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Status History

EIN	PN	Plan Id	Plan Year	Plan	Status	UserName	IFASStatus	FIREStatus	IRSFFileName	Date	WorkflowStatus	C5558FilingStatus
956049026	501	91550	2022	Operating Engineers Local 501 Security Fund		nflores5500	FILING_RECEIVED			7/15/2024 12:03:18 PM		
956049026	501	91550	2022	Operating Engineers Local 501 Security Fund		nflores5500	PROCESSING			7/15/2024 12:02:39 PM		
956049026	501	91550	2022	Operating Engineers Local 501 Security Fund		nflores5500	Submitted			7/15/2024 12:02:26 PM		
956049026	501	91550	2022	Operating Engineers Local 501 Security Fund		nflores5500	Signature Saved			7/15/2024 12:02:26 PM		

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5500 Web Client

Plan Management

Organizational Management

User Profile

Help

Planbook Information

Plan Name: Operating Engineers Local 501 Security Fund
EIN: 956049026
Plan Number: 501
Plan ID: 91550
Plan Year: 2022
Form Year: 2022

Submission Response

Time: 7/15/2024 12:02:38 PM
Request ID: A1042652000010410582
Acknowledgement ID: 20240715110238NAL0001585185001
Response ID: 20240715110238NAL0001585185
Submission Status: FILING RECEIVED

The list of errors/warnings below were accepted at time of transmission:

No validations were reported.

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Form 5500 <hr/> Department of the Treasury Internal Revenue Service	Annual Return/Report of Employee Benefit Plan <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
Part I Annual Report Identification Information		
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022		and ending 09/30/2023
<p>A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____</p> <p>B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p>C If the plan is a collectively-bargained plan, check here. ► <input checked="" type="checkbox"/></p> <p>D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program</p> <p><input type="checkbox"/> special extension (enter description) _____</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ► <input type="checkbox"/></p>		
Part II Basic Plan Information —enter all requested information		
1a Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND		1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF OPERATING ENGINEERS P.O. BOX 990 WEST COVINA, CA 91793		1c Effective date of plan 10/01/1952
2b Employer Identification Number (EIN) 95-6049026		2c Plan Sponsor's telephone number 626-646-1079
2d Business code (see instructions) 721110		

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.	07/15/2024	EDWARD CURLY
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Filed with authorized/valid electronic signature.	07/15/2024	TOM CROSSER
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN
a Sponsor's name		4d PN
c Plan Name		
5 Total number of participants at the beginning of the plan year		5 3299
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 3063
a(2) Total number of active participants at the end of the plan year		6a(2) 3058
b Retired or separated participants receiving benefits		6b 253
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3311
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 116
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
4A 4B 4D 4E 4F 4L		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance		(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts		(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust		(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor		(4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> 10 A (Insurance Information)
		(4) <input checked="" type="checkbox"/> C (Service Provider Information)
		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	G0360	1545	07/01/2023	09/30/2023

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

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

0 **0**

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose		

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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.....	6d	

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input checked="" type="checkbox"/> Other (specify) ► EAP			

9 Experience-rated contracts:

a Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3)).....

b Benefit charges (1) Claims paid.....

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2)).....

(4) Claims charged

c Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs.....

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention.....

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

9a(1)	
9a(2)	
9a(3)	
	9a(4)
9b(1)	
9b(2)	
	9b(3)
	9b(4)
9c(1)(A)	
9c(1)(B)	
9c(1)(C)	
9c(1)(D)	
9c(1)(E)	
9c(1)(F)	
9c(1)(G)	
	9c(1)(H)
	9c(2)
	9d(1)
	9d(2)
	9d(3)
	9e
10a	5859
10b	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

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.

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

BEHAVIORAL HEALTHCARE OPTIONS, 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
88-0267857	00000	00000	519	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose		

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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.....	6d	

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input checked="" type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5300
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

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	00000	76460	1536	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input checked="" type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input checked="" type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	356080
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

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	00000	76467	94	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input checked="" type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input checked="" type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	16150
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

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	00000	04741	197	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input checked="" type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input checked="" type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	105654
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

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
88-0201035	96342	10000243	370	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input checked="" type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input checked="" type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input checked="" type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

2136335

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

KAISER FOUNDATION HEALTH PLAN INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	229194	4095	05/01/2022	04/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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.....

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

0

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 <input checked="" type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input checked="" type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	19343706
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

MANAGED HEALTH NETWORK

(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
95-3817988	52411	2302	2303	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input checked="" type="checkbox"/> Other (specify) ► EAP			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	24093
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information**11** Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

INSURANCE CARRIER DID NOT PROVIDE SCHEDULE A. INFORMATION REPORTED IS BASED ON INTERNAL RECORDS.

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10006	1442	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input checked="" type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

1252848

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026

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

1 Coverage Information:

(a) Name of insurance carrier

UNITEDHEALTHCARE OF NEVADA

(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
36-2739571	79413	900219	14	10/01/2022	09/30/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Investment and Annuity Contract Information**

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ►

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

Specify nature of costs ►

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

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

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

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

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

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

a <input checked="" type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input checked="" type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ►			

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	44284
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV**Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

Yes No

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

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection.**For calendar plan year 2022 or fiscal plan year beginning **10/01/2022**and ending **09/30/2023****A** Name of plan**OPERATING ENGINEERS LOCAL 501 SECURITY FUND****B** Three-digit
plan number (PN)**501****C** Plan sponsor's name as shown on line 2a of Form 5500**BOARD OF TRUSTEES OF OPERATING ENGINEERS****D** Employer Identification Number (EIN)**95-6049026****Part I Service Provider Information (see instructions)**

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

BENESYS ADMINISTRATORS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	1375177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	464531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS OF CALIFORNIA

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 49 50	NONE	362716	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(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 28 51	NONE	221860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF CALIFORNIA

94-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	174779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
16 50	NONE	112717	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEINBERG, ROGER & ROSENFELD

94-2458080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	110353	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SMART SOURCE LLC

30-0830429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	106055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
12 50	NONE	48635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SWIFTMD TELEMEDICINE

26-1306606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	44998	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUM RX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	12954	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MEDEXPERT INTERNATIONAL, INC.

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPTUM RX, INC.	62 99	16260
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS PHARMACIES 95-6049026	PHARMACY SUBMISSION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
IRON MOUNTAIN 04-3038590	49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MARSH & MCLENNAN AGENCY LLC	53	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
36-1436000		
(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
SWIFT MD 26-1306606	49 50	SERVICE PROVIDER FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
BRIAN PAGAC PO BOX 990 WEST COVINA, CA 91793	20 50	TRUSTEE FAILED TO PROVIDE DISCLOSURE OF INDIRECT COMPENSATION, IF ANY.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)	
a Name:	b EIN:
c Position:	
d Address:	e Telephone:
Explanation:	

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

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

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

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

SCHEDULE H
(Form 5500)

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A Name of plan OPERATING ENGINEERS LOCAL 501 SECURITY FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OPERATING ENGINEERS	D Employer Identification Number (EIN) 95-6049026	

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.....	19214997	17126851
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	4590590	4813894
(2) Participant contributions.....		
(3) Other.....	1346807	1133323
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		
(2) U.S. Government securities	4806280	5050635
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	43823895	47982777
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common.....		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants).....		
(8) Participant loans.....		
(9) Value of interest in common/collective trusts.....		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts.....		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		
(14) Value of funds held in insurance company general account (unallocated contracts).....	28402467	38134291
(15) Other		

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

Schedule H (Form 5500) 2022
v. 220413

	(a) Beginning of Year	(b) End of Year
1d Employer-related investments:		
(1) Employer securities	1d(1)	
(2) Employer real property	1d(2)	
e Buildings and other property used in plan operation	1e	
f Total assets (add all amounts in lines 1a through 1e).....	1f	102185036
Liabilities		
g Benefit claims payable	1g	1946600
h Operating payables	1h	119089
i Acquisition indebtedness	1i	
j Other liabilities	1j	3940070
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6005759
Net Assets		
l Net assets (subtract line 1k from line 1f).....	1l	96179277
		106278072

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.

