
The Cigna Group			104	26,340	32,120
The Home Depot			94	30,488	37,280
The Timkin Co			120	9,337	9,720
Thermo Fisher Scientific Inc			30	16,539	15,869
Toast Inc			562	23,367	21,693
Toll Brothers Inc			90	10,808	10,048
TPG Partners LLC			110	6,006	6,068
Truist Financial Corp			300	12,597	13,905
Twilio Inc			158	12,433	18,949
United Parcel Service			60	9,873	7,142
UnitedHealth Group Inc			30	13,781	14,249
Valero Energy Corp			80	10,660	10,458

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
Vertiv Holdings LLC			198	11,281	18,844
Viper Energy Inc			487	24,560	22,680
Visa Inc			232	65,734	84,149
Vistra Corp			263	26,201	35,153
Walmart Inc			200	18,187	19,722
Walt Disney Co			130	15,640	14,795
				<u>\$ 4,882,703</u>	<u>\$ 5,996,241</u>

**OPERATING ENGINEERS LOCAL 312**  
**HEALTH AND WELFARE FUND**  
**ASSETS HELD AT END OF YEAR**  
**FEBRUARY 28, 2025**

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<b>Corporate Bonds:</b>					
Activision Blizzard	3.400%	9/15/2026	\$ 50,000	\$ 47,493	\$ 48,617
Agree LP	2.600%	6/15/2033	6,000	5,948	4,945
Aligned DT Cen ISS LLC	1.937%	8/15/2046	50,000	50,000	47,917
Amazon.com Inc	2.100%	5/12/2031	80,000	70,979	69,838
Amer Electric Pwr	5.699%	8/15/2025	25,000	24,888	25,081
Americredit Auto Rec	2.450%	11/18/2026	5,564	5,470	5,553
Anthem Inc	3.650%	12/1/2027	25,000	25,931	24,469
Ares Capital Cor	2.875%	6/15/2028	14,000	14,377	13,080
Athene Global Fndg	2.950%	11/12/2026	50,000	50,960	48,591
Athene Holding Ltd	5.875%	1/15/2034	16,000	15,708	16,457
Bain Capital Spec	2.550%	10/13/2026	30,000	29,680	28,797
Bain Capital Spec	2.950%	3/10/2026	21,000	20,868	20,533
Bank of America Corp	var	7/21/2032	25,000	25,000	21,357
BankUnited Inc	5.125%	6/11/2030	11,000	10,894	10,759
BB&T Corp	3.875%	3/19/2029	50,000	53,322	48,316
Blue Owl Finance LLC	3.125%	6/10/2031	35,000	34,555	31,006
Bojangles LLC	6.584%	11/20/2054	55,000	55,000	55,400
Brightse Fin Glbl	1.550%	5/24/2026	30,000	29,932	28,870
Broadcom Inc	2.450%	2/15/2031	80,000	70,634	70,281
Bundt	6.750%	7/30/2054	54,725	54,725	56,306
Capital One Financial	var	1/30/2036	75,000	75,000	76,422
Caravan Auto Rec	0.880%	1/10/2027	78,729	77,006	77,632
Caravan Auto Rec	3.080%	2/10/2027	9,027	8,881	9,001
Chase HM Lending	var	5/25/2055	18,332	18,891	18,548
Cigna Corp	4.375%	10/15/2028	50,000	54,053	49,611
CitiGroup Inc	3.200%	10/21/2026	50,000	51,051	48,947
CitiGroup Inc	var	6/9/2027	25,000	25,000	24,016
CitiGroup Inc	var	2/13/2030	16,000	16,000	16,192
CLI Fdg	2.720%	1/18/2047	74,480	74,442	67,963
CLI Fdg	3.120%	1/18/2047	74,480	74,462	66,917
CommonBond Std Ln	1.170%	9/25/2051	50,757	50,746	42,935
Corevest Americ Fin	2.376%	7/17/2054	100,000	99,993	85,146
CVS Health Corp	1.875%	2/28/2031	80,000	67,263	66,600
Cyrusone Data Centers	5.560%	11/20/2048	35,000	32,455	35,331
Daimler Trucks	5.490%	12/15/2027	50,000	50,057	50,637
Daimler Trucks Retail	5.800%	4/15/2026	11,598	11,630	11,631
DB Master Finance LLC	2.791%	11/20/2051	48,375	48,375	42,234
Dlad LLC	5.300%	7/20/2029	14,000	13,997	14,286
Enterprise Fleet Fing	5.510%	1/20/2029	22,208	22,205	22,315
FannieMae-Aces	cmo flt	4/25/2025	12,910	15,311	12,855
FHLMC Multifamily CMO	2.512%	10/25/2026	51,021	55,786	49,504
FHLMC Multifamily CMO	2.875%	4/25/2026	100,000	102,996	98,550
FHLMC Multifamily CMO	2.939%	4/25/2026	50,000	51,499	47,276
Fifth Third Bancorp	var	9/6/2030	13,000	13,000	13,002
Flagstar Mortgage	var	10/25/2041	65,720	68,509	59,004
Ford Credit Auto	5.910%	10/15/2026	68,384	68,582	68,677

