Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1994

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)
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

1 BATTERYMARCH PARK, SUITE 317
QUINCY, MA 02169-7471

2b Employer Identification Number (EIN) 04-3228497

2c Plan Sponsor's telephone number 781-769-5789

2d Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	MELISSA WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	464
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)**	425
a(2) Total number of active participants at the end of the plan year	**6a(2)**	650
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	34
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	684
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	687
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	436
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**	9

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

2E 2G 2J

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

D Employer Identification Number (EIN)
04-3228497

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
PRINCIPAL 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
42-0127290	61271	445394	687	01/01/2021	12/31/2021

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
19904	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

WELLS FARGO ADVISORS INS AGENCY LLC
3201 N 4TH AVE
SIOUX FALLS, SD 57104-0700

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19904			3

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

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

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

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

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

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

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

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

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

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

(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**	281623
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	18553841

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			**7b**	199054
c	Additions: (1) Contributions deposited during the year	**7c(1)**	5363		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	2102		
	(4) Transferred from separate account	**7c(4)**	163130		
	(5) Other (specify below)	**7c(5)**	0		
	▶ CORRECTION				
	(6)Total additions			**7c(6)**	170595
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	369649
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	39344		
	(2) Administration charge made by carrier	**7e(2)**	2783		
	(3) Transferred to separate account	**7e(3)**	36214		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	78341
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	291308

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND	04-3228497

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	83543	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

IUOE LOCAL 877 ANNUITY PLAN

04-3228497

(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	PLAN ADMINISTRATOR	42834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REID AND REIGE, PC

06-0867204

(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	25733	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MANZI & ASSOCIATES L.L.C.

04-3508036

(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	11025	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO ADVISORS LLC

34-1542819

(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 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10517	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS LLC	49 99	10517

(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.
PRINCIPAL LIFE INSURANCE CO. 42-0127290	REFERRAL/SERVICE FEE

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

D Employer Identification Number (EIN)
04-3228497

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL SMALLCAP SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-029	P	780391

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIQUID ASSETS SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-024	P	795173

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL INTL SMALLCAP SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-014	P	1258439

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERSIFIED INTL SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-015	P	65724

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LGCAP S%P 500 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-016	P	3105287

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MIDCAP VALUE I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0212729-043	P	39993

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MIDCAP S&P 400 IDX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-023	P	1259145

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2010 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114347

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2020 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1776482

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINIPCAL LIFETIME 2030 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2455795

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2040 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2253556

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2050 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 889281

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME STRAT INC SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29899

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2015 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46355

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2025 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1177298

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2035 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1065234

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2045 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 942462

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2055 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370803

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME 2060 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128177

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

D Employer Identification Number (EIN)
04-3228497

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	133380	192538
(2) Participant contributions	1b(2)	12194	31168
(3) Other	1b(3)	752	21399
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21870	112023
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15580582	18553841
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9235811	9560648
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	199010	281623
(15) Other	1c(15)		

			(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	25183599	28753240
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	11931	30109
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	61257	62842
k	Total liabilities (add all amounts in lines 1g through1j)	1k	73188	92951
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25110411	28660289

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1382239	
	(B) Participants	2a(1)(B)	552119	
	(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)		1934358
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2197	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(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)		2197
	(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)	81105	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		81105
	(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)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2102	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2102

		(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)		2418918
(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)		986933
c Other income	2c		42950
d Total income. Add all **income** amounts in column (b) and enter total	2d		5468563
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1809850	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1809850
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)	36758	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	41308	
(4) Other	2i(4)	30769	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		108835
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1918685
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3549878
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) [X] 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)** [X] 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: MANZI & ASSOCIATES, L.L.C. **(2)** EIN: 04-3508036

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		69722

			Yes	No	Amount
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.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

D Employer Identification Number (EIN)
04-3228497

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 20

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Manzi & Associates L.L.C.
Certified Public Accountants

855 Turnpike Street
North Andover, MA 01845
P: 978-975-1099 F: 978-975-0593
www.manziassociates.com

IUOE Local 877 Annuity Fund
EIN# 04-3228497 Plan 001
Form 5500 Year End 12/31/2021

