

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 11/23/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND WELFARE FUND 100 CORSON ST STE 100 PASADENA, CA 91103	2b Employer Identification Number (EIN) 95-6034886
		2c Plan Sponsor's telephone number 626-356-1000
		2d Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 17019
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 12726 6a(2) 12640 6b 4281 6c 0 6d 16921 6e 6f 16921 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1199

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

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

4A 4B 4D 4E 4F 4L 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
BLUE CROSS OF CALIFORNIA (G0200)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3760980	NA	278671	2727	02/01/2024	01/31/2025

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.

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	22262080
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier HEALTH PLAN OF NEVADA/SIERRA HEALTH & LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	SEE FOOTNOTE	431	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3280043
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	102902	10451	02/01/2024	01/31/2025

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.

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	70090460
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	1898	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	9624573
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	N/A	71754	923	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	169779
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2879515	96030	5753599	37	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6129
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier UNITED CONCORDIA 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
86-0307623	85766	SEE FOOTNOTE	4040	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	2085805	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		2085805
b Benefit charges (1) Claims paid	9b(1)	1603171	
(2) Increase (decrease) in claim reserves	9b(2)	14817	
(3) Incurred claims (add (1) and (2))	9b(3)		1617988
(4) Claims charged	9b(4)		1617988
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	275326	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	49016	
(F) Charges for risks or other contingencies	9c(1)(F)	20858	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		345200
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		129439
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier UNITED CONCORDIA DENTAL PLANS OF CALIFORNIA, INC.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7328765	95789	SEE FOOTNOTE	567	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	148252
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
WELLPOINT STOP LOSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0980405	61069	20763-00	9492	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2807942
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886	

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

(a) Name of insurance carrier
CARELON BEHAVIORAL HEALTH, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-1414194	62199	NONE	9082	07/01/2024	06/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
--	-----------	---

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

(6) Total additions	7c(6)	0
---------------------------	--------------	---

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

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

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	166976
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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
SULLIVAN CURTIS MONROE INS SVCS LLC
95-4076864

(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

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

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

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

OPERATING ENGINEERS FUNDS, INC.

95-2694167

(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?
14	ADMIN. REIMB	14466603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS LIFE & HEALTH INS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	2916674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAQUER URBAN CLIFFORD & HODGE LLP

95-4047729

(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	NONE	394403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY (WEST ST), INC.

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	161834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES

84-3937993

(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	NONE	478965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK

41-0449260

(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?
21	NONE	53065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	94244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDI HEALTH GROUP

90-0117186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	53748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	208236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LAW OFFICE OF CARROLL & SCULLY INC

94-2690827

(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	NONE	63048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	13571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	19840	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
21	NONE	10672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCRETIVE GLOBAL INS SVCS DBA PART

85-3689655

(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	NONE	50995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	191653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JACK V. TUNZI DDS INC

95-4826844

(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	NONE	58694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARELON BEHAVIORAL HEALTH, INC.

54-1414194

(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	NONE	269937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLATFORM IT SOLUTIONS, LLC

93-3665694

(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?
15	NONE	12366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND		D Employer Identification Number (EIN) 95-6034886

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.			
c EIN-PN 45-4783986-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2276423	
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.			
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17749553	
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS SHORT DURATION HIGH YIELD FD LL			
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.			
c EIN-PN 46-2057809-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2430594	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND	D Employer Identification Number (EIN) 95-6034886

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26056072	25573691
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	14784131	16781832
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24440715	29474099
(2) U.S. Government securities	1c(2)	8979535	6948578
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20040129	11369686
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	30463317	22456570
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22517018	17778415
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	200000	201341
f Total assets (add all amounts in lines 1a through 1e)	1f	147480917	130584212
Liabilities			
g Benefit claims payable	1g	197704000	213402000
h Operating payables	1h	1422167	1294829
i Acquisition indebtedness	1i		
j Other liabilities	1j	1231012	4366457
k Total liabilities (add all amounts in lines 1g through 1j)	1k	200357179	219063286
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-52876262	-88479074

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	292133560	
(B) Participants	2a(1)(B)	20200475	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		312334035
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	210085	
(B) U.S. Government securities	2b(1)(B)	367980	
(C) Corporate debt instruments	2b(1)(C)	864889	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1442954
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1502004	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1502004
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	53177174	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	52660270	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-197189	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1498254
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		466041
c Other income	2c		2301313
d Total income. Add all income amounts in column (b) and enter total	2d		319864316

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	225129549	
(2) To insurance carriers for the provision of benefits	2e(2)	114073583	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		339203132
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	75420	
(4) IQPA audit fees	2i(4)	134586	
(5) Investment advisory and investment management fees	2i(5)	492535	
(6) Bank or trust company trustee/custodial fees	2i(6)	83613	
(7) Actuarial fees	2i(7)	309159	
(8) Legal fees	2i(8)	461862	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	14706821	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		16263996
j Total expenses. Add all expense amounts in column (b) and enter total	2j		355467128

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-35602812
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Operating Engineers Health
and Welfare Fund
100 Corson Street
Pasadena, California 91103

Members of the Board:

Opinion

We have audited the accompanying financial statements of Operating Engineers Health and Welfare Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations and schedules in support of statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits and of changes in benefit obligations and schedules in support of statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and of changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 the 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 the 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.

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) as of June 30, 2025 and reportable transactions for the year ended June 30, 2025 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

Board of Trustees
Operating Engineers Health
and Welfare Fund

been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

March 19, 2026

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

	June 30, 2025	June 30, 2024
ASSETS		
CASH AND CASH EQUIVALENTS		
Savings Account	\$ -	\$ 22,571,050
Sweep Account	<u>28,069,109</u>	<u>887,202</u>
TOTAL CASH AND CASH EQUIVALENTS	\$ 28,069,109	\$ 23,458,252
INVESTMENTS - AT FAIR VALUE - Schedule 1	59,958,239	82,982,462
RECEIVABLES		
Due from Operating Engineers Funds, Inc.	1,884,328	1,595,298
Employer Contributions	25,573,691	26,056,072
Investment Income	269,385	403,256
Rebates and Subsidies	14,549,328	11,945,612
Stop Loss Recoveries	<u>78,791</u>	<u>839,965</u>
TOTAL RECEIVABLES	42,355,523	40,840,203
OTHER ASSETS		
Deposit	200,000	200,000
Prepaid Expenses	<u>1,341</u>	<u>-</u>
TOTAL OTHER ASSETS	<u>201,341</u>	<u>200,000</u>
TOTAL ASSETS	130,584,212	147,480,917
LIABILITIES		
ACCOUNTS AND EXPENSES PAYABLE		
Accounts Payable	278,609	187,160
Checking Accounts - Outstanding Items	4,264,209	1,070,130
Pending Investment Transactions, Net	102,248	160,882
Due to Operating Engineers Funds, Inc.	<u>1,016,220</u>	<u>1,235,007</u>
TOTAL ACCOUNTS AND EXPENSES PAYABLE	<u>5,661,286</u>	<u>2,653,179</u>
TOTAL LIABILITIES	<u>5,661,286</u>	<u>2,653,179</u>
NET ASSETS AVAILABLE FOR BENEFITS	124,922,926	144,827,738
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	<u>213,402,000</u>	<u>197,704,000</u>
(Deficit) of Net Assets Available for Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	<u>\$ (88,479,074)</u>	<u>\$ (52,876,262)</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 1

SCHEDULES OF INVESTMENTS

	June 30, 2025		June 30, 2024	
	Fair Value	Cost	Fair Value	Cost
INVESTMENTS				
Money Market Fund	\$ 1,404,990	\$ 1,404,990	\$ 982,463	\$ 982,463
Government Debt Securities	6,948,578	6,854,071	8,979,535	8,955,130
Corporate Debt Securities	11,369,686	11,309,491	20,040,129	20,234,472
Mutual Fund	17,778,415	19,852,884	22,517,018	25,057,528
Common/Collective Trusts	22,456,570	17,806,816	30,463,317	25,031,127
TOTALS	<u>\$ 59,958,239</u>	<u>\$ 57,228,252</u>	<u>\$ 82,982,462</u>	<u>\$ 80,260,720</u>