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds:</u>					
General Motors Financial	var	1/7/2030	52,000	52,000	51,993
Glencore FDG LLC	2.850%	4/27/2031	14,000	13,984	12,371
Goldman Sachs Group Inc	5.798%	8/10/2026	40,000	40,000	40,189
Goodleap Sustainable	2.100%	5/20/2048	67,269	67,238	53,639
Highmark Inc	1.450%	5/10/2026	32,000	31,957	30,675
HomeStreet Inc	var	1/30/2032	29,000	29,000	20,082
Jack in the Box Funding	3.450%	2/25/2052	47,000	46,755	45,209
Jack in the Box Funding	4.140%	2/25/2052	47,000	47,000	42,427
Janus Henderson US	5.450%	9/10/2034	54,000	53,860	52,854
Jones Lang Lasalle Inc	6.875%	12/1/2028	13,000	12,901	13,899
JP Morgan	var	1/15/2042	70,000	70,000	69,694
JP Morgan Chase & Co	var	11/19/2026	75,000	75,000	73,164
JP Morgan Mtg	var	4/25/2055	79,461	78,685	79,100
JP Morgan Mtg	var	12/25/2054	27,743	28,852	28,089
JP Morgan Mtg	var	6/25/2054	35,206	36,976	35,492
Kyndryl Holdings Inc	2.050%	10/15/2026	6,000	6,000	5,755
LAM Research Corp	4.000%	3/15/2029	50,000	54,007	49,143
Lowes Cos Inc	3.100%	5/3/2027	50,000	50,774	48,612
LPL Hldgs Inc	6.750%	11/17/2028	25,000	24,987	26,446
Main Str Cap Corp	6.500%	6/4/2027	11,000	10,977	11,243
Mercedes Benz Auto	var	12/15/2026	82,204	82,204	82,264
Micron Technology	4.185%	2/15/2027	50,000	50,437	49,646
MMAF Equip Fin	5.540%	10/13/2029	39,000	38,992	39,799
Morgan Stanley Mtn	6.250%	8/9/2026	45,000	57,367	46,103
Morgan Stanley SR	1.593%	5/4/2027	80,000	76,366	77,242
Morgan Stanley SR	var	5/30/2030	80,000	80,000	79,782
MVW Own Tr	1.140%	1/22/2041	23,221	23,185	21,862
Nissan Auto Rec	4.460%	5/17/2027	61,123	60,868	61,110
NMI Hldgs Inc	6.000%	8/15/2029	30,000	29,626	30,500
Northwestern Mutual	4.110%	9/12/2027	50,000	49,999	49,643
Owl Rock Technology	2.500%	1/15/2027	29,000	28,711	27,473
Owl Rock Technology	4.750%	12/15/2025	75,000	82,270	74,528
Owl Rock Technology	3.750%	6/17/2026	50,000	49,666	48,654
OWN Equip Fund	5.700%	12/20/2032	97,700	97,677	98,899
Piedmont Healthcare	2.044%	1/1/2032	15,000	15,000	12,563
Piedmont Operating	3.150%	8/15/2030	29,000	28,778	25,312
Principal Life II Mtn	1.500%	11/17/2026	29,000	28,831	27,587
Progress Res Tr	1.692%	8/17/2040	99,286	99,283	91,032
Prudent Financial Inc	3.878%	3/27/2028	80,000	79,435	78,650
Radian Mtg Capital	var	7/25/2055	175,000	171,637	171,622
RGA Global	6.000%	11/21/2028	29,000	28,962	30,257
Sammons Financial Group	5.100%	12/10/2029	80,000	79,962	80,663
Santander Dr at Rec	3.440%	9/15/2027	40,430	39,952	40,322
Sequoia Mortgage	var	3/25/2055	100,000	100,437	101,347
Service Experts Issuer	2.670%	2/2/2032	34,366	34,283	33,420
Servpro Master LLC	3.127%	1/25/2052	84,390	84,390	78,273

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds:</u>					
Sixth Street	2.500%	8/1/2026	15,000	14,890	14,518
SLAM LTD	5.335%	9/15/2049	97,349	97,347	97,073
Small Business Admin Ass	2.210%	2/1/2033	3,588	3,582	3,328
StateStreet Corp	var	12/31/2099	75,000	75,000	75,010
STWD LTD	var	11/18/2038	84,073	84,073	83,999
Synchrony Financ	3.950%	12/1/2027	50,000	50,625	48,758
TRP LLC	2.070%	6/17/2051	88,631	88,613	83,275
Truist Financial Corp	var	1/24/2030	80,000	82,753	81,585
Uber Technologies Inc	4.500%	8/15/2029	50,000	49,671	49,235
United Auto Cr Sec	2.610%	6/10/2027	6,415	-	6,413
UNUM Corp	6.750%	12/15/2028	45,000	57,411	47,905
UNUM Group	3.875%	11/5/2025	55,000	61,099	54,455
US Bancorp	6.000%	2/28/2035	80,000	80,000	80,418
USQ Rail III LLC	4.990%	9/26/2054	99,942	99,910	98,237
Velocity Coml Cap Ln Tr	var	10/25/2054	95,229	95,340	94,757
Velocity Coml Cap Ln Tr	var	12/25/2054	98,386	98,379	98,929
Velocity Coml Cap Ln Tr	var	10/25/2051	62,556	62,843	51,024
Verus	var	2/25/2070	100,000	99,999	99,990
Walt Disney Company	7.300%	4/30/2028	50,000	66,159	54,216
Waste Connection Inc	2.600%	2/1/2030	45,000	44,996	40,931
Wells Fargo & Company	var	6/2/2028	80,000	75,963	76,135
Westlake Auto Rec Tr	6.020%	1/18/2028	17,884	17,813	17,903
Westlake Chemical Co	3.375%	6/15/2030	7,000	6,971	6,525
Word Fin Nt Cr	4.620%	5/15/2031	45,000	44,999	45,186
WP Carey Inc	2.400%	2/1/2031	10,000	9,910	8,677
				\$ 5,841,171	\$ 5,618,516