INDEPENDENT AUDITORS' REPORT

Board of Trustees
International Union of Operating Engineers
Local 877 Annuity Fund
Quincy, Massachusetts

Opinion

We have audited the accompanying financial statements of International Union of Operating Engineers Local 877 Annuity Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Union of Operating Engineers Local 877 Annuity 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 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, for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Union of Operating Engineers Local 877 Annuity Funds' ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

GCC/IBT East Coast Printing 21N

Management is also responsible for maintaining a current plan instrument; including all plan amendments; administering the plan; and determining that the plan's transactions 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Union of Operating Engineers Local 877 Annuity Funds' 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 International Union of Operating Engineers Local 877 Annuity Funds' 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.

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Manzi & Associates L.L.C.

North Andover, Massachusetts
October 11, 2022

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
INSTITUTIONAL CASH		
East Boston Savings Bank	Interest Bearing Checking	$ 112,023
		112,023
POOLED SEPARATE ACCOUNTS		
* Principal Lifetime Sep Acct	Target Date	29,899
* Principal Lifetime 2010 Sep Acct	Target Date	114,347
* Principal Lifetime 2015 Sep Acct	Target Date	46,355
* Principal Lifetime 2020 Sep Acct	Target Date	1,776,482
* Principal Lifetime 2025 Sep Acct	Target Date	1,177,298
* Principal Lifetime 2030 Sep Acct	Target Date	2,455,795
* Principal Lifetime 2035 Sep Acct	Target Date	1,065,234
* Principal Lifetime 2040 Sep Acct	Target Date	2,253,556
* Principal Lifetime 2045 Sep Acct	Target Date	942,462
* Principal Lifetime 2050 Sep Acct	Target Date	889,281
* Principal Lifetime 2055 Sep Acct	Target Date	370,803
* Principal Lifetime 2060 Sep Acct	Target Date	128,177
LgCap S&P 500 Index Sep Acct	Equity Index	3,105,287
MidCap Value I Separate Acct	Mid Cap	39,993
MidCap S&P 400 Index Sep Acct	Equity Index	1,259,145

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
Small Cap Separate Account	Small Cap	780,391
Diversified Intl Sep Acct	Foreign Assets	65,724
International Small Cap Sep Acct	Small Cap	1,258,439
Liquid Assets Separate Account	Liquid Assets	795,173
		18,553,841
MUTUAL FUNDS		
Prudential High-Yield A Fund	High Yield Bond	490,267
Vanguard L-T Treasury Inv Fd	High Yield Bond	1,469,389
Am Fds Am Bal R3 Fund	Balanced Allocation	119,601
Invesco Am Franchise A Fund	Large Cap Growth	1,320,822
JP Morgan Equity Income A Fund	Large Cap Value	198,398
ClearBridge Apprec A Fund	Large Cap Blend	912,569
ClearBridge Lg Cap Gr A Fund	Large Cap Growth	955,085
Goldman Sch Sm Cp Val Ins A Fund	Small Cap Value	47,248
Janus Aspen Enterprise I Fund	Mid Cap Growth	1,818,607
MFS Global Equity R3 Fund	International Equity	502,330
BlackRock Energy & Res Inv A Fund	Mid Cap Value	134,629
Vanguard Health Care Inv Fund	Large Cap Growth	1,591,703
		9,560,648

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
GUARANTEED INTEREST ACCOUNTS		
* Guaranteed Interest Accounts	VARIABLE	281,623
TOTAL INVESTMENTS PER FORM 5500		$ 28,508,135

* Denotes party-in-interest

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND

FINANCIAL STATEMENTS AND

SUPPLEMENTARY SCHEDULES

Years Ended December 31, 2021 and 2020

o o o O o o o

CONTENTS

INDEPENDENT AUDITORS' REPORT..... Page 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits..... 4

Statements of Changes in Net Assets Available for Benefits..... 5

Notes to Financial Statements..... 6

SUPPLEMENTARY SCHEDULES

Schedule of Assets (Held at End of Year)..... 19

o o o O o o o

Manzi & Associates L.L.C.
Certified Public Accountants

855 Turnpike Street
North Andover, MA 01845
P: 978-975-1099 F: 978-975-0593
www.manziassociates.com

IUOE Local 877 Annuity Fund
EIN# 04-3228497 Plan 001
Form 5500 Year End 12/31/2021