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

	July 1, 2024 to June 30, 2025		
	Active	Retiree	Total
CONTRIBUTIONS			
Employer Contributions	\$ 292,133,560	\$ -	\$ 292,133,560
Member Self-Payments	478,630	19,721,845	20,200,475
TOTAL CONTRIBUTIONS	292,612,190	19,721,845	312,334,035
BENEFITS - SCHEDULE 2	253,025,993	70,479,139	323,505,132
EXCESS (DEFICIT) OF CONTRIBUTIONS OVER BENEFITS	39,586,197	(50,757,294)	(11,171,097)
ADMINISTRATIVE EXPENSES			
Administrative and General Expenses - Schedule 3	14,704,340	32,519	14,736,859
Professional Fees - Schedule 4	981,027	-	981,027
TOTAL ADMINISTRATIVE EXPENSES	15,685,367	32,519	15,717,886
NET INCREASE (DECREASE) BEFORE NET INVESTMENT INCOME	23,900,830	(50,789,813)	(26,888,983)
NET INVESTMENT INCOME - SCHEDULE 5	4,387,166	295,692	4,682,858
NET INCREASE (DECREASE) BEFORE OTHER REVENUE	28,287,996	(50,494,121)	(22,206,125)
OTHER REVENUE			
Delinquent Assessments and Penalties	935,389	-	935,389
Settlement Income	1,189,744	-	1,189,744
Interest on Delinquent Contributions	136,570	-	136,570
Miscellaneous Income	39,610	-	39,610
NET INCREASE (DECREASE) FOR THE YEAR	<u>\$ 30,589,309</u>	<u>\$ (50,494,121)</u>	(19,904,812)
NET ASSETS AVAILABLE FOR BENEFITS			
Balance, July 1			144,827,738
Balance, June 30			<u>\$ 124,922,926</u>

(Attached notes are an integral part of this statement)

July 1, 2023 to June 30, 2024

Active	Retiree	Total
\$ 288,010,356	\$ -	\$ 288,010,356
466,130	19,744,215	20,210,345
288,476,486	19,744,215	308,220,701
236,426,769	70,017,483	306,444,252
52,049,717	(50,273,268)	1,776,449
14,272,273	(2,615)	14,269,658
1,222,719	-	1,222,719
15,494,992	(2,615)	15,492,377
36,554,725	(50,270,653)	(13,715,928)
6,822,201	466,932	7,289,133
43,376,926	(49,803,721)	(6,426,795)
804,802	-	804,802
-	-	-
180,339	-	180,339
-	-	-
<u>\$ 44,362,067</u>	<u>\$ (49,803,721)</u>	(5,441,654)
		<u>150,269,392</u>
		<u>\$ 144,827,738</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULES OF BENEFITS

	July 1, 2024 to June 30, 2025		
	Active	Retiree	Total
MEDICAL BENEFITS			
Premiums:			
Anthem Blue Cross HMO	\$ 20,429,630	\$ 2,549,799	\$ 22,979,429
Health Plan of Nevada	3,037,362	242,682	3,280,044
Kaiser Permanente	67,687,150	5,179,884	72,867,034
United HealthCare	-	9,624,573	9,624,573
Direct Claims	113,917,493	26,768,686	140,686,179
Direct Claims (Stop Loss Recoveries)	(503,028)	-	(503,028)
Nevada Disability	467,731	-	467,731
Carelon Behavioral Health	5,513,297	104,602	5,617,899
Medicare Part D Advising	-	48,647	48,647
Anthem Blue Cross PPO Fees	1,885,255	604,665	2,489,920
STOP LOSS PREMIUMS	2,567,693	240,249	2,807,942
DENTAL BENEFITS			
Premiums:			
Delta Dental	106,961	62,818	169,779
MetLife	3,861	2,268	6,129
United Concordia	910,093	1,365,536	2,275,629
Western Dental	35,942	27,082	63,024
Direct Claims	13,127,904	3,974,874	17,102,778
VISION BENEFITS			
Vision Service Plan	1,241,371	322,476	1,563,847
DRUG BENEFITS			
CVS Caremark	19,675,855	18,742,027	38,417,882
Optum RX	21,783,518	21,713,260	43,496,778
Less: CVS Caremark (Rebates)	(9,627,696)	(10,296,070)	(19,923,766)
Optum RX (Rebates)	(9,563,899)	(8,845,056)	(18,408,955)
Retiree Drug Subsidies	-	(2,485,863)	(2,485,863)
DEATH BENEFITS	329,500	532,000	861,500
TOTAL BENEFITS	\$ 253,025,993	\$ 70,479,139	\$ 323,505,132

(Attached notes are an integral part of this statement)

SCHEDULE 2

July 1, 2023 to June 30, 2024		
Active	Retiree	Total
\$ 19,426,974	\$ 2,220,977	\$ 21,647,951
2,956,519	275,122	3,231,641
61,649,593	4,576,986	66,226,579
-	9,744,760	9,744,760
106,007,515	26,544,877	132,552,392
(1,529,939)	-	(1,529,939)
582,021	-	582,021
5,566,899	177,352	5,744,251
-	52,148	52,148
1,790,606	581,833	2,372,439
2,107,487	205,630	2,313,117
113,661	66,753	180,414
3,861	2,268	6,129
899,577	1,303,959	2,203,536
9,485	10,192	19,677
13,306,538	4,111,411	17,417,949
1,248,559	322,385	1,570,944
-	-	-
34,019,675	34,491,663	68,511,338
-	-	-
(12,118,762)	(12,926,129)	(25,044,891)
-	(2,309,496)	(2,309,496)
386,500	564,792	951,292
<u>\$ 236,426,769</u>	<u>\$ 70,017,483</u>	<u>\$ 306,444,252</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 3

SCHEDULES OF ADMINISTRATIVE AND GENERAL EXPENSES

	July 1, 2024 to June 30, 2025	July 1, 2023 to June 30, 2024
Claims Review	\$ 8,110	\$ 10,755
Claims Department	53,796	59,649
Operating Engineers Funds, Inc. Services	14,466,603	14,124,347
Miscellaneous Expenses	7,058	6,899
Bank Fees	30,038	11,160
Patient-Center Outcomes Research Institute Fee	<u>171,254</u>	<u>56,848</u>
 TOTAL ADMINISTRATIVE AND GENERAL EXPENSES	 <u><u>\$ 14,736,859</u></u>	 <u><u>\$ 14,269,658</u></u>

SCHEDULE 4

SCHEDULES OF PROFESSIONAL FEES

Actuarial and Consultant Fees	\$ 309,159	\$ 329,338
Accounting and Audit Fees	210,006	306,260
Legal Fees and Expenses - General Services	261,740	370,037
Legal Fees and Expenses - Collection Services	<u>200,122</u>	<u>217,084</u>
 TOTAL PROFESSIONAL FEES	 <u><u>\$ 981,027</u></u>	 <u><u>\$ 1,222,719</u></u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
SCHEDULES IN SUPPORT OF STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