**OPERATING ENGINEERS LOCAL 312**  
**HEALTH AND WELFARE FUND**  
**ASSETS HELD AT END OF YEAR**  
**FEBRUARY 28, 2025**

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<b>Government Securities:</b>					
FHLMC	4.050%	8/28/2025	\$ 25,000	\$ 24,887	\$ 24,955
FHLMC	0.500%	9/30/2025	50,000	49,950	48,928
Federal Home Loan Bank	0.825%	8/17/2027	100,000	99,750	92,452
FHLMC	0.825%	9/29/2027	100,000	100,000	91,960
FHLMC	0.900%	10/13/2027	100,000	99,850	92,029
FHLMC Pool WN2485	5.290%	9/1/2028	44,824	44,467	45,223
Federal Home Loan Bank	5.200%	9/6/2029	220,000	220,000	220,033
FFCB	5.120%	9/11/2030	125,000	124,919	124,937
FHLMC Gld PL J34676	3.000%	7/1/2031	9,996	11,059	9,660
FHLMC REMIC Series Var	var	12/25/2032	58,521	56,969	59,034
FHLMC REMIC Series	5.300%	1/15/2033	30,687	33,393	30,787
FHLMC Pool WN2387	5.130%	2/1/2033	65,000	63,332	65,934
FHLMC REMIC Series Var	var	7/25/2033	55,000	52,196	53,235
FNMA	0.560%	10/22/2025	155,000	154,845	151,398
FNMA MA1517	3.000%	7/1/2028	33,011	34,694	32,330
FNMA UMBS Pool BS9597	5.080%	9/1/2028	8,966	8,953	9,172
FNMA PL BL1409 FLTG	var	1/1/2029	45,028	48,040	44,008
FNMA UMBS Pool MA4425	2.000%	9/1/2031	30,193	28,047	28,490
FNMA PL AN8813	3.720%	4/1/2033	48,547	44,481	45,642
FNMA UMBS Pool MA5093	5.000%	7/1/2038	39,774	40,439	40,029
FNMA UMBS Pool AA5910	5.500%	8/1/2039	49,387	55,098	50,467
FNMA PL #MA3040	3.500%	6/1/2047	15,282	15,756	13,948
FNMA REMIC Trust	5.500%	7/25/2047	71,474	71,474	72,607
FNMA CA6064	2.500%	6/1/2050	60,181	48,415	49,443
FNMA FS4346	3.500%	4/1/2052	64,894	61,410	59,499
FNMA UMBS Pool MA5444	5.500%	8/1/2054	38,252	37,600	38,322
GNMA II PL #004759	4.000%	8/20/2025	539	640	538
GNMA II PL MA7477	2.500%	5/20/2028	50,073	48,508	48,798
GNMA II PL #004759	3.000%	1/20/2029	14,459	15,308	14,156
GMNA REMIC Trust	4.750%	1/20/2035	19,344	20,537	19,215
GMNA REMIC Trust	4.000%	9/16/2039	5,258	5,641	5,199
GMNA REMIC Trust	3.000%	10/16/2041	21,680	21,921	19,157
GMNA REMIC Trust	1.750%	7/16/2045	70,305	65,412	65,827
GMNA REMIC 2017-101	3.000%	1/20/2047	100,000	100,000	86,502
GNMA II PL #MA4723	5.500%	9/20/2047	8,067	8,765	8,293
GNMA REMIC Trust Var	var	11/16/2047	31,189	28,231	28,412
GMNA REMIC 2018-1HB	2.500%	1/20/2048	110,000	105,222	91,243
GNMA REMIC Trust Var	var	6/16/2048	25,305	24,171	24,196
GMNA REMIC 2019-162 GA	3.000%	10/20/2049	886	899	864
GNMA II PL MA7477	5.000%	7/20/2051	39,583	39,678	39,664
GMNA REMIC Trust	5.250%	9/20/2053	34,228	36,825	34,877
GNMA REMIC Trust Var	var	3/16/2057	17,538	16,188	16,189
GMNA REMIC Trust	2.400%	7/16/2057	46,639	43,739	44,473
GMNA REMIC	2.600%	8/16/2058	32,443	27,966	27,860
GNMA REMIC Trust Var	var	8/16/2060	21,473	20,013	19,904

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Government Securities:</u>					
GMNA REMIC	2.250%	1/16/2061	22,545	18,093	18,683
GMNA REMIC Trust	1.250%	6/16/2062	16,534	10,897	10,344
GMNA REMIC Trust	1.250%	12/16/2062	10,534	7,643	7,734
GMNA REMIC Trust	1.500%	6/16/2063	164,022	126,332	120,718
NMA REMIC Ser 19-133 CL EB	2.000%	4/20/2049	50,000	46,250	33,465
US Treasury Note	0.250%	9/30/2025	60,000	58,931	58,640
US Treasury Note	4.625%	6/30/2026	250,000	253,789	251,787
US Treasury Note	4.375%	8/15/2026	87,000	86,398	87,405
US Treasury Note	3.250%	6/30/2027	58,000	55,456	57,087
US Treasury Note	3.375%	9/15/2027	250,000	249,043	246,425
US Treasury Note	4.125%	7/31/2028	42,000	41,815	42,195
US Treasury Note	4.250%	6/30/2029	55,000	55,299	55,518
US Treasury Note	3.625%	8/31/2029	250,000	251,504	246,133
US Treasury Note	4.000%	7/31/2030	55,000	53,926	54,891
US Treasury Note	1.125%	2/15/2031	15,000	14,426	12,707
US Treasury Note	4.250%	6/30/2031	55,000	55,361	55,498
US Treasury Note	1.250%	8/15/2031	38,000	37,753	31,918
US Treasury Note	3.750%	8/31/2031	250,000	252,510	245,117
US Treasury Note	3.875%	8/15/2033	68,000	66,256	66,616
US Treasury Note	3.875%	8/15/2034	75,000	76,110	73,148
US Treasury Note	4.250%	11/15/2034	210,000	207,531	210,826
				<u>\$ 4,285,011</u>	<u>\$ 4,176,744</u>

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Limited Partnership:</u>					
Boyd Watterson: GSA Fund, L.P.			1,876	<u>\$ 2,249,558</u>	<u>\$ 1,838,471</u>

**OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025**

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Certificates of Deposit:</u>					
Capital One Bank	3.100%	6/2/2025	\$ 100,000	\$ 100,000	\$ 99,657
Global Fed Cr Un	4.750%	4/14/2026	125,000	125,000	125,692
JP Morgan Chase Bank	0.550%	7/31/2025	50,000	49,500	48,575
Space Coast Cr Un	5.150%	12/16/2025	115,000	115,000	115,815
Cadence Bank	4.000%	10/15/2025	240,850	240,850	240,850
				<u>\$ 630,350</u>	<u>\$ 630,589</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Short Term Reserves</u>				<u>\$ 464,548</u>	<u>\$ 464,548</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Municipal Obligations:</u>					
Green Bay WI	3.750%	4/1/2028	\$ 50,000	\$ 54,776	\$ 49,030
Maryland ST	4.350%	8/1/2025	40,000	41,410	40,016
Saint Paul MN Port	3.000%	2/1/2032	50,000	51,908	46,642
Utah State	3.539%	7/1/2025	8,857	8,703	8,834
				<u>\$ 156,797</u>	<u>\$ 144,522</u>