INDEPENDENT AUDITORS' REPORT

Board of Trustees
International Union of Operating Engineers
Local 877 Annuity Fund
Quincy, Massachusetts

Opinion

We have audited the accompanying financial statements of International Union of Operating Engineers Local 877 Annuity Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Union of Operating Engineers Local 877 Annuity 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 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, for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Union of Operating Engineers Local 877 Annuity Funds' ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

GCC/IBT East Coast Printing 21N

Management is also responsible for maintaining a current plan instrument; including all plan amendments; administering the plan; and determining that the plan's transactions 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Union of Operating Engineers Local 877 Annuity Funds' 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 International Union of Operating Engineers Local 877 Annuity Funds' 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.

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Manzi & Associates L.L.C.

North Andover, Massachusetts
October 11, 2022

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	2021	2020
ASSETS		
INVESTMENTS - AT FAIR VALUE		
Institutional cash	$ 112,023	$ 21,870
Pooled separate accounts	18,553,841	15,580,582
Mutual Funds	9,560,648	9,235,811
Guaranteed Interest Accounts	281,623	199,010
	28,508,135	25,037,273
RECEIVABLES		
Employers' contributions	192,538	133,380
Employees' contributions	31,168	12,194
	223,706	145,574
DUE FROM RELATED ORGANIZATION	21,178	-
PREPAID EXPENSES	221	752
TOTAL ASSETS	28,753,240	25,183,599
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	30,109	11,931
Due to related organization	62,842	61,257
TOTAL LIABILITIES	92,951	73,188
NET ASSETS AVAILABLE FOR BENEFITS	$ 28,660,289	$ 25,110,411

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2021 and 2020

	2021	2020
ADDITIONS:		
Investment Income:		
Net appreciation in fair value of investments	$ 2,634,999	$ 2,294,901
Gain on sale of securities	772,954	538,267
Interest	2,197	3,537
Dividends	81,105	85,626
	3,491,255	2,922,331
Less: investment expenses	(41,308)	(50,995)
Net Investment Income	3,449,947	2,871,336
Contributions		
Employer contributions	1,382,239	1,407,616
Employee contributions	552,119	437,264
Rollover contributions	-	64,465
Total contributions	1,934,358	1,909,345
Member Service Fees	42,950	42,675
TOTAL ADDITIONS	5,427,255	4,823,356
DEDUCTIONS:		
Benefits paid directly to participants	1,809,850	2,419,571
Administrative expenses	67,527	50,443
TOTAL DEDUCTIONS	1,877,377	2,470,014
NET INCREASE DURING YEAR	3,549,878	2,353,342
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	25,110,411	22,757,069
End of the year	$ 28,660,289	$ 25,110,411

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the International Union of Operating Engineers Local 877 Annuity Fund (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, which became effective August 1, 1994, is a defined contribution profit sharing plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Union of Operating Engineers Local 877 (the Union) and various employers in the building maintenance industry in the New England region. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended and the Internal Revenue Code (the Code).

Eligibility

A member becomes a participant immediately upon completing one hour of service in covered employment for a contributing employer. Participants are 100% vested in all contributions and related earnings credited to their individual accounts.

Contributions

Contributions to the Plan are governed by the collective bargaining agreement between the Union and the Employers. The agreement requires contributions at fixed rates for each hour worked for which an employee is covered by the agreement. The employers' contribution rates are determined by the various collective bargaining agreements. Generally, contributions are paid for hours worked up to a maximum of 173 hours per month. Hourly rates range from $0.50 per hour to $8.63 per hour. In addition, an allocation of the contributions from certain employers to the Health and Welfare Trust Fund of the International Union of Operating Engineers Locals No. 877 and 70 are provided to participants.

Participants may elect salary deferrals to be contributed to the Plan up to certain statutory limits based on the Internal Revenue Service Code and its regulations.