	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	52955510
(B) Participants	2a(1)(B)	2073054
(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)	55028564
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	462877
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	1714072
(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)	2176949
(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)	595854
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	595854
(3) Rents.....	2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
(B) Other.....	2b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	3474625
c Other income	2c	3165616
d Total income. Add all income amounts in column (b) and enter total	2d	64441608
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24517496
(2) To insurance carriers for the provision of benefits	2e(2)	26779314
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	51296810
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	615712
(2) Contract administrator fees.....	2i(2)	1915352
(3) Investment advisory and management fees	2i(3)	221860
(4) Other	2i(4)	293079
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)	3046003
j Total expenses. Add all expense amounts in column (b) and enter total	2j	54342813
Net Income and Reconciliation		
k Net income (loss). Subtract line 2j from line 2d	2k	10098795
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan.....	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH+BROWN, PC** (2) EIN: **22-2027092**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

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?.....

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.

	Yes	No	Amount
4b		X	
4c		X	
4d		X	
4e	X		500000
4f		X	
4g		X	
4h		X	
4i	X		
4j	X		
4k		X	
4l		X	
4m			
4n			

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 LOCAL 501 SECURITY FUND
Financial Statements
September 30, 2023 and 2022
With Independent Auditor's Reports

Operating Engineers Local 501 Security Fund

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September 30, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Operating Engineers Local 501 Security Fund:

Opinion

We have audited the accompanying financial statements of Operating Engineers Local 501 Security 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 benefit obligations as of September 30, 2023 and 2022, the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Operating Engineers Local 501 Security Fund as of September 30, 2023 and 2022, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Operating Engineers Local 501 Security 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.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Operating Engineers Local 501 Security Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Operating Engineers Local 501 Security Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Operating Engineers Local 501 Security 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.



June 12, 2024

Operating Engineers Local 501 Security Fund
Statements of Net Assets Available for Benefits
September 30, 2023 and 2022

	2023	2022
Assets		
Cash	\$ 17,126,851	\$ 19,214,997
Investments - at fair value		
Corporate bonds	47,982,777	43,823,895
Money market fund	12,699,425	6,289,129
Mutual funds	25,434,866	22,113,338
U.S. Government and Government Agency obligations	<u>5,050,635</u>	<u>4,806,280</u>
Total investments - at fair value	<u>91,167,703</u>	<u>77,032,642</u>
Receivables		
Employer contributions	4,813,894	4,590,590
Stop-loss reimbursements	164,654	535,132
Prescription rebate	859,390	732,447
Interest and dividends	<u>102,188</u>	<u>59,322</u>
Total receivables	<u>5,940,126</u>	<u>5,917,491</u>
Prepaid expenses	<u>7,091</u>	<u>19,906</u>
Total assets	<u>114,241,771</u>	<u>102,185,036</u>
Liabilities and Net Assets		
Liabilities		
Deferred revenue and employer credits	2,227,887	1,365,568
Accounts payable	58,281	119,089
Due to apprentice funds	82,893	-
Contributions due to individual account plan	692,923	748,523
Contributions due to pension fund	<u>1,939,115</u>	<u>1,825,979</u>
Total liabilities	<u>5,001,099</u>	<u>4,059,159</u>
Net assets available for benefits	<u>\$ 109,240,672</u>	<u>\$ 98,125,877</u>

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

Operating Engineers Local 501 Security Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2023 and 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in		
Fair value of investments	\$ 3,474,625	\$ (12,056,653)
Interest and dividends	2,772,803	1,834,397
	6,247,428	(10,222,256)
Less: Investment expenses	(221,860)	(209,614)
Investment income (loss) - net	<u>6,025,568</u>	<u>(10,431,870)</u>
Employer contributions		
California	42,506,436	41,115,341
Nevada	10,449,074	10,144,374
Total employer contributions	<u>52,955,510</u>	<u>51,259,715</u>
Participant contributions		
California	1,650,769	1,729,055
Nevada	422,285	460,760
Total participant contributions	<u>2,073,054</u>	<u>2,189,815</u>
Stop-loss reimbursements	808,362	890,284
Prescription rebate	2,323,729	761,004
Other income	33,525	163,788
Total additions	<u>64,219,748</u>	<u>44,832,736</u>
Deductions		
Cost of benefits		
Group insurance premiums	26,779,314	24,644,936
Medical claims	12,872,715	12,182,240
Prescription drug claims	7,529,305	5,888,015
Dental claims	2,100,222	1,802,664
Vision claims	394,770	314,641
Death claims	80,000	60,000
HRA claims	430,902	151,222
Disability claims	93,582	130,779
Total cost of benefits	<u>50,280,810</u>	<u>45,174,497</u>
Administrative expenses	2,824,143	2,370,979
Total deductions	<u>53,104,953</u>	<u>47,545,476</u>
Net change in net assets available for benefits	11,114,795	(2,712,740)
Net assets available for benefits		
Beginning of year	<u>98,125,877</u>	<u>100,838,617</u>
End of year	<u>\$ 109,240,672</u>	<u>\$ 98,125,877</u>

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

Operating Engineers Local 501 Security Fund
Statements of Benefit Obligations
September 30, 2023 and 2022

	2023	2022
Accounts currently payable		
Claims payable and incurred but not reported	\$ 2,962,600	\$ 1,946,600
Other obligations for current benefit coverage -		
at present value of estimated amounts, net of		
amounts currently payable		
Accumulated eligibility credits	<u>9,035,000</u>	<u>7,822,000</u>
Total benefit obligations	<u>\$ 11,997,600</u>	<u>\$ 9,768,600</u>

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

**Operating Engineers Local 501 Security Fund
Statements of Changes in Benefit Obligations
Years Ended September 30, 2023 and 2022**

	2023	2022
Amounts currently payable		
Balance at beginning of year	\$ 1,946,600	\$ 1,884,600
Increase during the year attributable to changes in claims payable and incurred but not reported	<u>1,016,000</u>	<u>62,000</u>
Balance at end of year	<u>2,962,600</u>	<u>1,946,600</u>
 Other obligations for current benefit coverage -		
at present value of estimate amounts, net of amounts currently payable		
Balance at beginning of year	7,822,000	6,893,000
Increase during the year attributable to changes in accumulated eligibility credits	<u>1,213,000</u>	<u>929,000</u>
Balance at end of year	<u>9,035,000</u>	<u>7,822,000</u>
 Total benefit obligations	<u><u>\$ 11,997,600</u></u>	<u><u>\$ 9,768,600</u></u>

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

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

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

Cash

Cash includes amounts on deposit in demand-deposit checking accounts.

Investment Valuation, Transactions and Income Recognition

General - Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

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

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

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

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

Inputs and Valuation Methods

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

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

Money Market Fund: The fair value of the money market fund is based on the total value of all the securities held. Generally, the amortized cost approximates the current fair value; the fund seeks to maintain a net asset value of \$1.00 (Level 2).