Insurance Company Stable Value Fund:

EmPower Fixed Rate of Return Fund				<u>\$ 728,253</u>	<u>\$ 742,456</u>
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OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
REPORTABLE TRANSACTIONS  
YEAR ENDED FEBRUARY 28, 2025

Description	Purchase Price	Selling Price	Lease Rental	Expense of Transaction	Cost of Asset	Current Value on Transaction Date
Wilmington Trust - Various Securities Transfer to Amalgamated Trust	\$ -	-	\$ -	\$ -	\$ 14,498,005	\$ 15,732,028
Amalgamated Trust - Various Securities Transfer from Wilmington Trust					14,498,005	14,525,668

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
EMPLOYER CONTRIBUTIONS - CASH BASIS  
YEAR ENDED FEBRUARY 28, 2025

EMPLOYER	CONTRIBUTION	%
A.F. Of L.-A.G.A.C. Blg Trades	\$ 17,317	0.49%
All Crane Phenix City Yard	34,238	0.98%
Ame Safety Group	17,473	0.50%
Americrane Of Alabama L.L.C.	68,210	1.95%
Atlantic Plant Maintenance	5,845	0.17%
Atlas Industrial Contractors	7,481	0.21%
Barnhart Crane & Rigging	134,356	3.83%
Birmingham Steel Erectors	323,181	9.22%
Colburn Construction Inc.	943	0.03%
Conn Equipment Rental Co Inc	205,854	5.87%
Day & Zimmerman Nps	21,566	0.62%
Full-Tilt Cranes Services, L.L.C.	23,334	0.67%
G & R Mineral Services, Inc.	249,002	7.10%
H&R Industrial Contractors	1,636	0.05%
Hewitt Industrial Contractors	12,173	0.35%
I U O E Local Union 312	27,360	0.78%
I C C Commonwealth Corp	10,166	0.29%
Iron Mountain Construction L.	656	0.02%
I U O E & Pipeline Health Fund	304,337	8.68%
I U O E Local 181/320,T.V.A. Welfare	80,178	2.29%
K T-Grant, L.L.C.	354,199	10.10%
Mac Industrial Services, Inc	1,027	0.03%
Maxim Crane Works	315,199	8.99%
Mc Abee Construction Inc	338,508	9.65%
Mct Services L.L.C.	1,859	0.05%
Michels Pipeline	11,611	0.33%
N K C Conveyor Installation Co	271	0.01%
Operating Eng L324 Health Care	445	0.01%
Operating Engineers Lu428	17,182	0.49%
Operating Engr Appren Fund	18,048	0.51%
Osborne Machinery Movers, Inc.	32,184	0.92%
Performance Contracting	462	0.01%
Precision Stone Setting Co Inc	63,932	1.82%
Pullman Power L.L.C.	10,836	0.31%
Raven Services Corporation	133,169	3.80%
Red Cedar Steel	168	0.00%
Russo Corporation	274,891	7.84%
Service Electric Company	448	0.01%
Southern Marine Construction	20,743	0.59%
Southern Operations Health	15,794	0.45%
Taylor Corporation	236	0.01%
Tennessee Valley Operating Eng	66,120	1.89%
Turner's Landscaping L.L.C.	15,524	0.44%
Vulcan Insulation Co	268,201	7.65%
	<u>\$ 3,506,362</u>	<u>100.00%</u>

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
OPERATING EXPENSES  
YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	<u>2025</u>	<u>2024</u>
Claims Administration	\$ 254,028	\$ 266,237
Plan Administration Fees and Costs	98,228	93,834
Medical Consulting and Costs	22,886	22,985
Investment Consulting	15,000	15,000
Audit Fees	13,731	13,126
Bank Charges	13,480	6,527
Legal Fees	9,820	6,300
Insurance	9,152	9,793
PCORI Fee	1,992	1,836
Educational Conferences	1,947	8,712
Meetings	1,865	2,467
Dues	1,275	1,195
Printing, Mailing and Office Supplies	746	3,639
	<u>                  </u>	<u>                  </u>
	<u>\$ 444,150</u>	<u>\$ 451,651</u>

**FORM 5500**  
**SCHEDULE H, PART IV**

**OPERATING ENGINEERS LOCAL 312**  
**HEALTH AND WELFARE FUND**  
**ASSETS HELD AT END OF YEAR**  
**FEBRUARY 28, 2025**

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
AAON Inc			220	\$ 25,082	\$ 16,896
Abbott Laboratories			110	11,701	15,181
Abbvie Inc			268	48,086	56,020
Advanced Micro Devices Inc			173	24,082	17,276
Air Products & Chemicals Inc			40	11,812	12,646
Albemarle Corp			50	7,506	3,851
Alphabet Inc			780	107,658	134,332
Alphabet Inc			838	119,314	142,695
Altria Group Inc			210	9,498	11,728
Amazon.com Inc			1,499	265,483	318,208
American Airlines Co			1,466	24,692	21,037
American Electric Power Co Inc			150	12,095	15,907
American Express Co			185	44,371	55,678
American International Group			200	9,337	16,588
Ameriprise Financial Inc			44	22,857	23,641
Apple Inc			2,018	361,009	488,033
Applied Materials Inc			262	47,250	41,414
Applovin Corp			194	39,395	63,194
Asteria Labs Inc			302	19,590	22,454
AT&T Inc			620	14,103	16,994
Axon Enterprise Inc			55	17,632	29,065
Bank Amer Corp			550	16,641	25,355
Berkshire Hathaway Inc			80	20,657	41,106
Boston Scientific Corp			150	13,625	15,568
Broadcom Inc			957	107,389	190,855
Builders FirstSource Inc			110	16,999	15,289
Cadence Design Sys Inc			84	24,793	21,042
Capital One Financial Corp			60	12,139	12,033
Caravana Co			96	18,831	22,378
Carrier Global Corp			135	5,593	8,748
Casey's General Stores Inc			30	10,815	12,426
Caterpillar Inc			50	15,600	17,197
CBOE Global Markets Inc			70	8,362	14,756
Cheniere Energy Inc			162	28,061	37,027
Chevron Corp			100	12,894	15,862
Chubb Limited			40	8,619	11,419
Cisco Systems Inc			200	10,108	12,822
CitiGroup Inc			170	10,699	13,591
Coca Cola Co			554	34,776	39,451
Coinbase Global Inc			84	24,187	18,112
Comcast Corp			290	12,387	10,405
Conocophillips			234	17,747	23,201
Cooper Cos Inc			120	12,246	10,846
Corning Inc			240	8,129	12,036
Costco Wholesale Corp			73	59,468	76,549
Crowdstrike Holdings Inc			91	23,801	35,459