SCHEDULE 5

SCHEDULES OF NET INVESTMENT INCOME

	July 1, 2024 to June 30, 2025	July 1, 2023 to June 30, 2024
INVESTMENT INCOME		
Interest Income:		
Sweep and Savings Accounts	\$ 164,187	\$ 26,588
Money Market Funds	45,898	66,921
Government Debt Securities	367,980	372,901
Corporate Debt Securities	<u>864,889</u>	<u>952,092</u>
Total Interest Income	\$ 1,442,954	\$ 1,418,502
Mutual Funds - Dividend Income	<u>1,502,004</u>	<u>1,967,348</u>
TOTAL INVESTMENT INCOME	2,944,958	3,385,850
NET APPRECIATION OF INVESTMENTS	<u>2,284,010</u>	<u>4,415,595</u>
TOTAL INVESTMENT INCOME BEFORE INVESTMENT EXPENSES	5,228,968	7,801,445
INVESTMENT EXPENSES		
Investment Manager Fees	478,964	424,016
Investment Custodian Fees and Bank Charges	53,575	75,139
Investment Consultant Fees	<u>13,571</u>	<u>13,157</u>
TOTAL INVESTMENT EXPENSES	<u>546,110</u>	<u>512,312</u>
NET INVESTMENT INCOME	<u><u>\$ 4,682,858</u></u>	<u><u>\$ 7,289,133</u></u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable	\$ -	\$ -
Claims Payable	<u>6,603,000</u>	<u>8,000,000</u>
	<u>6,603,000</u>	<u>8,000,000</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	24,386,000	15,828,000
Future Benefits Based on Participants' Lag Period	75,735,000	72,394,000
Future Benefits Based on Participants' Reserve Hours Bank	<u>106,678,000</u>	<u>101,482,000</u>
	<u>206,799,000</u>	<u>189,704,000</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>213,402,000</u>	<u>197,704,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees, Beneficiaries and Dependents	1,215,043,000	896,355,000
Other Participants Fully Eligible for Benefits	916,907,000	877,501,000
Other Participants Not Yet Fully Eligible for Benefits	<u>658,612,000</u>	<u>549,021,000</u>
	<u>2,790,562,000</u>	<u>2,322,877,000</u>
FUND'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 3,003,964,000</u>	<u>\$ 2,520,581,000</u>

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

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

	July 1, 2024 to June 30, 2025	July 1, 2023 to June 30, 2024
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at Beginning of Year	\$ 8,000,000	\$ 3,019,000
Benefits Reported and Approved for Payment	322,108,132	311,425,252
Benefits	<u>(323,505,132)</u>	<u>(306,444,252)</u>
Balance at End of Year	<u>6,603,000</u>	<u>8,000,000</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	189,704,000	179,268,000
Net Change During the Year:		
Claims Incurred But Not Reported	8,558,000	(1,316,000)
Future Benefits Based on Participants' Lag Period	3,341,000	3,348,000
Future Benefits Based on Participants' Reserve Hours Bank	<u>5,196,000</u>	<u>8,404,000</u>
Balance at End of Year	<u>206,799,000</u>	<u>189,704,000</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>213,402,000</u>	<u>197,704,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance at Beginning of Year	2,322,877,000	2,204,019,000
Net Change During the Year:		
Benefits Earned Net of Benefits Paid	136,717,000	112,798,000
Actuarial Experience Loss	39,819,000	-
Changes in Actuarial Assumptions	<u>291,149,000</u>	<u>6,060,000</u>
Balance at End of Year	<u>2,790,562,000</u>	<u>2,322,877,000</u>
FUND'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 3,003,964,000</u></u>	<u><u>\$ 2,520,581,000</u></u>

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

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE FUND

The Operating Engineers Health and Welfare Fund (the "Fund") was established by the International Union of Operating Engineers, Local Union No. 12 and Associated General Contractors of California, Inc., Building Industry Association of California, Inc., Engineering Contractors' Association, Inc. (dissolved effective July 28, 2023), Southern California Contractors Association, Inc., Associated General Contractors of America, San Diego Chapter, Inc., San Diego Building Contractors Association, and Engineering and General Contractors Association. The Fund is a multiemployer health benefit plan providing hospital-medical, dental, vision, prescription drug, life, accidental death and dismemberment, and disability benefits to eligible employees and their dependents. The Fund provides certain medical benefit coverage for certain eligible retirees and their dependents.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Fund agreement includes detailed rules for each situation. Participants should refer to the Fund agreement and any amendments regarding specific provisions of the Fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Fund's financial statements have been prepared on the accrual basis of accounting.

B. Estimates

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

C. Cash and Cash Equivalents

Cash and cash equivalents consist of cash deposited with financial institutions in checking accounts, savings accounts, and a sweep account.

D. Employer Contributions

Employer contributions as reported are contributions made by employers for hours or months worked by active employees during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

E. Employer Payroll Compliance Program

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

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include:

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

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

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

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 measured at fair value:

Money Market Fund – Valued at cost, which approximates fair value.

Government Debt Securities and Corporate Debt Securities – Valued based on third party pricing services or using matrices of trades in similar securities.

Mutual Fund – Valued at the closing price reported on the active market on which the mutual fund is traded.

Common/Collective Trusts – Valued at Net Asset Value ("NAV") of shares held by the Fund at year end.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

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

The following tables represent the Fund's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

June 30, 2025				
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 1,404,990	\$ 1,404,990	\$ -	\$ -
Government Debt Securities	6,948,578	6,259,485	689,093	-
Corporate Debt Securities	11,369,686	-	11,369,686	-
Mutual Fund	17,778,415	17,778,415	-	-
Total Assets in the Fair Value Hierarchy	37,501,669	\$ 25,442,890	\$ 12,058,779	\$ -
Common/Collective Trusts Measured at NAV*	22,456,570			
	<u>\$ 59,958,239</u>			
June 30, 2024				
	Total	Level 1	Level 2	Level 3
Money Market Fund	\$ 982,463	\$ 982,463	\$ -	\$ -
Government Debt Securities	8,979,535	8,143,035	836,500	-
Corporate Debt Securities	20,040,129	-	20,040,129	-
Mutual Fund	22,517,018	22,517,018	-	-
Total Assets in the Fair Value Hierarchy	52,519,145	\$ 31,642,516	\$ 20,876,629	\$ -
Common/Collective Trusts Measured at NAV*	30,463,317			
	<u>\$ 82,982,462</u>			

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

Investments in common/collective trusts are valued at NAV as reported by the investment manager. The unfunded commitments and significant terms of redemption for the Fund's investments are as follows:

	Net Asset Value		Unfunded Commitments	Redemption Frequency	Redemption Notice
	June 30, 2025	June 30, 2024			
NIS Preferred Stock Fund II, LLC	\$ 17,749,553	\$ 23,371,499	None	Semi-Monthly	3 Days
NIS Short Duration High Yield Fund, LLC	2,430,594	3,665,991	None	Semi-Monthly	3 Days
NIS Total Absolute Return Fund, LLC	2,276,423	3,425,827	None	Semi-Monthly	3 Days
	<u>\$ 22,456,570</u>	<u>\$ 30,463,317</u>			

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

Valuations are furnished by the investment manager and custodian. Purchases and sales of securities are recorded on the transaction trade date. Interest and dividends are recorded on the accrual basis. Realized gain (loss) from sale of investments and unrealized appreciation or depreciation in the fair values of investments are reported as net appreciation of investments.

G. Eligibility

An active participant establishes eligibility during an eligibility quarter by working for contributing employers at least 200 hours or more during a qualifying work quarter. The qualifying work quarters and eligibility quarters are:

<u>Work Quarter</u>	<u>Eligibility Quarter</u>
If the active participant worked 200 hours during the months of:	The active participant is covered during the following months of:
January, February, March April, May, June July, August, September October, November, December	May, June, July August, September, October November, December, January February, March, April

If the active participant works more than 400 hours in a work quarter, the excess hours will be credited to a "Reserve Account" up to a maximum of 500 hours, which can provide for six months of eligibility. Any unused hours in the Reserve Hour Bank will remain in one's account for four consecutive eligibility quarters. These hours can be combined with future hours reported on one's behalf to extend eligibility.

Active participants, upon losing eligibility for failure to work sufficient hours, are permitted to continue their medical coverage, including eligible dependents, by making self-payments at a monthly cost established by the Board of Trustees. Additionally, a dependent spouse of a deceased retired operating engineer may continue coverage for himself/herself and eligible dependents by making self-payments to the Fund within the time required by the rules at a monthly cost established by the Trustees.