Mutual Funds: The fair value of mutual funds is generally based on quoted market prices in active markets (Level 1).

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

U.S. Government and Government Agency Obligations: The fair value of U.S. Government and Government Agency obligations is generally determined using a market-based model in which valuation consideration is given to yield or price of comparable securities, coupon rate, maturity, credit quality and dealer-provided prices (Level 2). The fair value of U.S. Treasuries is generally based on quoted prices in active markets (Level 1).

Valuation Methods, Consistency

The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Employer Contributions Receivable

Employer contributions due and not paid prior to year-end are recorded as employer contributions receivable. Employer contributions due as a result of employer compliance payroll audits are recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Stop-Loss Reimbursements and Prescription Rebates

Amounts due and not yet received prior to year-end are recorded as receivables.

Deferred Revenue and Employer Credits

Deferred revenue is comprised of participant contributions received for coverage periods subsequent to year-end and employer credits are due to employer contributions received in excess of the amount due per employer transmittal forms or for which employer transmittal forms have not been submitted as of year-end. Employer credits may be returned to the employer upon request with approval of the Board of Trustees.

Cost of Benefits

Premiums paid are recorded as group insurance premiums in the accompanying statements of changes in net assets available for benefits when paid. Claim payments are recorded when paid by the Plan or when payment is issued by the Plan to third-party claims processors upon receipt of their reimbursement request.

Benefit Obligations

Claims payable and incurred but not reported and accumulated eligibility credits were estimated based on claims experience data. Claims payable and incurred but not reported is an estimate of the cost to the Plan, net of stop-loss reimbursements, if any, for claims incurred by the participants under the terms of the Plan through the year ended September 30 but paid by the Plan after September 30. Accumulated eligibility credits are estimated based on two month's cost of benefits.

Estimates

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

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

Risks and Uncertainties

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

2. DESCRIPTION OF THE PLAN

The following brief description of Operating Engineers Local 501 Security Fund (the "Plan") provides only general information. For more complete information, participants should refer to the Summary Plan Description and any amendments regarding specific provisions of the Plan.

General

The Plan was organized to provide hospital, medical, surgical, prescription drug, dental, vision, death, and accidental death and dismemberment benefits to employees. The Plan is funded by contributions from employers on behalf of participating employees and by self-pay contributions from eligible retirees and COBRA participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

Active employees and their dependents become eligible for benefits on the first day of the second month following any calendar month in which an active employee works at least 72 hours for an employer and the employer makes the required contributions.

Benefits

Participants and their dependents may elect coverage under the self-funded medical option, with network access and utilization review services provided by Anthem Blue Cross (CA), or under a Health Maintenance Organization ("HMO") option through Kaiser Permanente (CA) or Health Plan of Nevada (NV). For participants covered by the self-funded medical option, the Plan provides prescription drug benefits through OptumRX under a self-funded basis. For participants covered by Kaiser Permanente (CA) or Health Plan of Nevada (NV), prescription drug benefits are provided by the respective HMO. The Plan provides dental benefits on a self-funded basis or under an HMO through Delta Dental. Vision care benefits are provided on a self-funded basis through Vision Service Plan ("VSP"). Death and accidental death and dismemberment benefits are provided by the Plan on a self-funded basis.

For participants covered by a self-funded medical option, the Plan provides Mental Health and Substance Use Disorders Benefits through Anthem Blue Cross. For participants covered by Kaiser Permanente or Health Plan of Nevada, the Mental Health and Substance Use Disorders Benefits are provided by the respective HMO on a self-funded basis.

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

Health Reimbursement Arrangement ("HRA")

Effective October 1, 2021, the Plan established a health reimbursement arrangement or "HRA". Active Plan participants covered by the Plan's medical benefits, eligible as of September 1 of the previous Plan year, will have their individual HRA account funded with the stipulated contribution on October 1 of each succeeding Plan year.

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

For the Plan year ended September 30, 2022, each eligible participant's account was funded with \$250. Participants may use their account to pay for or be reimbursed for eligible healthcare expenses. HRA funds not utilized by the participant by the end of the Plan year, of September 30, will be forfeited. HRA benefit accounts are not vested. HRA funding was increased to \$500 and \$1,000 for each eligible participant for the years ending September 30, 2023, and 2024, respectively.

3. PRIORITIES UPON TERMINATION

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

4. TAX STATUS

The Plan obtained a determination letter in March 1958, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of September 30, 2023 and 2022, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

The Plan is financed by contributions from employers, active participants, retirees, and members electing COBRA coverage. The monthly employer contribution rate is specified in the collective bargaining agreements. Participant, retiree, and COBRA contribution rates are established periodically by the Plan's Board of Trustees.

6. CONCENTRATIONS

Two employers accounted for approximately 31% and 34% of employer contributions during each of the years ended September 30, 2023 and 2022. Economic changes to these employers may result in a significant impact to the Plan.

The Plan has significant cash balances at financial institutions which throughout the year regularly exceed the federally insured limit of \$250,000. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations and cash flows.

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

7. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at September 30, 2023 and 2022, are as follows:

Investment	September 30, 2023	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Corporate bonds	\$ 47,982,777	\$ -	\$ 47,982,777
Money market fund	12,699,425	-	12,699,425
Mutual funds	25,434,866	25,434,866	-
U.S. Government and Government Agency obligations	5,050,635	4,628,897	421,738
Total investments	<u>\$ 91,167,703</u>	<u>\$ 30,063,763</u>	<u>\$ 61,103,940</u>

Investment	September 30, 2022	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Corporate bonds	\$ 43,823,895	\$ -	\$ 43,823,895
Money market fund	6,289,129	-	6,289,129
Mutual funds	22,113,338	22,113,338	-
U.S. Government and Government Agency obligations	4,806,280	4,378,895	427,385
Total investments	<u>\$ 77,032,642</u>	<u>\$ 26,492,233</u>	<u>\$ 50,540,409</u>

8. RELATED-PARTY TRANSACTIONS - DUE TO TRUST FUNDS

The Plan periodically receives contributions on behalf of the Central Pension Fund and the Individual Account Plan (the "Trust Funds"). The Plan will then remit these contributions to the respective Trust Funds. The amount due to these Trust Funds at September 30, 2023 and 2022, totaled approximately \$2,715,000 and \$2,575,000, respectively. The Plan and the Trust Funds are related in that they have common Trustees.

Operating Engineers Local 501 Security Fund

Notes to Financial Statements

September 30, 2023 and 2022

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 109,240,672	\$ 98,125,877
Benefit obligations currently payable	<u>(2,962,600)</u>	<u>(1,946,600)</u>
Net assets available for benefits per the Form 5500	<u>\$ 106,278,072</u>	<u>\$ 96,179,277</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended September 30, 2023:

Benefits paid to or for participants per the financial statements	\$ 50,280,810
Add: Amounts currently payable at end of year	2,962,600
Less: Amounts currently payable at beginning of year	<u>(1,946,600)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 51,296,810</u>

10. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after September 30, 2023, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through June 12, 2024, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Operating Engineers Local 501 Security Fund:

We have audited the financial statements of Operating Engineers Local 501 Security Fund (the "Plan") as of and for the years ended September 30, 2023 and 2022, and have issued our report thereon dated June 12, 2024, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplementary information, which appears on page 14, and the supplemental schedules, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America.