FORM 5500  
SCHEDULE H, PART IV

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
ASSETS HELD AT END OF YEAR  
FEBRUARY 28, 2025

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
Cummins Inc			50	8,588	18,409
Danaher Corp			40	9,244	8,310
Dell Technologies Inc			80	11,437	8,221
Docusign Inc			271	24,605	22,539
Duke Energy Holding Corp			110	9,485	12,924
Dutch Bros Inc			428	24,639	33,880
Eagle Materials Inc			80	11,703	18,097
Eaton Corp			60	4,930	17,599
Eli Lilly & Co			131	67,767	120,603
Emcor Group Inc			56	23,358	22,899
F5 Inc			30	5,880	8,773
Fair Isaac Corp			13	23,154	24,523
Fiserv Inc			109	23,342	25,690
Gaming and Leisure Properties Reit			220	9,923	11,033
GE AeroSpace Co			156	31,509	32,289
GE Vernova Inc			80	10,985	26,814
Genuine Parts Co			80	10,998	9,990
GitLab Inc			397	24,355	23,903
GoDaddy Inc			133	22,005	23,873
Goldman Sachs Group Inc			80	44,594	49,783
Hilton Worldwide Holdings Inc			70	6,447	18,547
Honeywell Intl Inc			152	34,720	32,359
Howmet Aerospace Inc			214	21,575	29,232
Intuitive Surgical Inc			115	59,265	65,912
Iqvia Holdings Inc			119	23,813	22,467
Iron Mountain Inc			183	21,148	17,050
Ishares Trust			5,700	322,939	315,324
Jefferies Financial Group Inc			348	23,488	23,038
Johnson & Johnson			130	18,582	21,453
Jones Lang Lasalle Inc			60	10,638	16,313
JP Morgan Chase & Co			140	15,946	37,051
Kimberly Clark			80	10,112	11,361
KKR & Co Inc			211	22,064	28,609
Knight Swift Transportation Holdings			100	4,999	5,044
Laboratory Corp of Amer Hldgs			40	7,951	10,042
Lowes Companies Inc			50	11,028	12,432
Lyondellbasell Industries NV			120	11,140	9,220
Marriott International Inc			50	13,569	14,022
Marvel Technology Inc			417	39,199	38,289
Mastercard Inc			65	32,313	37,460
McDonalds Corp			118	34,665	36,383
McKesson Corp			20	11,071	12,805
Medtronic PLC			70	7,352	6,441
Merck & Co			412	41,315	38,007
Meta Platforms Inc			410	153,687	273,962
Metlife Inc			150	10,052	12,927

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OPERATING ENGINEERS LOCAL 312  
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Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
MGM Resorts International			280	9,806	9,733
Micron Technology Inc			160	9,167	14,981
Microsoft Corp			1,097	369,139	435,498
Molson Coors Beverage Co			350	18,726	21,451
Morgan Stanley Group Inc			201	22,297	26,755
Netflix Inc			92	65,335	90,212
Nextera Energy Inc			170	11,452	11,929
Nike Inc			100	10,452	7,943
Norfolk Southern Corp			50	8,208	12,287
NRG Energy Inc			140	6,834	14,799
Nvidia Corp			3,822	285,542	477,444
Olin Corp			270	9,209	6,855
Oneok Inc			110	11,629	11,043
Oracle Corp			120	16,195	19,927
Palantir Technologies Inc			160	6,407	13,587
Palo Alto Networks Inc			128	24,798	24,375
Pepsico Inc			60	8,798	9,208
Proctor & Gamble Co			140	19,695	24,338
Prologis Inc			80	7,510	9,914
Realty Income Corp			160	10,657	9,125
RH			61	24,722	19,646
Roblox Corp			436	31,910	27,747
RTX Corp			135	10,133	17,954
S&P Global Inc			30	10,003	16,012
SalesForce Inc			128	38,829	38,125
Schlumberger Ltd			230	11,813	9,582
ServiceNow Inc			44	41,990	40,909
Simon Property Group Inc			129	22,389	24,006
Snowflake Inc			186	32,220	32,941
Sofi Technologies Inc			1,602	24,407	23,181
Synchrony Financial			200	9,786	12,136
Targa Resources Corp			83	14,709	16,743
Tesla Inc			547	174,462	160,260
The Boeing Co			60	10,944	10,478
The Cigna Group			104	26,340	32,120
The Home Depot			94	30,488	37,280
The Timken Co			120	9,337	9,720
Thermo Fisher Scientific Inc			30	16,539	15,869
Toast Inc			562	23,367	21,693
Toll Brothers Inc			90	10,808	10,048
TPG Partners LLC			110	6,006	6,068
Truist Financial Corp			300	12,597	13,905
Twilio Inc			158	12,433	18,949
United Parcel Service			60	9,873	7,142
UnitedHealth Group Inc			30	13,781	14,249
Valero Energy Corp			80	10,660	10,458

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Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Equity Securities</u>					
Vertiv Holdings LLC			198	11,281	18,844
Viper Energy Inc			487	24,560	22,680
Visa Inc			232	65,734	84,149
Vistra Corp			263	26,201	35,153
Walmart Inc			200	18,187	19,722
Walt Disney Co			130	15,640	14,795
				<u>\$ 4,882,703</u>	<u>\$ 5,996,241</u>