The Plan has a 401(k) feature which allows members to contribute to the Plan on a before-tax basis through payroll deductions, as allowable under Section 401(k) of the Internal Revenue Code. The Plan also accepts direct rollovers from an Individual Retirement Account or Individual Retirement Annuity.

Participant Accounts

Individual accounts are maintained for each participant of the Plan and are participant directed for investment purposes. Under this strategy, each participant directs the investment of their account into various investment options offered by the Plan. Each participant's account is credited with contributions made on their behalf and an allocation of the interest and dividends and net appreciation/depreciation of the participant's investments. An administrative fee of $100 per year and investment expenses are changed to each participant's account to cover the expenses of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. As of December 31, 2021 and 2020 there were unallocated assets of $254,492 and $94,211, respectively.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Hardship Withdrawals

In the event of certain financial hardships, as defined in the Summary Plan Description, a participant may apply for a distribution of up to the amount required to meet the applicable hardship expense plus income taxes due on the distribution from their account. A participant is eligible for a hardship distribution, if they have a balance of at least $5,000 in their account and has not received a hardship distribution for at least the current plan year.

Benefits

Members are entitled to a benefit distribution upon retirement, twelve consecutive months without covered employment, death, or disability.

A participant may elect to receive the benefit distribution from the Plan as a single-life annuity or qualified joint survivor annuity, purchased by the Plan from an insurance company, or as a lump sum. The single-life annuity provides monthly benefits which continue for a participant's lifetime.

Administration

Principal Financial Group maintains the participant accounts. All administrative expenses are paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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.

For financial statement purposes, realized and unrealized gains and losses on securities are computed using the historical cost of securities measured against the current value of securities. This method differs from the Department of Labor Form 5500, which requires the revaluing of securities to be used in the computation of realized and unrealized gains and losses.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expense and Other Income

The Health and Welfare Trust Fund of the International Union of Operating Engineers Local 877 and 70 (Health Fund) and this Plan are located in the same office space and share personnel and related expenses. Shared expenses are allocated between these entities based on the estimated benefit received by each entity (4% for 2021 and 4.0% for 2020). Amounts reported as due to related organizations or due from related organizations represent amounts due or receivable for reimbursements of such shared expenses. As of December 1, 2021, the Plan entered into an administrative services agreement and no longer reimburses the Health Fund for shared expenses.

Contributions Receivable

Employer contributions receivable are determined from information submitted by the Employers for hours worked through December 31. Amounts due from employers who have not submitted their reports on a timely basis are estimated. Delinquent amounts due from Employers are subject to collection through legal action.

The Plan considers contributions receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to contributions when that determination is made. Collections on accounts previously written off are included in contributions income as received.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Institutional Cash

For the purposes of these statements, investment cash includes amounts held in Institutional Investment Cash Accounts as well as amounts held in money market account and interest bearing checking accounts.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS

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

Level 1

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

Level 2

Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Pooled Separate Accounts: Valued at net asset value per share as the practical expedient, without adjustment, as determined by the insurance company, which reflects the fair value of the investments comprising the separate pooled fund. The pooled separate accounts are investment vehicles established and maintained by an insurance company and may only be accessed through the purchase of an insurance contract such as the one entered into by the Plan. Pooled separate accounts may invest in equities, fixed income, mutual funds, other pooled separate accounts, CITs, ETFs, real property, and alternative investment vehicles.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Guaranteed Interest Accounts: Valued at fair value without adjustment by the Plan and discounting the related cash flows to expected maturity, based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Guaranteed Interest Accounts are available under a group annuity contract such as the one entered into by the Plan. This investment option provides for a guarantee of principal and interest. The guaranteed interest rates are subject to change on a daily basis. Guarantees are backed by the assets in a Principal Financial Group general account, which invests in private market bonds, commercial mortgages, and mortgage-backed securities.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

	Assets at Fair Value as of December 31, 2021			
	Total	Level 1	Level 2	Level 3
Institutional cash	$ 112,023	$ 112,023	$ -	$ -
Mutual Funds	9,560,648	9,560,648	-	-
Guaranteed Interest Accounts	281,623	-	-	281,623
Total Assets in Fair Value Hierarchy	9,954,294	9,672,671	-	281,623
Investments measured at Net Asset Value	18,553,841	-	-	-
Total Investments at Fair Value	$ 28,508,135	$ 9,672,671	$ -	$ 281,623