In forming an 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 aspects in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

WithumSmith+Brown, PC

June 12, 2024

Operating Engineers Local 501 Security Fund
Schedules of Administrative Expenses
Years Ended September 30, 2023 and 2022

	2023	2022
Administrative fees		
Third-party administrator	\$ 1,307,337	\$ 1,160,320
Administrative Services Only ("ASO") benefit contracts	608,015	516,738
Accounting and auditing fees		
Audit fees	62,242	68,880
Payroll compliance fees	327,273	183,171
Consulting fees	109,496	146,236
Insurance	63,805	44,510
Legal fees	103,801	55,379
Meetings and travel	12,900	9,577
Membership fees	64,521	64,717
Printing, postage and other expenses	<u>164,753</u>	<u>121,451</u>
 Total administrative expenses	 <u>\$ 2,824,143</u>	 <u>\$ 2,370,979</u>

See Independent Auditor's Report on Supplementary Information.

Operating Engineers Local 501 Security Fund
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-6049026, Plan #501
September 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	U.S. Government Securities	See attached	\$ 5,361,620	\$ 5,050,635
	Corporate Bonds	See attached	<u>52,586,975</u>	<u>47,982,777</u>
	Mutual Funds	See attached	28,054,984	25,434,866
	Money Market Funds	See attached	<u>12,699,425</u>	<u>12,699,425</u>
	Total registered investment companies		<u>40,754,409</u>	<u>38,134,291</u>
	Totals		<u>\$ 98,703,004</u>	<u>\$ 91,167,703</u>

See Independent Auditor's Report on Supplementary Information.

Operating Engineers Local 501 Security Fund
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #95-6049026, Plan #501
Year Ended September 30, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions over 5%								
UBS	Liquid Assets Govt Fund (Cash) (136 purchases)	25,005,270	n/a	n/a	n/a	25,005,270	25,005,270	n/a
UBS	Liquid Assets Govt Fund (Cash) (39 sales)	n/a	10,330,624	n/a	n/a	10,330,624	10,330,624	n/a

See Independent Auditor's Report on Supplementary Information.

Portfolio Holdings

as of September 30, 2023 (continued)

Details of Portfolio Holdings

Total Portfolio							Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of asset class	% of portfolio
Cash														
	Quantity		Purchase price (\$)/ Avg Price	Price on 09/30/2023 (\$)	Cost basis (\$)	Market value (\$)								
LIQUID ASSETS GOVT FUND	12,793,270.34	1.00	1.00	12,793,270.34	12,793,270.34	0.00	0.00%	684,439.96	5.35%	99.46%	99.46%	99.46%	14.01%	
CUSIP: 90262Y307	Symbol: MMLRA													
USD CASH	69,151.41	1.00	1.00	69,151.41	69,151.41	0.00	0.00%	NA	NA	NA	NA	0.54%	0.08%	
Total Cash							\$ 12,699,425	\$ 12,699,425	\$ 0.00	0.00%	\$ 684,439.96	5.32%	100%	14.08%
Fixed Income			Purchase price (\$)/ Avg Price	Price on 09/30/2023 (\$)	Cost basis (\$)	Market value (\$)								
US	Quantity													
ABBOTT LABS NTS B/E	768,000.00	109.50	96.03	840,967.68	747,125.76	-93,841.92	-11.16%	28,800.00	3.85%	1.41%	1.41%	0.82%		
03.750% 113026 DTD112216														
FC053017 CALL@MW+25BP														
CUSIP: 002824BF6														
Initial purchase date: Oct 18, 2019														
ACE INA HOLDINGS INC B/E	584,000.00	105.16	94.88	614,125.02	562,093.67	-52,031.35	-8.47%	19,564.00	3.48%	1.06%	1.06%	0.62%		
03.350% 050326 DTD110315														
FC050316 CALL@MW+20BP														
CUSIP: 00440FAV9														
Initial purchase date: Jun 28, 2019														
AETNA INC NTS B/E 03.500%	615,000.00	103.26	97.38	635,078.31	606,958.88	-28,119.44	-4.43%	21,525.00	3.55%	1.14%	1.14%	0.66%		
111524 DTD11014														
CALL@MW+20BP														
CUSIP: 00817YAQ1														
Initial purchase date: Jun 28, 2019														