The rules providing health care benefits for active employees and retired participants of the Fund are subject to change at any time by the Board of Trustees. No benefit presently provided either to active or retired employees is guaranteed to remain in the plan of benefits in the future. No active or retired employee has a right to continue receiving the same eligibility and benefits as exist now or have existed in the past. The benefits do not become "vested" at any particular tenure of employment or upon retirement. The Fund attempts to maintain financial reserves which are adequate to pay claims already incurred and claims likely to be incurred under eligibility earned by active employees, but does not maintain reserves for future eligibility of active or retired employees. The Fund pays current claims for benefits from current contributions by employers. After a claim for benefits has been incurred, the Fund will pay that claim so long as sufficient funds are available. However, all future claims not yet incurred are subject to changes in the rules governing benefits, and the Board of Trustees may make such rule changes effective on whatever date best serves the interest of the Fund and its participants.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Benefits

The benefits provided to active eligible members include hospital-medical, dental, vision, prescription drug, life, accidental death and dismemberment and disability. The life insurance and accidental death and dismemberment benefits are self-funded. Vision care benefits are provided by Vision Service Plan. Prepaid medical benefits are provided by Anthem Blue Cross, Health Plan of Nevada and Kaiser Permanente. Prepaid dental benefits are provided by Delta Dental, MetLife, United Concordia, and Western Dental (effective January 1, 2024). Prescription drug coverage is provided by CVS Caremark (effective January 1, 2025) and Optum Rx (through December 31, 2024). Fee-for service medical and dental benefits are provided directly from the Fund itself. The Fund pays a fee to Anthem Blue Cross to provide a network of medical providers in the areas active eligible members reside in. Mental health and substance abuse assistance is provided by Carelon Behavioral Health.

The benefits provided to retired eligible members include hospital-medical, dental, vision, prescription drugs and life insurance. Vision benefits are provided by Vision Service Plan. Prepaid medical benefits are provided by Anthem Blue Cross, Health Plan of Nevada, Kaiser Permanente, and United HealthCare. Prepaid dental benefits are provided by Delta Dental, MetLife, United Concordia, and Western Dental (effective January 1, 2024). Prescription drug coverage is provided by CVS Caremark (effective January 1, 2025) and Optum Rx (through December 31, 2024). Fee-for-service medical and dental benefits are provided directly from the Fund itself. The Fund pays a fee to Anthem Blue Cross to provide a network of medical providers in the areas retired eligible members reside in. Mental health and substance abuse assistance is provided by Carelon Behavioral Health.

Benefits are reported on the cash basis. The obligations for such benefits are segregated on the statement of benefit obligations based on estimates at the end of the year of premiums for coverage during the year unpaid (Premiums Payable); claims incurred during the year, reported but unpaid, (Claims Payable); claims incurred during the year but not reported or paid (Claims Incurred But Not Reported) the future benefits costs to be incurred based on participants' lag period credits (Future Benefits Based on Participants' Lag Period), and the future benefits costs to be incurred based on participants' reserve hours bank balance at the end of the year (Future Benefits Based on Participants' Reserve Hours Bank). The statement of changes in benefit obligations reports the components of the changes in the benefit obligations.

I. Claims Examination Program

A program of examining benefit payments, on a sample basis, is being conducted by the Fund's independent auditors under a separate, continuing claims examination engagement.

J. Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants service rendered to June 30, reduced by the actuarial present value of contributions expected to be received in the future from current Fund participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

OPERATING ENGINEERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

J. Postretirement Benefits (Continued)

The postretirement benefit obligations were determined by actuaries from The Segal Group, Inc., and are the amounts that result from applying actuarial assumptions to adjust the accrued benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability or withdrawal), between the valuation date and the expected date of payment.

The significant actuarial assumptions and methods used for the year ended June 30, 2025 were (if changed, actuarial assumptions used for the year ended June 30, 2024 are in [brackets]):

(a) Discount Rate: 5.50% [5.25%], (b) Medicare Part D Subsidy: Subsidy of \$538 [\$379] per eligible indemnity participant, increasing by 3.0% per year, (c) Dependents – For future retirees, spouses of male retirees were assumed to be two years younger and spouses of female retirees were assumed to be two years older. Of those future retirees who elect to continue their health coverage at retirement, 65% were assumed to have an eligible spouse who also opts for health coverage at that time. Retirees and spouses are assumed to be covered under the same plan. (d) Health Trend Rates: Medical/Drug (Under 65) – 8.00% [7.75%] graded to 4.50% over 14 [13] years, Indemnity Medical (65 and Over) – 7.00% [5.25%] graded to 4.50% over 10 [3] years, Indemnity Drug (65 and Over) – 12.00% [10.50%] graded to 4.50% over 15 [12] years, HMO Medical/Drug (65 and Over) – 10.25% [21.98%, then 7.75%] graded to 4.50% over 17 [13] years, MAPD Medical/Drug (65 and Over) – 4.00% [16.84%], then 9.9% [7.75%] graded to 4.50% over 16 [13] years, (e) Administrative Expenses: \$676 [\$671] per participant increasing at 4.0% per year, (f) Mortality Rates: Healthy – 105% of the Pri-2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, Disabled – Pri-2012 Disabled Retiree Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, Surviving Spouse – Pri-2012 Contingent Survivor Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 using Scale MP-2021, (g) Participation – 65% of employees eligible to retire and receive subsidized postretirement welfare coverage were assumed to participate in the plan, and (h) Actuarial Cost Method – projected unit credit method. The changes in actuarial assumptions increased postretirement benefit obligations by approximately \$291,149,000.

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, that would increase the obligation as of June 30, 2025 and 2024 by \$534,687,034 and \$491,682,785, respectively.

The Fund has been determined to be actuarially equivalent to the Medicare Part D Standard Benefit and is eligible to receive retiree prescription drug plan federal subsidies. The calculations of postretirement benefit obligations include an estimate of the reductions in HMO premiums due to these subsidies. For the years ended June 30, 2025 and 2024, the Fund received retiree prescription drug plan federal subsidies totaling \$2,485,863 and \$2,309,496, respectively.

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

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

J. Postretirement Benefits (Continued)

The costs of the postretirement benefit plan are shared by the Fund's participating employers and retirees. Retirees on average are projected to pay approximately 9% and 11% of the estimated cost of postretirement benefits in the years ended June 30, 2025 and 2024, respectively.

K. Stop-Loss

The Fund has purchased stop-loss insurance on behalf of the participants covered under the self-insured health plan in order to limit its exposure, which reimburses the Fund for total individual claims and total aggregate claims exceeding certain limits. Premiums for stop-loss insurance totaled \$2,807,942 and \$2,313,117 for the years ended June 30, 2025 and 2024, respectively. Stop-loss recoveries totaled \$503,028 and \$1,529,939 for the years ended June 30, 2025 and 2024, respectively.

NOTE 3 - EMPLOYER CONTRIBUTIONS

For the years ended June 30, 2025 and 2024, the Fund received contributions from the majority of employers for each hour worked by participants at the following rate:

July 1, 2024 to June 30, 2025 – \$13.20

July 1, 2023 to June 30, 2024 – \$12.85

NOTE 4 - FUND TERMINATION

In the event of termination, any monies remaining after paying the expenses and obligations of the Fund should be used for the purposes of the Fund.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Operating Engineers Funds, Inc. ("Corporation") was organized in order to provide a method for handling the collection of employer contributions on behalf of the participating trust funds and pays expenses such as accounting, legal and other expenses. Specific identifiable expenses are charged to the respective trust fund, all other expenses are based upon allocation percentages periodically approved by the Board of Trustees. For the years ended June 30, 2025 and 2024, the Fund incurred expenses of \$15,465,206 and \$15,376,583, respectively.

The Operating Engineers Trust Funds Joint Contribution Committee collects delinquent contributions as well as liquidated damages and related interest.

NOTE 6 - TAX-EXEMPT STATUS

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

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

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 7 - RISKS AND UNCERTAINTIES

The Fund invests in investment securities that are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect the amounts reported in the financial statements.

Benefit obligations and postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and other factors, 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.