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Institutional cash	$ 21,870	$ 21,870	$ -	$ -
Mutual Funds	9,235,811	9,235,811	-	-
Guaranteed Interest Accounts	199,010	-	-	199,010
Total Assets in Fair Value Hierarchy	9,456,691	9,257,681	-	199,010
Investments measured at Net Asset Value	15,580,582	-	-	-
Total Investments at Fair Value	$ 25,037,273	$ 9,257,681	$ -	$ 199,010

In accordance with ASU 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation to the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2021 and 2020.

Year Ended December 31, 2021

	Balance, Beginning of Year	Total Realized gains/ (losses)	Total Unrealized gains/ (losses)	Purchases and issuances	Sales and settlements	Balance, End of Year
Level 3 Assets						
Guaranteed Interest Accounts	$ 199,010	$ -	$ (9,641)	$134,991	$ (42,737)	$281,623

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Year Ended December 31, 2020

	Balance, Beginning of Year	Total Realized gains/ (losses)	Total Unrealized gains/ (losses)	Purchases and issuances	Sales and settlements	Balance, End of Year
Level 3 Assets						
Guaranteed Interest Accounts	$ 271,027	$ -	$ 2,045	$ 10,909	$ (84,971)	$199,010

Year Ended December 31	2021	2020
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date.		
Guaranteed Interest Accounts	$ (9,641)	$ 2,045

The Plan's investments are held in a bank administered trust with Principal Financial Group. Gains and losses (realized and unrealized) included in changes in net assets for the period are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

During 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $3,407,953. This is comprised of unrealized appreciation of $2,634,999 and realized gain of $772,954. During 2020, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $2,833,168. This is comprised of unrealized appreciation of $2,294,901 and realized gain of $538,267.

Transfers between levels

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no significant transfers in or out of levels 1, 2 or 3.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2021 and 2020, and the significant unobservable inputs and the ranges of value for those inputs:

Instrument	Fair Value at 12/31/20	Fair Value at 12/31/21	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed Interest Accounts	$ 199,010	$ 281,623	Discounted Cash Flow	Guaranteed Interest Rates	0.55% - 1.99%	0.96%
				Market Rates	Variable	Variable

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value (NAVs) per share practical expedient as of December 31, 2021 and 2020, respectively.

Investment	Fair Value at 12/31/20	Fair Value at 12/31/21	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Liquid Assets Separate Account	$ 1,119,721	$ 795,173	N/A	Daily	1 Day
Principal Lifetime Sep Acct	24,786	29,899	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2010 Sep Acct	153,324	114,347	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2015 Sep Acct	25,875	46,355	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2020 Sep Acct	1,917,627	1,776,482	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2025 Sep Acct	641,962	1,177,298	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2030 Sep Acct	2,030,731	2,455,795	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2035 Sep Acct	881,386	1,065,234	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2040 Sep Acct	1,801,165	2,253,556	N/A	1 Transfer per 30 day period	N/A

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient (Continued)

Investment	Fair Value at 12/31/20	Fair Value at 12/31/21	Unfunded Commitments	Redemption Frequency (if	Redemption Notice Period
Principal Lifetime 2045 Sep Acct	735,535	942,462	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2050 Sep Acct	617,377	889,281	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2055 Sep Acct	265,814	370,803	N/A	1 Transfer per 30 day period	N/A
Principal Lifetime 2060 Sep Acct	108,625	128,177	N/A	1 Transfer per 30 day period	N/A
LgCap S&P 500 Index Sep Acct	2,372,119	3,105,287	N/A	1 Transfer per 30 day period	N/A
MidCap Value I Separate Acct	29,495	39,993	N/A	1 Transfer per 30 day period	N/A
MidCap S&P 400 Index Sep Acct	1,109,552	1,259,145	N/A	1 Transfer per 30 day period	N/A
Small Cap Separate Account	615,767	780,391	N/A	1 Transfer per 30 day period	N/A
Diversified Intl Sep Acct	57,301	65,724	N/A	1 Transfer per 30 day period	N/A
International Small Cap Sep	1,072,420	1,258,439	N/A	Monthly	1 Day
Total Investments Measure at Net Asset Value	$ 15,580,582	$ 18,553,841			