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income Us	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
AIR LEASE CORP 03.750% 060126 DTD052319 FC120119 CALL@MW+25BP CUSIP: 009144AB8	545,000.00	103.01	94.27	561,415.40	520,549.03	-40,866.37	-7.28%	20,437.50	3.93%	0.98%	0.57%
Initial purchase date: Sep 13, 2019											
ALTRIA GROUP INC B/E 03.400% 050630 DTD050620 FC110620 CALL@MW+45BP CUSIP: 022095B11	250,000.00	109.96	85.50	274,907.50	217,155.00	-57,752.50	-21.01%	8,500.00	3.91%	0.41%	0.24%
Initial purchase date: Nov 13, 2020											
AMERICAN EXPRESS CO NT'S 03.125% 052026 DTD052019 FC112019 B/E CUSIP: 025816CF4	219,000.00	104.20	94.21	228,201.66	208,784.68	-19,416.98	-8.51%	6,843.75	3.28%	0.39%	0.23%
Initial purchase date: Nov 07, 2019											
AMGEN INC B/E 02.300% 022531 DTD050620 CALL@MW+30BP CUSIP: 031162CV8	750,000.00	100.38	80.17	752,842.50	602,959.58	-149,882.92	-19.91%	17,250.00	2.86%	1.14%	0.66%
Initial purchase date: Sep 29, 2021											
ANHEUSER-BUSCH INBEV 04.000% 041328 DTD040418 FC101318 CALL@MW+20BP CUSIP: 035240AL4	770,000.00	108.52	94.69	835,566.55	743,423.88	-92,142.67	-11.03%	30,800.00	4.14%	1.40%	0.81%
Initial purchase date: Jun 28, 2019											
APPLE INC B/E 03.000% 062027 DTD062017 FC122017 CALL@MW+12.5BP CUSIP: 037833CX6	244,000.00	104.75	93.17	255,586.16	229,363.25	-26,222.91	-10.26%	7,320.00	3.19%	0.43%	0.25%
Initial purchase date: Nov 07, 2019											
ARCHER-DANIELS-MIDL& CO 02.500% 081126 DTD081116 FC021117 CALL@MW+15BP CUSIP: 039483BL5	526,000.00	100.37	92.99	527,949.46	490,938.30	-37,011.16	-7.01%	13,150.00	2.68%	0.93%	0.54%
Initial purchase date: Jul 01, 2019											
AUTOZONE INC B/E 03.750% 060127 DTD041817 FC120117 CALL@MW+25BP CUSIP: 053332AV4	784,000.00	105.50	94.24	827,152.11	748,575.61	-78,576.50	-9.50%	29,400.00	3.93%	1.41%	0.82%
Initial purchase date: Jun 28, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
BANK OF AMER C CORP 03.248% 102127 DTD102116 FC042117 CALL@MW+25BP C USIP: 06051GGAA1	588,000.00	89.37	91.27	525,507.36	545,126.18	19,618.82	3.73%	19,098.24	3.50%	1.03%	0.60%
Initial purchase date: Oct 31, 2022											
BOEING CO B/E 02.500% 030125 DTD022015 FC090115 CALL@MW+10BP C USIP: 097023BJ3	100,000.00	101.32	95.19	101,321.00	95,395.39	-5,925.61	-5.85%	2,500.00	2.62%	0.18%	0.10%
Initial purchase date: Nov 18, 2019											
BROADCOM INC NTS B/E 04.300% 111532 DTD050820 FC111520 CALL@MW+50BP C USIP: 11135FAS0	2,548,000.00	87.55	87.27	2,230,727.94	2,264,700.62	33,972.68	1.52%	109,564.00	4.84%	4.27%	2.48%
Initial purchase date: Jul 25, 2022											
CHARLES SCHWAB CORP NTS 03.200% 030227 DTD030217 FC090217 CALL@MW+20BP C USIP: 808513AQ8	1,110,000.00	104.82	91.59	1,163,457.60	1,019,356.17	-144,101.43	-12.39%	35,520.00	3.48%	1.92%	1.12%
Initial purchase date: Oct 23, 2019											
CITIGROUP INC B/E 02.520% 110332 DTD110321 CALL@MW+15BP C USIP: 172967NE7	796,000.00	80.94	76.08	644,250.56	613,771.72	-30,478.84	-4.73%	20,059.20	3.27%	1.16%	0.67%
Initial purchase date: Mar 29, 2023											
CITIGROUP INC B/E 02.976% 110530 DTD110519 CALL@MW+20BP C USIP: 17308CC53	2,000.00	86.52	83.75	1,730.48	1,674.90	-55.58	-3.21%	59.52	3.55%	0.00%	0.00%
Initial purchase date: Mar 16, 2023											
CITIGROUP INC B/E 04.400% 061025 DTD061015 FC121015 C USIP: 172967J9	366,000.00	108.15	97.04	395,811.44	360,087.07	-35,724.37	-9.03%	16,104.00	4.47%	0.68%	0.39%
Initial purchase date: Nov 07, 2019											
CITIGROUP INC B/E 04.600% 030926 DTD030916 FC090916 C USIP: 172967K9	95,000.00	110.01	96.56	104,509.50	91,982.17	-12,527.33	-11.99%	4,370.00	4.75%	0.17%	0.10%
Initial purchase date: Dec 23, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
CITIGROUP INC NTS B/E 03.352% 042425 DTD042419 FC102419 CALL@MW+20BP CUSIP: 172967M55	350,000.00	103.73	98.22	363,062.00	348,853.87	-14,208.13	-3.91%	11,732.00	3.36%	0.66%	0.38%
Initial purchase date: Nov 18, 2019											
COMCAST CORP NEW NTS B/E 03.550% 050128 DTD020818 FC050118 CALL@MW+15BP CUSIP: 20030NCH2	2,108,000.00	112.38	92.80	2,368,907.16	1,987,260.20	-381,646.96	-16.11%	74,834.00	3.77%	3.75%	2.18%
Initial purchase date: Feb 24, 2021											
CX CORP B/E 3.250% 060127 DTD050117 FC120117 CALL@MW+15BP CUSIP: 126408HH9	797,000.00	103.83	92.96	827,501.36	749,421.54	-78,079.82	-9.44%	25,902.50	3.46%	1.41%	0.82%
Initial purchase date: Jun 28, 2019											
DISCOVERY COMMUNICATIONS 03.625% 051530 DTD051820 FC111520 CALL@MW+45BP CUSIP: 25470DBJ7	1,250,000.00	86.35	84.67	1,079,387.50	1,075,304.69	-4,082.81	-0.38%	45,312.50	4.21%	2.03%	1.18%
Initial purchase date: Aug 21, 2023											
DOWDUPONT INC NTS B/E 04.725% 111528 DTD112818 FC051519 CALL@MW+25BP CUSIP: 260781AD2	728,000.00	113.42	96.70	825,717.65	716,860.69	-108,856.96	-13.18%	34,398.00	4.80%	1.35%	0.78%
Initial purchase date: Jun 28, 2019											
ENLINK MIDSTREAM PRTN 04.850% 071526 DTD071416 FC011517 CALL@MW+50BP CUSIP: 29336UAF4	1,482,000.00	95.43	94.14	1,414,331.88	1,410,114.36	-4,217.52	-0.30%	71,877.00	5.10%	2.66%	1.54%
Initial purchase date: Mar 16, 2023											
EXELON CORP NTS B/E 03.950% 061525 DTD121515 FC061516 CALL@MW+25BP CUSIP: 30161NAN1	578,000.00	106.90	96.79	617,885.60	566,087.90	-51,797.70	-8.38%	22,831.00	4.03%	1.07%	0.62%
Initial purchase date: Jul 01, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income Us	Quantity	Purchase price (\$)/ Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
FEDEX CORP B/E 03.400% 01528 DTD013118 FC081518 CALL@MW+15BP CUSIP: 31428XBP0	826,000.00	102.57	92.04	847,244.72	763,760.90	-83,483.82	-9.85%	28,084.00	3.68%	1.44%	0.84%
Initial purchase date: Oct 17, 2019											
FFC BOND 02.150% DUE 111826 DTD 111819 FC 05182020 CUSIP: 3133EK7E0	200,000.00	100.25	91.48	200,500.00	184,538.67	-15,961.33	-7.96%	4,300.00	2.33%	0.35%	0.20%
Initial purchase date: Nov 19, 2019											
FFC BOND 03.430% DUE 120628 DTD 120618 FC 06062019 CUSIP: 3133E12D0	250,000.00	110.45	93.79	276,122.50	237,200.42	-38,922.08	-14.10%	8,575.00	3.62%	0.45%	0.26%
Initial purchase date: Dec 23, 2019											
FISERV INC B/E 03.850% 060125 DTD052215 FC120115 CALL@MW+25BP CUSIP: 337738AP3	778,000.00	106.66	96.67	829,785.11	761,993.73	-67,791.38	-8.17%	29,953.00	3.93%	1.44%	0.83%
Initial purchase date: Jun 28, 2019											
FREEPORT-MCMORAN INC B/E 04.550% 111424 DTD111414 FC051415 CALL@MW+35BP CUSIP: 35671DBL8	638,000.00	106.81	98.15	681,460.56	637,182.65	-44,277.91	-6.50%	29,029.00	4.56%	1.20%	0.70%
Initial purchase date: Jan 05, 2023											
GENERAL MOTORS FINL CO 05.850% 040630 DTD040623 CALL@MW+40BP CUSIP: 37045XEG7	836,000.00	100.14	95.79	837,162.04	824,425.58	-12,736.46	-1.52%	48,906.00	5.93%	1.55%	0.90%
Initial purchase date: May 12, 2023											
GOLDMAN SACHS GROUP INC 03.500% 012325 DTD012315 FC072315 NTS B/E CUSIP: 38148AC0	545,000.00	104.26	96.71	568,226.85	530,630.47	-37,596.38	-6.62%	19,075.00	3.59%	1.00%	0.58%
Initial purchase date: Nov 07, 2019											
GOLDMAN SACHS GROUP INC 03.750% 052225 DTD052215 FC112215 B/E CUSIP: 38148AE6	333,000.00	105.86	96.39	352,500.48	325,405.38	-27,095.10	-7.69%	12,487.50	3.84%	0.61%	0.36%
Initial purchase date: Nov 18, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income Us	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
GOLDMAN SACHS GROUP INC 05.950% 011527 DTD010906 CALL @ MW +20BPS CUSIP: 38141GFS9	705,000.00	117.85	99.69	830,842.48	711,525.36	-119,317.12	-14.36%	41,947.50	5.90%	1.34%	0.78%
Initial purchase date: Jun 28, 2019											
GOLDMAN SACHS GROUP INC 06.811% 051526 DTD051718 FC081518 NTS B/E CUSIP: 38141GXH1	100,000.00	101.27	100.62	101,273.00	100,615.00	-658.00	-0.65%	6,796.18	6.75%	0.19%	0.11%
Initial purchase date: Dec 23, 2019											
GOLDMAN SACHS GROUP INC 3.800% 031530 DTD031920 FC091520 CALL@MW+45BP CUSIP: 38141GXH2	38,000.00	91.63	88.29	34,817.50	33,611.51	-1,205.99	-3.46%	1,444.00	4.30%	0.06%	0.04%
Initial purchase date: Jul 27, 2023											
HARLEY DAVIDSON INC B/E 03.500% 072825 DTD072815 CALL@MW+20BP CUSIP: 412822AD0	349,000.00	104.63	95.45	365,145.54	335,224.19	-29,921.35	-8.19%	12,215.00	3.64%	0.63%	0.37%
Initial purchase date: Nov 18, 2019											
HOME DEPOT INC B/E 03.350% 091525 DTD091515 FC031516 CALL@MW+20BP CUSIP: 437016BK7	790,000.00	106.38	96.20	840,371.55	761,066.91	-79,304.64	-9.44%	26,465.00	3.48%	1.44%	0.83%
Initial purchase date: Sep 13, 2019											
JOHN DEERE CAPITAL CORP 03.450% 031325 DTD031318 FC091318 MED TERM NTS CUSIP: 244222EU7	581,000.00	105.50	97.30	612,945.95	566,276.98	-46,668.97	-7.61%	20,044.50	3.54%	1.07%	0.62%
Initial purchase date: Jun 28, 2019											
JPMORGAN CHASE & CO NTS 03.625% 120127 DTD111616 FC060117 B/E CUSIP: 46625HRX0	26,000.00	93.94	92.24	24,423.24	24,294.47	-128.77	-0.53%	942.50	3.88%	0.05%	0.03%
Initial purchase date: Dec 14, 2022											
JPMORGAN CHASE & CO NTS 2.950% 100126 DTD072116 FC100116 CALL@MW+25BP CUSIP: 46625HRY4	231,000.00	102.97	92.61	237,857.85	217,317.42	-20,540.43	-8.64%	6,814.50	3.14%	0.41%	0.24%
Initial purchase date: Nov 07, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
KEY BANK NA B/E 03.900%	628,000.00	109.29	81.08	686,341.20	520,525.13	-165,816.07	-24.16%	24,492.00	4.71%	0.98%	0.57%
041329 DTD031319 FC101319											
C USIP: 49327V2B9											
Initial purchase date: Aug 12, 2019											
KIMCO REALTY CORP NTS	210,000.00	103.95	96.20	218,297.10	203,157.85	-15,139.25	-6.94%	6,930.00	3.41%	0.38%	0.22%
03.300% 020125 DTD081017											
FC020118 CALL@MW+20BP											
C USIP: 494446RAU3											
Initial purchase date: Nov 18, 2019											
LINCOLN NATL CORP B/E	110,000.00	104.40	96.06	114,841.10	105,884.26	-8,956.84	-7.80%	3,685.00	3.48%	0.20%	0.12%
03.350% 030925 DTD030915											
FC090915 CALL@MW+20BP											
C USIP: 534187BE8											
Initial purchase date: Nov 18, 2019											
MARSH & MCLENNAN COS INC	54,000.00	105.15	96.90	56,781.00	52,433.16	-4,347.84	-7.66%	1,890.00	3.60%	0.10%	0.06%
03.500% 031025 DTD091014											
FC031015 CALL@MW+20BP											
C USIP: 571748AX0											
Initial purchase date: Nov 18, 2019											
MORGAN STANLEY B/E	14,000.00	88.37	89.02	12,372.36	12,553.39	181.03	1.46%	223.02	1.78%	0.02%	0.01%
01.593% 050427 DTD042221											
FC110421 CALL@MW+12.50BP											
C USIP: 611772BAB9											
Initial purchase date: Dec 12, 2022											
MORGAN STANLEY B/E	2,342,000.00	104.30	81.78	2,442,676.62	1,915,357.86	-527,318.76	-21.59%	63,210.58	3.30%	3.61%	2.10%
02.699% 012231 DTD012220											
FC072220 CALL@MW+15 BP											
C USIP: 617446816											
Initial purchase date: Feb 24, 2021											
MORGAN STANLEY B/E	226,000.00	109.03	95.51	246,414.65	216,448.86	-29,965.79	-12.16%	9,831.00	4.54%	0.41%	0.24%
04.350% 090826 DTD090814											
FC030815											
C USIP: 6174467Y9											
Initial purchase date: Nov 07, 2019											
NEWMONT CORP B/E 02.800%	862,000.00	98.85	84.70	852,078.38	742,123.58	-109,954.80	-12.90%	24,136.00	3.25%	1.40%	0.81%
100129 DTD091619											
CALL@MW+20BP											
C USIP: 651639AX4											
Initial purchase date: Oct 17, 2019											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income Us	Quantity	Purchase price (\$)/ Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
NORTHROP GRUMMAN CORP 03.200% 020127 DTD120116 FC080117 CALL@MW+15BP CUSIP: 666807BK7 Initial purchase date: Jun 28, 2019	805,000.00	103.24	93.39	831,072.90	755,995.18	-75,077.72	-9.03%	25,760.00	3.41%	1.43%	0.83%
NUCOR CORP NTS B/E 03.950% 050128 DTD042618 FC110118 CALL@MW+15BP CUSIP: 670346AP0 Initial purchase date: Jun 28, 2019	765,000.00	108.83	93.95	832,535.94	731,231.84	-101,304.10	-12.17%	30,217.50	4.13%	1.38%	0.80%
ORACLE CORP B/E 06.250% 110932 DTD110822 CALL@MW+35BP CUSIP: 683899XCJ2 Initial purchase date: Feb 16, 2023	1,100,000.00	105.04	101.26	1,155,484.00	1,140,831.08	-14,652.92	-1.27%	68,750.00	6.03%	2.15%	1.25%
PACIFIC GAS & ELEC CO 01.700% 111523 DTD111521 FC051522 B/E CUSIP: 694308Y4 Initial purchase date: Jul 26, 2022	296,000.00	96.54	99.44	285,755.44	296,235.32	10,479.88	3.67%	5,032.00	1.70%	0.56%	0.32%
PACIFIC GAS & ELEC CO 03.450% 070125 DTD070120 FC010121 B/E CUSIP: 694308JL2 Initial purchase date: Jul 18, 2022	50,000.00	94.90	94.87	47,452.36	47,860.96	408.60	0.86%	1,725.00	3.60%	0.09%	0.05%
PHILIP MORRIS INTL INC 03.375% 081125 DTD081115 FC021116 CALL@MW+20BP CUSIP: 718172BQ1 Initial purchase date: Oct 22, 2019	1,099,000.00	105.47	95.99	1,159,137.28	1,059,956.65	-99,180.63	-8.56%	37,091.25	3.50%	2.00%	1.16%
REPUBLIC SERVICES INC 2.500% 081524 DTD080719 NTS CALL@MW+100BP CUSIP: 760759AU4 Initial purchase date: Sep 13, 2019	565,000.00	100.43	97.12	567,452.10	550,516.23	-16,935.88	-2.98%	14,125.00	2.57%	1.04%	0.60%
REYNOLDS AMERN INC B/E 04.450% 061225 DTD061215 FC121215 CALL@MW+30BP CUSIP: 761713BG0 Initial purchase date: Nov 07, 2019	195,000.00	106.77	97.20	208,205.25	192,139.35	-16,065.90	-7.72%	8,677.50	4.52%	0.36%	0.21%