NOTE 8 - CONCENTRATION OF CREDIT RISK

During the year ended June 30, 2025, the Fund maintained a balance in a sweep account that was uninsured and subject to risk if the financial institution did not perform. The Fund has not incurred any losses on the uninsured balance.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	June 30, 2025	June 30, 2024
Net Assets Available for Benefits Per the Financial Statements	\$ 124,922,926	\$ 144,827,738
Total Benefit Obligations Other Than Postretirement Benefit Obligations	(213,402,000)	(197,704,000)
Net Assets (Liabilities) Per the Form 5500	<u>\$ (88,479,074)</u>	<u>\$ (52,876,262)</u>

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

	July 1, 2024 to June 30, 2025
Total Benefits Per the Financial Statements	\$ 323,505,132
Add: Total Benefit Obligations Other Than Postretirement Benefit Obligations at June 30, 2025	213,402,000
Less: Total Benefit Obligations Other Than Postretirement Benefit Obligations at June 30, 2024	(197,704,000)
Total Benefits Per the Form 5500	<u>\$ 339,203,132</u>

Total benefits per the financial statements are premiums and claims paid during the year net of refunds, rebates, and subsidies received. Total benefits per the Form 5500 is the total of premiums for coverage during the year, claims incurred during the year, and the increase or decrease in the estimated cost to provide future benefits, all for participants, dependents and beneficiaries.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the carry value (normally historical cost) of the investments sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the current (fair) value of the investments at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from investments in mutual funds (interest in registered investment companies) to be reported on a separate line, and realized and unrealized gains or losses from investments in common/collective trusts to be reported separately on one line combined with other income or losses from common/collective trusts.

NOTE 10 - FUND AMENDMENTS

Amendment #147 to the Retiree Plan and Amendment #153 to the Active Plan were adopted November 15, 2023, and effective retroactively July 1, 2022. These amendments will amend the plan to provide benefits for all speech therapy by a certified or licensed speech pathologist that was determined by a physician to be medically necessary.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 19, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

OPERATING ENGINEERS HEALTH AND WELFARE FUND

FORM 5500

SCHEDULE H - PART IV, LINE 4

E.I.N. 95-6034886; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Face Value	Interest Bearing Cash (Including Money Market Fund)	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 1,404,990	Northern Institutional US Government Portfolio	Var.	N/A	\$ 1,404,990	\$ 1,404,990
<u>Government Debt Securities</u>					
45,000	Commonwealth Financing Authority Pennsylvania	5.197	06/01/26	\$ 45,446	\$ 45,859
150,000	Freddie Mac MultiFamily Structured Pass-Thru Certificates Series 2018-K77	3.850	05/25/28	149,150	146,402
215,000	Los Angeles California Department of Water & Power	5.516	07/01/27	218,049	215,843
253,073	Louisiana Local Government	3.615	02/01/29	251,354	253,073
98,847	Oregon School Boards Association	4.759	06/30/28	97,503	101,781
5,905	Utah State Taxable B Build America Bds	3.539	07/01/25	5,905	5,831
934,000	United States Treasury Note	4.625	11/15/26	943,048	941,338
3,597,000	United States Treasury Note	1.000	07/31/28	3,316,125	3,242,458
1,150,000	United States Treasury Note	2.750	07/31/27	1,127,584	1,112,228
156,000	United States Treasury Note	4.375	11/30/28	159,248	158,151
450,000	United States Treasury Note	3.875	12/31/27	451,898	449,285
118,000	United States Treasury Note	2.375	03/31/29	112,432	109,219
70,000	Wisconsin St General Fund	5.700	05/01/26	70,836	72,603
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				\$ 6,948,578	\$ 6,854,071
Par Value	<u>Corporate Debt Securities</u>				
\$ 61,572	Abay Leasing 2014 LLC	2.654	11/09/26	\$ 60,619	\$ 64,673
125,000	Air Lease Corp	1.875	08/15/26	121,520	113,252
43,950	Ally Auto Receivables Trust	3.310	11/15/26	43,889	43,942
65,000	American Express Co	4.731	04/25/29	65,739	65,113
225,000	American Express Co	3.385	08/16/27	224,777	224,996
50,000	American Homes 4 Rent LP	4.250	02/15/28	49,699	49,540
60,000	American Honda Finance Co	4.450	10/22/27	60,177	59,959
24,873	Americredit Automobile Receivables Services	6.190	04/19/27	24,921	24,872
75,939	Americredit Automobile Receivables Trust	1.010	01/19/27	75,216	73,121
60,000	Amphenol Corp	4.750	03/30/26	60,132	59,795
110,000	Arthur J Gallagher & Co	4.600	12/15/27	60,446	59,951
79,727	BANK 2017-BNK9	3.470	11/15/54	78,878	84,262
103,439	BANK 2018-BNK15	4.285	11/15/61	102,967	98,720
60,000	Bank of America Corp	1.658	03/11/27	58,858	53,609
70,000	Bank of Montreal	5.266	12/11/26	70,986	70,000
60,000	Bank of Nova Scotia B	5.350	12/07/26	60,852	59,921
156,925	Barclays Commercial Mortgage Securities	2.832	08/15/52	152,441	145,450
232,259	BBCMS Mortgage Trust	2.990	11/15/52	226,793	213,497
10,785	Bear Stearns Asset Backed Securities Trust	5.250	10/25/33	10,729	11,045
17,143	Belvoir Land LLC	5.350	12/15/25	17,187	18,386
127,381	Benchmark Mortgage Trust	3.780	02/15/51	126,092	134,714
100,000	Benchmark 2021-B23 Mortgage Trust	1.766	02/15/54	93,150	90,633
<u>Forward</u>				\$ 1,846,068	\$ 1,819,451

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 1,846,068	\$ 1,819,451
\$ 155,000	Benchmark 2022-B23 Mortgage Trust	3.469	03/15/55	148,604	143,884
45,000	Boardwalk Pipelines LP	4.450	07/15/27	44,988	43,210
65,000	Brookfield Finance Inc	3.900	01/25/28	64,237	62,657
55,000	Canadian Imperial Bank	4.508	09/11/27	55,086	55,000
12,768	Carvana Auto Receivables Trust	1.240	09/10/28	12,311	12,676
50,184	Carvana Auto Receivables Trust	0.800	01/10/27	49,820	50,166
62,063	Carvana Auto Receivables Trust	0.750	03/10/28	60,195	59,612
140,000	Chevron USA Inc	4.475	02/26/28	141,670	140,000
65,000	Cisco Systems Inc	4.550	02/24/28	65,859	65,023
36,836	Citicorp Residential Mortgage Trust	6.546	03/25/37	36,653	37,299
45,746	Citigroup Commercial Mortgage Securities	2.710	08/10/49	45,631	48,235
44,422	CMO Adjustable Rate Mortgage Trust	5.423	04/25/35	44,478	44,977
3,685	CMO American Home Mortgage Trust	6.701	09/25/45	3,669	3,726
107,891	CMO Bank 2017-BNK7	3.265	09/15/60	106,562	103,805
84,132	CMO CF 2019-CF3 Mortgage Trust	2.943	01/15/53	81,366	80,182
138,453	CMO FRESB 2018-SB55 Mortgage Trust	3.770	09/25/28	136,820	135,846
246,569	CMO GS Mortgage Securities Trust 20-GC45	2.843	02/13/53	237,978	235,695
8,569	CMO GS Mortgage Securities Trust 2005-AR6	6.562	09/25/35	8,665	8,679
11,186	CMO GS Mortgage Securities Trust 2005-5F	5.500	06/25/35	11,540	11,718
52,978	CMO JPMCC Commercial Mortgage Trust 2016-JP2	2.713	08/15/49	52,728	53,046
210,000	CMO MSBAM Trust 2016-C39	3.325	05/15/49	207,118	200,271
51,588	CMO Morgan Stanley Capital I Trust	4.120	07/15/51	51,326	57,325
179,103	Commercial Mortgage Trust 2019-GC44	2.873	08/15/57	173,529	171,143
133,200	Commonbond Student Loan Trust	2.680	09/25/42	124,645	128,620
75,000	Credit Suisse AG New York	5.000	07/09/27	76,158	73,980
53,962	Credit Suisse 1st Boston	6.960	03/25/33	53,371	54,122
7,008	Credit Suisse 1st Boston	5.750	11/25/33	7,129	7,299
109,809	Countrywide Asset-Backed	4.934	10/25/34	108,071	108,548
158,557	Countrywide Asset-Backed	4.934	10/25/34	155,514	154,950
193,346	Countrywide Asset-Backed	4.974	12/25/34	188,832	191,488
73,582	DR Auto	1.390	03/15/29	73,014	71,628
24,483	Duke Energy Corp	1.295	07/01/30	23,339	22,985
60,000	Exeter Automobile Receivables	5.480	08/15/30	60,675	59,987
60,833	Foursight Capital	5.990	05/15/28	61,116	60,829
135,000	GM Financial Consumer	1.940	04/17/28	132,720	130,206
66,574	GM Financial Consumer Automobile Receivables Trust	3.100	01/19/27	66,344	65,495
80,000	GM Financial: Auto Loan Financing	5.400	05/08/27	81,162	79,930
100,000	Healthcare Realty Holdings LP	3.750	07/01/27	98,604	97,414
116,000	Hertz Vehicle Financing III	3.890	09/25/28	114,336	112,538
246,304	HNA 2015 LLC	2.291	06/30/27	238,152	256,182
55,000	HP Enterprise Co	4.400	09/25/27	55,048	54,974
120,000	Intercontinental Exchange Inc	3.625	09/01/28	117,593	115,684
65,000	Johnson & Johnson	4.550	03/01/28	66,101	64,962
60,000	JP Morgan Chase & Co	4.505	10/22/28	60,179	60,000
	<u>Forward</u>			\$ 5,649,004	\$ 5,615,447