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Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds:</u>					
Activision Blizzard	3.400%	9/15/2026	\$ 50,000	\$ 47,493	\$ 48,617
Agree LP	2.600%	6/15/2033	6,000	5,948	4,945
Aligned DT Cen ISS LLC	1.937%	8/15/2046	50,000	50,000	47,917
Amazon.com Inc	2.100%	5/12/2031	80,000	70,979	69,838
Amer Electric Pwr	5.699%	8/15/2025	25,000	24,888	25,081
Americredit Auto Rec	2.450%	11/18/2026	5,564	5,470	5,553
Anthem Inc	3.650%	12/1/2027	25,000	25,931	24,469
Ares Capital Cor	2.875%	6/15/2028	14,000	14,377	13,080
Athene Global Fndg	2.950%	11/12/2026	50,000	50,960	48,591
Athene Holding Ltd	5.875%	1/15/2034	16,000	15,708	16,457
Bain Capital Spec	2.550%	10/13/2026	30,000	29,680	28,797
Bain Capital Spec	2.950%	3/10/2026	21,000	20,868	20,533
Bank of America Corp	var	7/21/2032	25,000	25,000	21,357
BankUnited Inc	5.125%	6/11/2030	11,000	10,894	10,759
BB&T Corp	3.875%	3/19/2029	50,000	53,322	48,316
Blue Owl Finance LLC	3.125%	6/10/2031	35,000	34,555	31,006
Bojangles LLC	6.584%	11/20/2054	55,000	55,000	55,400
Brightse Fin Glbl	1.550%	5/24/2026	30,000	29,932	28,870
Broadcom Inc	2.450%	2/15/2031	80,000	70,634	70,281
Bundt	6.750%	7/30/2054	54,725	54,725	56,306
Capital One Financial	var	1/30/2036	75,000	75,000	76,422
Caravan Auto Rec	0.880%	1/10/2027	78,729	77,006	77,632
Caravan Auto Rec	3.080%	2/10/2027	9,027	8,881	9,001
Chase HM Lending	var	5/25/2055	18,332	18,891	18,548
Cigna Corp	4.375%	10/15/2028	50,000	54,053	49,611
CitiGroup Inc	3.200%	10/21/2026	50,000	51,051	48,947
CitiGroup Inc	var	6/9/2027	25,000	25,000	24,016
CitiGroup Inc	var	2/13/2030	16,000	16,000	16,192
CLI Fdg	2.720%	1/18/2047	74,480	74,442	67,963
CLI Fdg	3.120%	1/18/2047	74,480	74,462	66,917
CommonBond Std Ln	1.170%	9/25/2051	50,757	50,746	42,935
Corevest Americ Fin	2.376%	7/17/2054	100,000	99,993	85,146
CVS Health Corp	1.875%	2/28/2031	80,000	67,263	66,600
Cyrusone Data Centers	5.560%	11/20/2048	35,000	32,455	35,331
Daimler Trucks	5.490%	12/15/2027	50,000	50,057	50,637
Daimler Trucks Retail	5.800%	4/15/2026	11,598	11,630	11,631
DB Master Finance LLC	2.791%	11/20/2051	48,375	48,375	42,234
Dilad LLC	5.300%	7/20/2029	14,000	13,997	14,286
Enterprise Fleet Fing	5.510%	1/20/2029	22,208	22,205	22,315
FannieMae-Aces	cmo flt	4/25/2025	12,910	15,311	12,855
FHLMC Multifamily CMO	2.512%	10/25/2026	51,021	55,786	49,504
FHLMC Multifamily CMO	2.875%	4/25/2026	100,000	102,996	98,550
FHLMC Multifamily CMO	2.939%	4/25/2026	50,000	51,499	47,276
Fifth Third Bancorp	var	9/6/2030	13,000	13,000	13,002
Flagstar Mortgage	var	10/25/2041	65,720	68,509	59,004
Ford Credit Auto	5.910%	10/15/2026	68,384	68,582	68,677

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<u>Corporate Bonds:</u>					
General Motors Financial	var	1/7/2030	52,000	52,000	51,993
Glencore FDG LLC	2.850%	4/27/2031	14,000	13,984	12,371
Goldman Sachs Group Inc	5.798%	8/10/2026	40,000	40,000	40,189
Goodleap Sustainable	2.100%	5/20/2048	67,269	67,238	53,639
Highmark Inc	1.450%	5/10/2026	32,000	31,957	30,675
HomeStreet Inc	var	1/30/2032	29,000	29,000	20,082
Jack in the Box Funding	3.450%	2/25/2052	47,000	46,755	45,209
Jack in the Box Funding	4.140%	2/25/2052	47,000	47,000	42,427
Janus Henderson US	5.450%	9/10/2034	54,000	53,860	52,854
Jones Lang Lasalle Inc	6.875%	12/1/2028	13,000	12,901	13,899
JP Morgan	var	1/15/2042	70,000	70,000	69,694
JP Morgan Chase & Co	var	11/19/2026	75,000	75,000	73,164
JP Morgan Mtg	var	4/25/2055	79,461	78,685	79,100
JP Morgan Mtg	var	12/25/2054	27,743	28,852	28,089
JP Morgan Mtg	var	6/25/2054	35,206	36,976	35,492
Kyndryl Holdings Inc	2.050%	10/15/2026	6,000	6,000	5,755
LAM Research Corp	4.000%	3/15/2029	50,000	54,007	49,143
Lowes Cos Inc	3.100%	5/3/2027	50,000	50,774	48,612
LPL Hldgs Inc	6.750%	11/17/2028	25,000	24,987	26,446
Main Str Cap Corp	6.500%	6/4/2027	11,000	10,977	11,243
Mercedes Benz Auto	var	12/15/2026	82,204	82,204	82,264
Micron Technology	4.185%	2/15/2027	50,000	50,437	49,646
MMAF Equip Fin	5.540%	10/13/2029	39,000	38,992	39,799
Morgan Stanley Mtn	6.250%	8/9/2026	45,000	57,367	46,103
Morgan Stanley SR	1.593%	5/4/2027	80,000	76,366	77,242
Morgan Stanley SR	var	5/30/2030	80,000	80,000	79,782
MVW Own Tr	1.140%	1/22/2041	23,221	23,185	21,862
Nissan Auto Rec	4.460%	5/17/2027	61,123	60,868	61,110
NMI Hldgs Inc	6.000%	8/15/2029	30,000	29,626	30,500
Northwestern Mutual	4.110%	9/12/2027	50,000	49,999	49,643
Owl Rock Technology	2.500%	1/15/2027	29,000	28,711	27,473
Owl Rock Technology	4.750%	12/15/2025	75,000	82,270	74,528
Owl Rock Technology	3.750%	6/17/2026	50,000	49,666	48,654
OWN Equip Fund	5.700%	12/20/2032	97,700	97,677	98,899
Piedmont Healthcare	2.044%	1/1/2032	15,000	15,000	12,563
Piedmont Operating	3.150%	8/15/2030	29,000	28,778	25,312
Principal Life II Mtn	1.500%	11/17/2026	29,000	28,831	27,587
Progress Res Tr	1.692%	8/17/2040	99,286	99,283	91,032
Prudent Financial Inc	3.878%	3/27/2028	80,000	79,435	78,650
Radian Mtg Capital	var	7/25/2055	175,000	171,637	171,622
RGA Global	6.000%	11/21/2028	29,000	28,962	30,257
Sammons Financial Group	5.100%	12/10/2029	80,000	79,962	80,663
Santander Dr at Rec	3.440%	9/15/2027	40,430	39,952	40,322
Sequoia Mortgage	var	3/25/2055	100,000	100,437	101,347
Service Experts Issuer	2.670%	2/2/2032	34,366	34,283	33,420
Servpro Master LLC	3.127%	1/25/2052	84,390	84,390	78,273