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income Us	Quantity	Purchase price (\$/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
SIMON PPTY GROUP LP NTS 03.750% 02/01/24 DTD012114 FC080114 CALL@MW+15BP CUSIP: 828807CR6	791,000.00	105.79	99.18	836,760.12	789,383.06	-47,377.06	-5.66%	29,662.50	3.76%	1.49%	0.86%
Initial purchase date: Jun 28, 2019											
SOUTHERN CALIF EDISON CO 03.700% 08/01/25 DTD080218 FC020119 CALL@MW+15BP CUSIP: 842400GN7	6,000.00	97.18	96.19	5,830.74	5,807.54	-23.20	-0.40%	222.00	3.82%	0.01%	0.01%
Initial purchase date: Dec 22, 2022											
STARBUCKS CORP NTS B/E 3.550% 08/15/29 DTD051319 FC081519 CALL@MW+20BP CUSIP: 855244AT6	583,000.00	105.04	90.76	612,365.24	531,712.03	-80,653.21	-13.17%	20,696.50	3.89%	1.00%	0.58%
Initial purchase date: Jun 28, 2019											
TD AMERITRADE HLDG CO 03.625% 04/01/25 DTD102214 FC040115 CALL@MW+25BP CUSIP: 87236YAD0	582,000.00	105.27	95.52	612,669.07	566,434.01	-46,235.06	-7.55%	21,097.50	3.72%	1.07%	0.62%
Initial purchase date: Jun 28, 2019											
TOYOTA MOTOR CRDT CORP 03.050% 01/11/28 DTD011118 FC071118 CALL@MW+10BP CUSIP: 89236TEM3	795,000.00	104.24	91.80	828,705.68	735,138.93	-93,566.75	-11.29%	24,247.50	3.30%	1.39%	0.80%
Initial purchase date: Jun 28, 2019											
UNITEDHEALTH GROUP INC 03.100% 03/15/26 DTD022516 FC091516 CALL@MW+20BP CUSIP: 91324PCV2	36,000.00	104.62	94.93	37,661.40	34,220.58	-3,440.82	-9.14%	1,116.00	3.26%	0.06%	0.04%
Initial purchase date: Dec 17, 2019											
UNITEDHEALTH GROUP INC 04.500% 04/15/33 DTD032823 FC101523 B/E CUSIP: 91324PEV0	2,394,000.00	96.60	92.56	2,312,651.88	2,270,325.96	-42,325.92	-1.83%	107,730.00	4.75%	4.28%	2.49%
Initial purchase date: Aug 09, 2023											
US SY NOTE 00.750 % DUE 09/30/21 CUSIP: 91282ZCBT7	1,842,000.00	96.26	90.43	1,773,064.69	1,672,628.10	-100,436.59	-5.66%	13,815.00	0.83%	3.15%	1.83%
Initial purchase date: Nov 22, 2021											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income us	Quantity	Purchase price (\$)/ Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
USTSY NOTE 01.500 % DUE 09/30/24 DTD 09/30/19 FC 03/31/20 CUSIP: 91282YH7 Initial purchase date: Jun 21, 2022	888,000.00	96.74	96.20	859,053.75	860,871.60	1,817.85	0.21%	13,320.00	1.55%	1.62%	0.94%
USTSY NOTE 02.875 % DUE 05/15/32 DTD 05/16/22 FC 11/15/22 CUSIP: 91282CEP2 Initial purchase date: Jun 17, 2022	2,358,000.00	97.24	87.79	2,292,878.67	2,095,396.91	-197,481.76	-8.61%	67,792.50	3.24%	3.95%	2.29%
VERIZON COMMUNICATIONS 03.875% 020829 DTD020819 FC080819 CALL@MW+20BP CUSIP: 92343V5G9 Initial purchase date: Jun 28, 2019	766,000.00	108.16	91.64	828,474.84	706,257.53	-122,217.31	-14.75%	29,682.50	4.20%	1.33%	0.77%
WALT DISNEY COMPANY/THE 03.000% 021326 DTD010816 FC081316 CALL@MW+15BP CUSIP: 25468PDK9 Initial purchase date: Jul 01, 2019	801,000.00	104.74	94.57	838,935.16	760,674.99	-78,260.17	-9.33%	24,030.00	3.16%	1.43%	0.83%
WELLS FARGO & CO 04.150% 012429 DTD012419 FC072419 CALL@MW+25BP CUSIP: 9500002D4 Initial purchase date: May 12, 2021	1,798,000.00	113.36	91.96	2,038,140.88	1,667,156.54	-370,984.34	-18.20%	74,617.00	4.48%	3.14%	1.83%
WESTERN DIGITAL CORP NTS 04.750% 021526 DTD021318 FC081518 CALL@MW+50BP CUSIP: 958102AM7 Initial purchase date: Nov 18, 2019	90,000.00	102.66	96.08	92,389.50	86,778.60	-5,610.90	-6.07%	2,700.00	3.11%	0.16%	0.10%
WESTERN MIDSTREAM NTS 03.100% 020125 DTD011320 CALL@MW+25BP CUSIP: 958667AB3 Initial purchase date: Jul 26, 2022	1,562,000.00	96.03	95.68	1,499,910.50	1,502,379.33	2,468.83	0.16%	48,422.00	3.22%	2.83%	1.64%