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 5,649,004	\$ 5,615,447
\$ 60,000	JP Morgan Chase & Co	5.040	01/23/28	60,572	60,000
55,000	JP Morgan Chase & Co	1.045	11/19/26	54,257	48,550
104,675	JP Morgan Chase & Co	6.052	11/25/53	105,143	105,460
105,000	Kimco Royalty Corp	3.800	04/01/27	104,084	103,502
221,376	MFA Trust	1.906	11/25/56	198,075	221,372
65,000	Morgan Stanley	1.593	05/04/27	63,430	58,478
64,051	Nationstar Mortgage Loan	3.750	12/25/52	61,221	65,813
68,071	Nelnet Student Loan	4.725	08/27/36	65,827	65,178
93,895	New Residential Mortgage Loan Trust	4.500	03/25/36	92,638	99,720
3,136	Novastar Home Equity Loan Floating	5.514	06/25/35	3,132	3,146
280,000	NYSEG Storm Funding LLC	4.713	05/01/31	281,371	279,952
151,557	Octane Receivables Trust	2.230	11/20/28	150,892	149,917
12,899	Ohana Military Communities LLC	5.675	10/01/26	12,902	13,788
80,000	OLD REPUBLIC INTL CORP	3.875	08/26/26	79,390	78,490
80,000	Pioneer Natural Resources Company	5.100	03/29/26	80,382	79,961
100,000	PNC Financial Services Group Inc	6.615	10/20/27	102,799	102,087
244,806	PVTPL Air Canada	3.600	03/15/27	239,010	231,548
50,862	PVTPL Access Funding LLC	4.920	02/25/36	50,634	50,422
11,368	PVTPL CFMT Trust	1.390	09/22/31	11,235	11,361
135,000	PVTPL Delta Air Lines/Skymiles	4.750	10/20/28	135,313	129,769
110,000	PVTPL DEXT	4.770	08/15/35	110,829	109,994
100,000	PVTPL Hyundai Cap America	5.250	01/08/27	100,930	99,922
70,000	PVTPL Mars Inc	4.600	03/01/28	70,569	69,999
125,000	PVTPL Master Credit Card Trust	4.700	06/21/27	125,034	124,932
191,328	PVTPL Mill City Mortgage Loan Trust	3.750	05/25/58	187,513	183,421
200,000	PVTPL Mill City Mortgage Loan Trust	3.350	04/25/57	196,351	187,313
22,581	PVTPL Navient Private Education Loan Trust	3.910	12/15/45	22,495	23,611
50,149	PVTPL Navient Private Education Loan Trust	4.000	12/15/59	49,991	48,620
64,728	PVTPL OSCAR US Funding XIII LLC	1.270	09/11/28	63,903	62,849
95,384	PVTPL OSCAR US Funding XVII LLC	4.630	12/10/27	95,248	95,379
12,384	PVTPL Pacific Beacon LLC	5.379	07/15/26	12,398	13,299
155,000	PVTPL PFS Financing Co	5.340	04/15/29	157,653	157,864
160,000	PVTPL PFS Financing Co	4.850	02/15/30	161,962	159,997
270,000	PVTPL Private Export Funding Co	4.500	02/07/27	271,580	271,156
35,847	PVTPL SMB Private Education Loan Trust	4.666	01/15/37	35,332	37,574
25,776	PVTPL SMB Private Education Loan Trust	4.132	10/15/35	25,483	26,690
49,680	PVTPL SMB Private Education Loan Trust	3.832	07/15/53	46,798	49,812
150,000	PVTPL Vantage Data Centers	2.165	10/15/46	144,554	141,845
105,000	Realty Income Corp	3.200	01/15/27	103,197	102,334
15,263	Reliance Industries	1.870	01/15/26	15,126	14,690
14,882	Santander Drive Auto Receivables Trust	1.350	07/15/27	14,861	14,518
59,875	Santander Drive Auto Receivables Trust	4.880	09/15/28	59,892	59,872
24,921	SCE Recovery Funding LLC	0.861	11/15/31	22,143	21,870
265,000	Seattle Childrens Hospital	1.208	10/01/27	248,127	242,480
	<u>Forward</u>			\$ 9,943,280	\$ 9,894,002

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 9,943,280	\$ 9,894,002
\$ 45,000	Smith & Nephew Plc	5.150	03/20/27	45,538	44,952
66,872	Soundview Home	5.139	11/25/35	66,435	65,534
95,000	State Street Corp	4.530	02/20/29	95,779	94,020
70,000	State Street Corp	4.330	10/22/27	70,356	70,000
36,842	Structured Adjustable Rate Mortgage Loan	5.288	09/25/34	36,112	37,037
11,668	Structured Asset Securities	5.939	02/25/35	14,028	11,774
12,173	Tesla Auto Lease	5.890	06/22/26	12,185	12,172
19,506	Thornberg Mortgage Securities	2.903	03/25/44	19,091	19,361
54,297	Toyota Auto Receivables	2.930	09/15/26	54,162	54,296
40,000	Truist Financial Corporation	6.047	06/08/27	40,537	40,000
150,000	U.S. Bank National Association Bond	4.507	10/22/27	150,161	149,915
450,909	United Airlines	3.750	03/03/28	443,324	439,566
153,788	Virginia Power Fuel Securitization LLC	5.088	05/01/29	154,620	153,786
70,000	Wells Fargo & Company	5.574	07/25/29	72,279	71,474
40,000	Wells Fargo & Company	5.707	04/22/28	40,870	41,171
110,000	World Omni Automobile Lease Securitization Trust	5.030	05/15/29	110,929	110,431
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 11,369,686</u>	<u>\$ 11,309,491</u>
<u>No. of Shares</u>	<u>Mutual Fund</u>				
2,186,767	Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y			\$ 17,778,415	\$ 19,852,884
<u>Par Value</u>	<u>Common/Collective Trusts</u>				
\$ 2,521,693	NIS Preferred Stock Fund II, LLC			\$ 17,749,553	\$ 14,172,334
137	NIS Short Duration High Yield Fund, LLC			2,430,594	1,837,763
706	NIS Total Absolute Return Fund, LLC			2,276,423	1,796,719
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>			<u>\$ 22,456,570</u>	<u>\$ 17,806,816</u>
	<u>GRAND TOTALS</u>			<u>\$ 59,958,239</u>	<u>\$ 57,228,252</u>

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6034886; PLAN NO. 501
JULY 1, 2024 TO JUNE 30, 2025