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Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Corporate Bonds:</u>					
Sixth Street	2.500%	8/1/2026	15,000	14,890	14,518
SLAM LTD	5.335%	9/15/2049	97,349	97,347	97,073
Small Business Admin Ass	2.210%	2/1/2033	3,588	3,582	3,328
StateStreet Corp	var	12/31/2099	75,000	75,000	75,010
STWD LTD	var	11/18/2038	84,073	84,073	83,999
Synchrony Financ	3.950%	12/1/2027	50,000	50,625	48,758
TRP LLC	2.070%	6/17/2051	88,631	88,613	83,275
Truist Financial Corp	var	1/24/2030	80,000	82,753	81,585
Uber Technologies Inc	4.500%	8/15/2029	50,000	49,671	49,235
United Auto Cr Sec	2.610%	6/10/2027	6,415	-	6,413
UNUM Corp	6.750%	12/15/2028	45,000	57,411	47,905
UNUM Group	3.875%	11/5/2025	55,000	61,099	54,455
US Bancorp	6.000%	2/28/2035	80,000	80,000	80,418
USQ Rail III LLC	4.990%	9/26/2054	99,942	99,910	98,237
Velocity Coml Cap Ln Tr	var	10/25/2054	95,229	95,340	94,757
Velocity Coml Cap Ln Tr	var	12/25/2054	98,386	98,379	98,929
Velocity Coml Cap Ln Tr	var	10/25/2051	62,556	62,843	51,024
Verus	var	2/25/2070	100,000	99,999	99,990
Walt Disney Company	7.300%	4/30/2028	50,000	66,159	54,216
Waste Connection Inc	2.600%	2/1/2030	45,000	44,996	40,931
Wells Fargo & Company	var	6/2/2028	80,000	75,963	76,135
Westlake Auto Rec Tr	6.020%	1/18/2028	17,884	17,813	17,903
Westlake Chemical Co	3.375%	6/15/2030	7,000	6,971	6,525
Word Fin Nt Cr	4.620%	5/15/2031	45,000	44,999	45,186
WP Carey Inc	2.400%	2/1/2031	10,000	9,910	8,677
				\$ 5,841,171	\$ 5,618,516

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Government Securities:					
FHLMC	4.050%	8/28/2025	\$ 25,000	\$ 24,887	\$ 24,955
FHLMC	0.500%	9/30/2025	50,000	49,950	48,928
Federal Home Loan Bank	0.825%	8/17/2027	100,000	99,750	92,452
FHLMC	0.825%	9/29/2027	100,000	100,000	91,960
FHLMC	0.900%	10/13/2027	100,000	99,850	92,029
FHLMC Pool WN2485	5.290%	9/1/2028	44,824	44,467	45,223
Federal Home Loan Bank	5.200%	9/6/2029	220,000	220,000	220,033
FFCB	5.120%	9/11/2030	125,000	124,919	124,937
FHLMC Gld PL J34676	3.000%	7/1/2031	9,996	11,059	9,660
FHLMC REMIC Series Var	var	12/25/2032	58,521	56,969	59,034
FHLMC REMIC Series	5.300%	1/15/2033	30,687	33,393	30,787
FHLMC Pool WN2387	5.130%	2/1/2033	65,000	63,332	65,934
FHLMC REMIC Series Var	var	7/25/2033	55,000	52,196	53,235
FNMA	0.560%	10/22/2025	155,000	154,845	151,398
FNMA MA1517	3.000%	7/1/2028	33,011	34,694	32,330
FNMA UMBS Pool BS9597	5.080%	9/1/2028	8,966	8,953	9,172
FNMA PL BL1409 FLTG	var	1/1/2029	45,028	48,040	44,008
FNMA UMBS Pool MA4425	2.000%	9/1/2031	30,193	28,047	28,490
FNMA PL AN8813	3.720%	4/1/2033	48,547	44,481	45,642
FNMA UMBS Pool MA5093	5.000%	7/1/2038	39,774	40,439	40,029
FNMA UMBS Pool AA5910	5.500%	8/1/2039	49,387	55,098	50,467
FNMA PL #MA3040	3.500%	6/1/2047	15,282	15,756	13,948
FNMA REMIC Trust	5.500%	7/25/2047	71,474	71,474	72,607
FNMA CA6064	2.500%	6/1/2050	60,181	48,415	49,443
FNMA FS4346	3.500%	4/1/2052	64,894	61,410	59,499
FNMA UMBS Pool MA5444	5.500%	8/1/2054	38,252	37,600	38,322
GNMA II PL #004759	4.000%	8/20/2025	539	640	538
GNMA II PL MA7477	2.500%	5/20/2028	50,073	48,508	48,798
GNMA II PL #004759	3.000%	1/20/2029	14,459	15,308	14,156
GMNA REMIC Trust	4.750%	1/20/2035	19,344	20,537	19,215
GMNA REMIC Trust	4.000%	9/16/2039	5,258	5,641	5,199
GMNA REMIC Trust	3.000%	10/16/2041	21,680	21,921	19,157
GMNA REMIC Trust	1.750%	7/16/2045	70,305	65,412	65,827
GMNA REMIC 2017-101	3.000%	1/20/2047	100,000	100,000	86,502
GNMA II PL #MA4723	5.500%	9/20/2047	8,067	8,765	8,293
GNMA REMIC Trust Var	var	11/16/2047	31,189	28,231	28,412
GMNA REMIC 2018-1HB	2.500%	1/20/2048	110,000	105,222	91,243
GNMA REMIC Trust Var	var	6/16/2048	25,305	24,171	24,196
GMNA REMIC 2019-162 GA	3.000%	10/20/2049	886	899	864
GNMA II PL MA7477	5.000%	7/20/2051	39,583	39,678	39,664
GMNA REMIC Trust	5.250%	9/20/2053	34,228	36,825	34,877
GNMA REMIC Trust Var	var	3/16/2057	17,538	16,188	16,189
GMNA REMIC Trust	2.400%	7/16/2057	46,639	43,739	44,473
GMNA REMIC	2.600%	8/16/2058	32,443	27,966	27,860
GNMA REMIC Trust Var	var	8/16/2060	21,473	20,013	19,904