Accrued interest, if any, has been included in the total market value.

Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income	Quantity	Purchase price (\$)/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio	
US												
ZOETIS INC B/E 02.0000%	190,000.00	83.22	80.08	158,119.90	153,584.60	-4,535.30	-2.87%	3,800.00	2.47%	0.29%	0.17%	
051530 DTD051220												
CALL@MW+25BP												
CUSIP: 98978VAS2												
Initial purchase date: Jun 17, 2022												
Total US					\$53,888,271.45	\$49,180,632.30	\$-4,707,639.15	-8.74%	\$1,885,732.74	3.83%	92.74%	53.85%
International												
ASTRAZENECA PLC B/E	751,000.00	110.20	94.26	827,604.89	713,991.55	-113,613.34	-13.73%	30,040.00	4.21%	1.35%	0.78%	
04.000% 011729 DTD081718												
FC011719 CALL@MW+20BP												
CUSIP: 046355AT5												
Initial purchase date: Jun 28, 2019												
HSBC HOLDGS PLC NTS B/E	300,000.00	101.24	100.25	303,720.00	300,735.00	-2,985.00	-0.98%	20,309.13	6.75%	0.57%	0.33%	
06.769% 031125 DTD031119												
FC061119												
CUSIP: 404280CA5												
Initial purchase date: Nov 18, 2019												
HSBC HOLDINGS PLC NTS	250,000.00	105.45	95.82	263,617.50	242,174.72	-21,442.78	-8.13%	6,582.50	2.72%	0.46%	0.27%	
02.633% 110725 DTD110719												
FC050720 B/E												
CUSIP: 404280CE7												
Initial purchase date: Nov 13, 2020												
LLOYDS BANKING GROUP PLC	250,000.00	113.98	97.23	284,960.00	247,465.69	-37,494.31	-13.16%	11,125.00	4.50%	0.47%	0.27%	
04.450% 050825 DTD050818												
FC110818 NTS B/E												
CUSIP: 53944YAF0												
Initial purchase date: Nov 13, 2020												
PFIZER INV/ ENTER NTS	892,000.00	97.57	95.85	870,306.56	870,421.03	114.47	0.01%	41,478.00	4.77%	1.64%	0.95%	
04.650% 051930 DTD051923												
FC111923 CALL@MW+20BP												
CUSIP: 7116973AD4												
Initial purchase date: Aug 03, 2023												
PFIZER INV/ ENTER NTS	1,297,000.00	97.53	94.74	1,264,944.51	1,251,170.14	-13,774.37	-1.09%	61,607.50	4.92%	2.36%	1.37%	
04.750% 051933 DTD051923												
FC111923 CALL@MW+20BP												
CUSIP: 7116973AE2												
Initial purchase date: Aug 07, 2023												