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
U.S. Treasury Note:	Government Note	3.875	01/15/26	\$ 3,944,138 -	\$ - 4,161,451	\$ 3,944,138 4,149,645	\$ - 11,806
	Government Note	1.500	01/31/27	5,370,976 -	- 8,938,861	5,370,976 8,761,504	- 177,357
	Government Note	3.875	12/31/27	7,058,251 -	- 8,546,122	7,058,251 8,508,316	- 37,806
Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y	Mutual Fund	N/A	N/A	1,499,732 -	- 6,000,000	1,499,732 6,704,376	- (704,376)

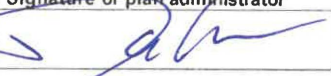
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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	
1a Name of plan OPERATING ENGINEERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 11/23/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, OPERATING ENGINEERS HEALTH AND WELFARE FUND 100 CORSON ST STE 100 PASADENA, CA 91103	2b Employer Identification Number (EIN) 95-6034886 2c Plan Sponsor's telephone number 626-356-1000 2d Business code (see instructions) 237990

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

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

SIGN HERE		x 4-13-26	x David Sitkowski
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4-13-26	Dave Greco
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6034886; PLAN NO. 501
JULY 1, 2024 TO JUNE 30, 2025

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
U.S. Treasury Note:	Government Note	3.875	01/15/26	\$ 3,944,138 -	\$ - 4,161,451	\$ 3,944,138 4,149,645	\$ - 11,806
	Government Note	1.500	01/31/27	5,370,976 -	- 8,938,861	5,370,976 8,761,504	- 177,357
	Government Note	3.875	12/31/27	7,058,251 -	- 8,546,122	7,058,251 8,508,316	- 37,806
Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y	Mutual Fund	N/A	N/A	1,499,732 -	- 6,000,000	1,499,732 6,704,376	- (704,376)

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Face Value	Interest Bearing Cash (Including Money Market Fund)	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 1,404,990	Northern Institutional US Government Portfolio	Var.	N/A	\$ 1,404,990	\$ 1,404,990
<u>Government Debt Securities</u>					
45,000	Commonwealth Financing Authority Pennsylvania	5.197	06/01/26	\$ 45,446	\$ 45,859
150,000	Freddie Mac MultiFamily Structured Pass-Thru Certificates Series 2018-K77	3.850	05/25/28	149,150	146,402
215,000	Los Angeles California Department of Water & Power	5.516	07/01/27	218,049	215,843
253,073	Louisiana Local Government	3.615	02/01/29	251,354	253,073
98,847	Oregon School Boards Association	4.759	06/30/28	97,503	101,781
5,905	Utah State Taxable B Build America Bds	3.539	07/01/25	5,905	5,831
934,000	United States Treasury Note	4.625	11/15/26	943,048	941,338
3,597,000	United States Treasury Note	1.000	07/31/28	3,316,125	3,242,458
1,150,000	United States Treasury Note	2.750	07/31/27	1,127,584	1,112,228
156,000	United States Treasury Note	4.375	11/30/28	159,248	158,151
450,000	United States Treasury Note	3.875	12/31/27	451,898	449,285
118,000	United States Treasury Note	2.375	03/31/29	112,432	109,219
70,000	Wisconsin St General Fund	5.700	05/01/26	70,836	72,603
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				\$ 6,948,578	\$ 6,854,071
Par Value	<u>Corporate Debt Securities</u>				
\$ 61,572	Abay Leasing 2014 LLC	2.654	11/09/26	\$ 60,619	\$ 64,673
125,000	Air Lease Corp	1.875	08/15/26	121,520	113,252
43,950	Ally Auto Receivables Trust	3.310	11/15/26	43,889	43,942
65,000	American Express Co	4.731	04/25/29	65,739	65,113
225,000	American Express Co	3.385	08/16/27	224,777	224,996
50,000	American Homes 4 Rent LP	4.250	02/15/28	49,699	49,540
60,000	American Honda Finance Co	4.450	10/22/27	60,177	59,959
24,873	Americredit Automobile Receivables Services	6.190	04/19/27	24,921	24,872
75,939	Americredit Automobile Receivables Trust	1.010	01/19/27	75,216	73,121
60,000	Amphenol Corp	4.750	03/30/26	60,132	59,795
110,000	Arthur J Gallagher & Co	4.600	12/15/27	60,446	59,951
79,727	BANK 2017-BNK9	3.470	11/15/54	78,878	84,262
103,439	BANK 2018-BNK15	4.285	11/15/61	102,967	98,720
60,000	Bank of America Corp	1.658	03/11/27	58,858	53,609
70,000	Bank of Montreal	5.266	12/11/26	70,986	70,000
60,000	Bank of Nova Scotia B	5.350	12/07/26	60,852	59,921
156,925	Barclays Commercial Mortgage Securities	2.832	08/15/52	152,441	145,450
232,259	BBCMS Mortgage Trust	2.990	11/15/52	226,793	213,497
10,785	Bear Stearns Asset Backed Securities Trust	5.250	10/25/33	10,729	11,045
17,143	Belvoir Land LLC	5.350	12/15/25	17,187	18,386
127,381	Benchmark Mortgage Trust	3.780	02/15/51	126,092	134,714
100,000	Benchmark 2021-B23 Mortgage Trust	1.766	02/15/54	93,150	90,633
<u>Forward</u>				\$ 1,846,068	\$ 1,819,451

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 1,846,068	\$ 1,819,451
\$ 155,000	Benchmark 2022-B23 Mortgage Trust	3.469	03/15/55	148,604	143,884
45,000	Boardwalk Pipelines LP	4.450	07/15/27	44,988	43,210
65,000	Brookfield Finance Inc	3.900	01/25/28	64,237	62,657
55,000	Canadian Imperial Bank	4.508	09/11/27	55,086	55,000
12,768	Carvana Auto Receivables Trust	1.240	09/10/28	12,311	12,676
50,184	Carvana Auto Receivables Trust	0.800	01/10/27	49,820	50,166
62,063	Carvana Auto Receivables Trust	0.750	03/10/28	60,195	59,612
140,000	Chevron USA Inc	4.475	02/26/28	141,670	140,000
65,000	Cisco Systems Inc	4.550	02/24/28	65,859	65,023
36,836	Citicorp Residential Mortgage Trust	6.546	03/25/37	36,653	37,299
45,746	Citigroup Commercial Mortgage Securities	2.710	08/10/49	45,631	48,235
44,422	CMO Adjustable Rate Mortgage Trust	5.423	04/25/35	44,478	44,977
3,685	CMO American Home Mortgage Trust	6.701	09/25/45	3,669	3,726
107,891	CMO Bank 2017-BNK7	3.265	09/15/60	106,562	103,805
84,132	CMO CF 2019-CF3 Mortgage Trust	2.943	01/15/53	81,366	80,182
138,453	CMO FRESB 2018-SB55 Mortgage Trust	3.770	09/25/28	136,820	135,846
246,569	CMO GS Mortgage Securities Trust 20-GC45	2.843	02/13/53	237,978	235,695
8,569	CMO GS Mortgage Securities Trust 2005-AR6	6.562	09/25/35	8,665	8,679
11,186	CMO GS Mortgage Securities Trust 2005-5F	5.500	06/25/35	11,540	11,718
52,978	CMO JPMCC Commercial Mortgage Trust 2016-JP2	2.713	08/15/49	52,728	53,046
210,000	CMO MSBAM Trust 2016-C39	3.325	05/15/49	207,118	200,271
51,588	CMO Morgan Stanley Capital I Trust	4.120	07/15/51	51,326	57,325
179,103	Commercial Mortgage Trust 2019-GC44	2.873	08/15/57	173,529	171,143
133,200	Commonbond Student Loan Trust	2.680	09/25/42	124,645	128,620
75,000	Credit Suisse AG New York	5.000	07/09/27	76,158	73,980
53,962	Credit Suisse 1st Boston	6.960	03/25/33	53,371	54,122
7,008	Credit Suisse 1st Boston	5.750	11/25/33	7,129	7,299
109,809	Countrywide Asset-Backed	4.934	10/25/34	108,071	108,548
158,557	Countrywide Asset-Backed	4.934	10/25/34	155,514	154,950
193,346	Countrywide Asset-Backed	4.974	12/25/34	188,832	191,488
73,582	DR Auto	1.390	03/15/29	73,014	71,628
24,483	Duke Energy Corp	1.295	07/01/30	23,339	22,985
60,000	Exeter Automobile Receivables	5.480	08/15/30	60,675	59,987
60,833	Foursight Capital	5.990	05/15/28	61,116	60,829
135,000	GM Financial Consumer	1.940	04/17/28	132,720	130,206
66,574	GM Financial Consumer Automobile Receivables Trust	3.100	01/19/27	66,344	65,495
80,000	GM Financial: Auto Loan Financing	5.400	05/08/27	81,162	79,930
100,000	Healthcare Realty Holdings LP	3.750	07/01/27	98,604	97,414
116,000	Hertz Vehicle Financing III	3.890	09/25/28	114,336	112,538
246,304	HNA 2015 LLC	2.291	06/30/27	238,152	256,182
55,000	HP Enterprise Co	4.400	09/25/27	55,048	54,974
120,000	Intercontinental Exchange Inc	3.625	09/01/28	117,593	115,684
65,000	Johnson & Johnson	4.550	03/01/28	66,101	64,962
60,000	JP Morgan Chase & Co	4.505	10/22/28	60,179	60,000
	<u>Forward</u>			\$ 5,649,004	\$ 5,615,447