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Government Securities:					
GMNA REMIC	2.250%	1/16/2061	22,545	18,093	18,683
GMNA REMIC Trust	1.250%	6/16/2062	16,534	10,897	10,344
GMNA REMIC Trust	1.250%	12/16/2062	10,534	7,643	7,734
GMNA REMIC Trust	1.500%	6/16/2063	164,022	126,332	120,718
NMA REMIC Ser 19-133 CL EB	2.000%	4/20/2049	50,000	46,250	33,465
US Treasury Note	0.250%	9/30/2025	60,000	58,931	58,640
US Treasury Note	4.625%	6/30/2026	250,000	253,789	251,787
US Treasury Note	4.375%	8/15/2026	87,000	86,398	87,405
US Treasury Note	3.250%	6/30/2027	58,000	55,456	57,087
US Treasury Note	3.375%	9/15/2027	250,000	249,043	246,425
US Treasury Note	4.125%	7/31/2028	42,000	41,815	42,195
US Treasury Note	4.250%	6/30/2029	55,000	55,299	55,518
US Treasury Note	3.625%	8/31/2029	250,000	251,504	246,133
US Treasury Note	4.000%	7/31/2030	55,000	53,926	54,891
US Treasury Note	1.125%	2/15/2031	15,000	14,426	12,707
US Treasury Note	4.250%	6/30/2031	55,000	55,361	55,498
US Treasury Note	1.250%	8/15/2031	38,000	37,753	31,918
US Treasury Note	3.750%	8/31/2031	250,000	252,510	245,117
US Treasury Note	3.875%	8/15/2033	68,000	66,256	66,616
US Treasury Note	3.875%	8/15/2034	75,000	76,110	73,148
US Treasury Note	4.250%	11/15/2034	210,000	207,531	210,826
				\$ 4,285,011	\$ 4,176,744

Issuer Borrower	Rate	Maturity	Number of Units or Shares	Cost	Current Value
<u>Limited Partnership:</u>					
Boyd Watterson: GSA Fund, L.P.			1,876	\$ 2,249,558	\$ 1,838,471

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Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Certificates of Deposit:</u>					
Capital One Bank	3.100%	6/2/2025	\$ 100,000	\$ 100,000	\$ 99,657
Global Fed Cr Un	4.750%	4/14/2026	125,000	125,000	125,692
JP Morgan Chase Bank	0.550%	7/31/2025	50,000	49,500	48,575
Space Coast Cr Un	5.150%	12/16/2025	115,000	115,000	115,815
Cadence Bank	4.000%	10/15/2025	240,850	240,850	240,850
				<u>\$ 630,350</u>	<u>\$ 630,589</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Short Term Reserves</u>				<u>\$ 464,548</u>	<u>\$ 464,548</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Municipal Obligations:</u>					
Green Bay WI	3.750%	4/1/2028	\$ 50,000	\$ 54,776	\$ 49,030
Maryland ST	4.350%	8/1/2025	40,000	41,410	40,016
Saint Paul MN Port	3.000%	2/1/2032	50,000	51,908	46,642
Utah State	3.539%	7/1/2025	8,857	8,703	8,834
				<u>\$ 156,797</u>	<u>\$ 144,522</u>

Insurance Company Stable Value Fund:

EmPower Fixed Rate of Return Fund				<u>\$ 728,253</u>	<u>\$ 742,456</u>
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**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. 1510 - 0110  
1510 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**


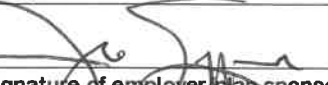
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>OPERATING ENGINEERS LOCAL 312 HEALTH &amp; WELFARE</b>  <b>100 CRESCENT CENTER PARKWAY</b> <b>SUITE 340</b> <b>TUCKER GA 30084</b>	<b>1c</b> Effective date of plan <b>05/15/1970</b> <b>2b</b> Employer Identification Number (EIN) <b>23-7102671</b> <b>2c</b> Plan Sponsor's telephone number <b>800-959-3953</b> <b>2d</b> Business code (see instructions) <b>525100</b>

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

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

<b>SIGN HERE</b>		<b>12/12/2025</b>	<b>KEITH BROWN</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>12/12/2025</b>	<b>JACOB EPPERSON</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)**  
v. 240311

OPERATING ENGINEERS LOCAL 312  
HEALTH AND WELFARE FUND  
REPORTABLE TRANSACTIONS  
YEAR ENDED FEBRUARY 28, 2025

Description	Purchase Price	Selling Price	Lease Rental	Expense of Transaction	Cost of Asset	Current Value on Transaction Date
Wilmington Trust - Various Securities Transfer to Amalgamated Trust	\$ -	\$ -	\$ -	\$ -	\$ 14,498,005	\$ 15,732,028
Amalgamated Trust - Various Securities Transfer from Wilmington Trust					14,498,005	14,525,668