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Fixed Income	Quantity	Purchase price (\$ / Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Fixed Income	% of portfolio
International											
WESTPAC BANKING CORP B/E	239,000.00	102.58	93.82	245,169.74	226,821.95	-18,347.79	-7.48%	6,811.50	3.00%	0.43%	0.25%
FC111316											
CUSIP: 961214CX9											
US Government Securities Corporate Bonds											
Total Fixed Income											
Equity	Quantity	Purchase price (\$ / Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Equity	% of portfolio
US											
INVESTOP QQQ TRUST ETF	12,250.00	367.27	358.27	4,499,038.74	4,388,807.50	-110,231.24	-2.45%	26,547.46	0.60%	17.26%	4.81%
CUSIP: 46090F103											
Symbol: QQQ											
Initial purchase date: Aug 19, 2021											
ISHARES MORNINGSTAR MID CAP GROWTH ETF	16,655.00	71.92	57.13	1,197,791.75	951,500.15	-246,291.60	-20.56%	8,986.67	0.94%	3.74%	1.04%
CUSIP: 464288307											
Symbol: IMCG											
Initial purchase date: Aug 19, 2021											
SCHWAB US DIVID EQUITY ETF	80,162.00	77.33	70.76	6,199,099.77	5,672,263.12	-526,836.65	-8.50%	209,952.29	3.70%	22.30%	6.21%
CUSIP: 808524797											
Symbol: SCHD											
Initial purchase date: Aug 19, 2021											
VANGUARD LARGE-CAP ETF	29,455.00	207.07	195.69	6,099,101.43	5,764,048.95	-335,052.48	-5.49%	88,267.80	1.53%	22.66%	6.31%
CUSIP: 922908637											
Symbol: VV											
Initial purchase date: Aug 19, 2021											
VANGUARD MID-CAP ETF	22,380.00	243.58	208.24	5,451,396.10	4,660,411.20	-790,984.90	-14.51%	77,710.07	1.67%	18.32%	5.10%
CUSIP: 922908629											
Symbol: VO											
Initial purchase date: Jun 18, 2021											
VANGUARD MID-CAP VALUE ETF	10,737.00	144.38	130.96	1,550,170.92	1,406,117.52	-144,053.40	-9.29%	35,248.50	2.51%	5.53%	1.54%
CUSIP: 922908512											
Symbol: VOF											
Initial purchase date: Aug 19, 2021											
VANGUARD SMALL CAP GROWTH ETF	2,110.00	284.41	214.18	600,109.26	451,919.80	-148,189.46	-24.69%	3,134.62	0.69%	1.78%	0.49%
CUSIP: 922908595											
Symbol: VBK											
Initial purchase date: Aug 19, 2021											

Accrued interest, if any, has been included in the total market value.



Portfolio Holdings

as of September 30, 2023 (continued)

Equity	Quantity	Purchase price (\$)/Avg Price	Price on 09/30/2023	Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of Equity	% of portfolio
VANGUARD SMALL-CAP ETF CUSIP: 922908751 Symbol: VB Initial purchase date: Jun 18, 2021	8,112.00	222.78	189.07	1,807,185.53	1,533,735.84	-273,449.69	-15.13%	26,358.32	1.72%	6.03%	1.68%
VANGUARD SMALL-CAP VALUE ETF CUSIP: 922908611 Symbol: VBR Initial purchase date: Aug 19, 2021	3,800.00	171.34	159.49	651,090.39	606,062.00	-45,028.39	-6.92%	14,337.40	2.37%	2.38%	0.66%
Total US				\$28,054,983.89	\$25,434,866.08	\$-2,620,117.81	-9.34%	\$490,543.14	1.93%	100%	27.85%
Total Equity				\$28,054,983.89	\$25,434,866.08	\$-2,620,117.81	-9.34%	\$490,543.14	1.93%	100%	27.85%
				Cost basis (\$)	Market value (\$)	Unrealized gain/loss (\$)	Unrealized gain/loss (%)	Est. annual income (\$)	Current yield (%)	% of asset class	% of portfolio
Total Portfolio				\$98,866,000.29	\$91,330,700.23	\$-7,535,300.06	-7.62%	\$3,238,669.47	3.55%	100%	100%

Total accrued interest (included in market values): \$598,835.96
Balanced mutual funds represented in multiple asset classes based on Morningstar allocations.

Accrued interest, if any, has been included in the total market value.

OPERATING ENGINEERS LOCAL 501 SECURITY FUND

**EIN 95-6049026
Plan No. 501
Plan Year Ended September 30, 2023**

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

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

OPERATING ENGINEERS LOCAL 501 SECURITY FUND

**EIN 95-6049026
Plan No. 501
Plan Year Ended September 30, 2023**

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

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

OPERATING ENGINEERS LOCAL 501 SECURITY FUND

**EIN 95-6049026
Plan No. 501
Plan Year Ended September 30, 2023**

**Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion**

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

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	
Department of Labor Employee Benefits Security Administration	► Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation	2022	
This Form is Open to Public Inspection		

Part I Annual Report Identification InformationFor calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of 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 Local 501 Security Fund	1b Three-digit plan number (PN) ► 501
1c Effective date of plan 10/01/1952	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF OPERATING ENGINEERS P.O. BOX 990 WEST COVINA	2b Employer Identification Number (EIN) 95-6049026
2c Plan Sponsor's telephone number (626) 646-1079	
2d Business code (see instructions) 721110	

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		7/15/2024 11:19 AM EDT EDWARD CURLY
	Signature of plan administrator	Date _____ Enter name of individual signing as plan administrator
SIGN HERE		7/15/2024 11:24 AM EDT TOM CROSSER
	Signature of employer/plan sponsor	Date _____ Enter name of individual signing as employer or plan sponsor
SIGN HERE		
	Signature of DFE	Date _____ Enter name of individual signing as DFE

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

Form 5500 (2022)

v. 220413

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury
Internal Revenue Service

- For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 - Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)				
BOARD OF TRUSTEES OF OPERATING ENGINEERS	Employer identification number (EIN) (9 digits XX-XXXXXXX)				
Number, street, and room or suite no. (If a P.O. box, see instructions)	95-6049026				
P.O. BOX 990	Social security number (SSN) (9 digits XXX-XX-XXXX)				
City or town, state, and ZIP code					
WEST COVINA	CA 91793				
C Plan name Operating Engineers Local 501 Security Fund	Plan year ending –	Plan number			
			MM	DD	YYYY
		5 0 1	9	30	2023

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 7 / 15 / 2024 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see *instructions*)

4 I request an extension of time until _____ / _____ / _____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ► a

b Enter the payment amount attached ► b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►