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 5,649,004	\$ 5,615,447
\$ 60,000	JP Morgan Chase & Co	5.040	01/23/28	60,572	60,000
55,000	JP Morgan Chase & Co	1.045	11/19/26	54,257	48,550
104,675	JP Morgan Chase & Co	6.052	11/25/53	105,143	105,460
105,000	Kimco Royalty Corp	3.800	04/01/27	104,084	103,502
221,376	MFA Trust	1.906	11/25/56	198,075	221,372
65,000	Morgan Stanley	1.593	05/04/27	63,430	58,478
64,051	Nationstar Mortgage Loan	3.750	12/25/52	61,221	65,813
68,071	Nelnet Student Loan	4.725	08/27/36	65,827	65,178
93,895	New Residential Mortgage Loan Trust	4.500	03/25/36	92,638	99,720
3,136	Novastar Home Equity Loan Floating	5.514	06/25/35	3,132	3,146
280,000	NYSEG Storm Funding LLC	4.713	05/01/31	281,371	279,952
151,557	Octane Receivables Trust	2.230	11/20/28	150,892	149,917
12,899	Ohana Military Communities LLC	5.675	10/01/26	12,902	13,788
80,000	OLD REPUBLIC INTL CORP	3.875	08/26/26	79,390	78,490
80,000	Pioneer Natural Resources Company	5.100	03/29/26	80,382	79,961
100,000	PNC Financial Services Group Inc	6.615	10/20/27	102,799	102,087
244,806	PVTPL Air Canada	3.600	03/15/27	239,010	231,548
50,862	PVTPL Access Funding LLC	4.920	02/25/36	50,634	50,422
11,368	PVTPL CFMT Trust	1.390	09/22/31	11,235	11,361
135,000	PVTPL Delta Air Lines/Skymiles	4.750	10/20/28	135,313	129,769
110,000	PVTPL DEXT	4.770	08/15/35	110,829	109,994
100,000	PVTPL Hyundai Cap America	5.250	01/08/27	100,930	99,922
70,000	PVTPL Mars Inc	4.600	03/01/28	70,569	69,999
125,000	PVTPL Master Credit Card Trust	4.700	06/21/27	125,034	124,932
191,328	PVTPL Mill City Mortgage Loan Trust	3.750	05/25/58	187,513	183,421
200,000	PVTPL Mill City Mortgage Loan Trust	3.350	04/25/57	196,351	187,313
22,581	PVTPL Navient Private Education Loan Trust	3.910	12/15/45	22,495	23,611
50,149	PVTPL Navient Private Education Loan Trust	4.000	12/15/59	49,991	48,620
64,728	PVTPL OSCAR US Funding XIII LLC	1.270	09/11/28	63,903	62,849
95,384	PVTPL OSCAR US Funding XVII LLC	4.630	12/10/27	95,248	95,379
12,384	PVTPL Pacific Beacon LLC	5.379	07/15/26	12,398	13,299
155,000	PVTPL PFS Financing Co	5.340	04/15/29	157,653	157,864
160,000	PVTPL PFS Financing Co	4.850	02/15/30	161,962	159,997
270,000	PVTPL Private Export Funding Co	4.500	02/07/27	271,580	271,156
35,847	PVTPL SMB Private Education Loan Trust	4.666	01/15/37	35,332	37,574
25,776	PVTPL SMB Private Education Loan Trust	4.132	10/15/35	25,483	26,690
49,680	PVTPL SMB Private Education Loan Trust	3.832	07/15/53	46,798	49,812
150,000	PVTPL Vantage Data Centers	2.165	10/15/46	144,554	141,845
105,000	Realty Income Corp	3.200	01/15/27	103,197	102,334
15,263	Reliance Industries	1.870	01/15/26	15,126	14,690
14,882	Santander Drive Auto Receivables Trust	1.350	07/15/27	14,861	14,518
59,875	Santander Drive Auto Receivables Trust	4.880	09/15/28	59,892	59,872
24,921	SCE Recovery Funding LLC	0.861	11/15/31	22,143	21,870
265,000	Seattle Childrens Hospital	1.208	10/01/27	248,127	242,480
	<u>Forward</u>			\$ 9,943,280	\$ 9,894,002

OPERATING ENGINEERS HEALTH AND WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6034886; PLAN NO. 501
JUNE 30, 2025

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 9,943,280	\$ 9,894,002
\$ 45,000	Smith & Nephew Plc	5.150	03/20/27	45,538	44,952
66,872	Soundview Home	5.139	11/25/35	66,435	65,534
95,000	State Street Corp	4.530	02/20/29	95,779	94,020
70,000	State Street Corp	4.330	10/22/27	70,356	70,000
36,842	Structured Adjustable Rate Mortgage Loan	5.288	09/25/34	36,112	37,037
11,668	Structured Asset Securities	5.939	02/25/35	14,028	11,774
12,173	Tesla Auto Lease	5.890	06/22/26	12,185	12,172
19,506	Thornberg Mortgage Securities	2.903	03/25/44	19,091	19,361
54,297	Toyota Auto Receivables	2.930	09/15/26	54,162	54,296
40,000	Truist Financial Corporation	6.047	06/08/27	40,537	40,000
150,000	U.S. Bank National Association Bond	4.507	10/22/27	150,161	149,915
450,909	United Airlines	3.750	03/03/28	443,324	439,566
153,788	Virginia Power Fuel Securitization LLC	5.088	05/01/29	154,620	153,786
70,000	Wells Fargo & Company	5.574	07/25/29	72,279	71,474
40,000	Wells Fargo & Company	5.707	04/22/28	40,870	41,171
110,000	World Omni Automobile Lease Securitization Trust	5.030	05/15/29	110,929	110,431
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 11,369,686</u>	<u>\$ 11,309,491</u>
<u>No. of Shares</u>	<u>Mutual Fund</u>				
2,186,767	Loomis Sayles Senior Floating Rate and Fixed Income Fund Class Y			<u>\$ 17,778,415</u>	<u>\$ 19,852,884</u>
<u>Par Value</u>	<u>Common/Collective Trusts</u>				
\$ 2,521,693	NIS Preferred Stock Fund II, LLC			<u>\$ 17,749,553</u>	<u>\$ 14,172,334</u>
137	NIS Short Duration High Yield Fund, LLC			2,430,594	1,837,763
706	NIS Total Absolute Return Fund, LLC			<u>2,276,423</u>	<u>1,796,719</u>
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>			<u>\$ 22,456,570</u>	<u>\$ 17,806,816</u>
	<u>GRAND TOTALS</u>			<u><u>\$ 59,958,239</u></u>	<u><u>\$ 57,228,252</u></u>