NOTE 4 – GUARANTEED INTEREST ACCOUNTS

Principal Guaranteed Interest Accounts are an investment option offered to participants. These contracts have not been deemed fully benefit responsive, and as such, are reported at estimated fair value in the financial statements. There are no reserves against contract value for credit risk of the issuer. The cost of the investment contracts at December 31, 2021 and 2020 was $291,308 and $199,054, respectively. These contracts are set up for a period of five years. The crediting interest rate during the first year has the potential to change daily. At year end, the average rate earned is used to set the rate for the remaining four years of the contract. There is no minimum rate. A surrender charge may apply to transfers or withdrawals from an un-matured Guaranteed Interest Investment.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 - PLAN TERMINATION

Although they have not expressed any intent to do so, the trustees of the Plan have the right to amend or terminate the Plan at any time provided it is not in violation of a collective bargaining agreement already in effect. If the Plan is discontinued, the interest of any participant in the Plan as of the date of such discontinuance shall become payable in the manner provided by the Plan agreement, in accordance with ERISA.

NOTE 6 – RELATED-PARTY TRANSACTIONS

The Health Fund leases office space from the Local 877 Realty Trust, a related party. The lease requires monthly rent payments of $647 as well as utilities and maintenance and expires on April 30, 2023. The Health Fund amended this lease agreement to end on November 30, 2021. For 2021 and 2020 the Plan reimburses the Health Fund 4.0% of the annual rent plus a proportionate share of related expenses for each year. Total occupancy expense including utilities for the years ended December 31, 2021 and 2020 was $367 and $379, respectively. As of December 1, 2021, the Plan entered into an administrative services agreement and no longer reimburses the Health Fund for rent and related expenses.

Employees of the Health Fund provide services to the Plan. In addition to the occupancy expenses, the Plan reimburses the Health Fund for payroll and related expenses as well as office and related expenses. For 2021 and 2020 expenses allocated by the Health Fund, including the occupancy expenses, to this Plan were $26,557 and $25,623, respectively. As of December 1, 2021, the Plan entered into an administrative services agreement and therefore no longer reimburses the Health Fund for payroll and related expenses as well as office and related expenses.

The employees of the International Union of Operating Engineers Local 877 and the Health Fund are participants in this Plan. One trustee of this Plan is a retired officer of the International Union of Operating Engineers Local 877 and a trustee of the Health Fund. A second trustee of this Plan is a trustee of the Health Fund.

The Plan invests in pooled separate accounts and investment contracts which are provided by an affiliate of Principal Financial Group, the insurance company, the custodian and record keeper.

NOTE 7 – TAX STATUS

The Internal Revenue Service issued its latest favorable determination letter on July 17, 2015, which stated that the Plan qualifies under the applicable provisions of the Code and, therefore, is exempt from Federal Income taxes. The plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Service. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 8 - RECLASSIFICATION

Items for the year ended December 31, 2020 have been reclassified for comparative purposes.

NOTE 9 – COMPENSATED ABSENCES

Employees of the Plan are entitled to paid vacation, paid sick days and personal days off, depending on job classification, length of service, and other factors. It is the policy of the Plan that the compensated absence has non-vesting rights and the rights expire at the end of the year in which they are earned, accordingly, no liability has been recorded in the accompanying financial statements. The Plan's policy is to recognize the costs of compensated absences when actually paid to employees. Effective December 1, 2021, the Plan no longer has employees as is described further in Note 15 on page 18.

NOTE 10 – PARTY IN INTEREST

Certain Plan investments are shares of Principal Guaranteed Interest Accounts and various pooled separate accounts managed by Principal Financial Group, the custodians. Therefore, these transactions qualify as party-in-interest.

NOTE 11– RISKS AND UNCERTAINTIES

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

In addition, to the general risk for investments noted above, the Plan has exposure as it relates to the Coronavirus pandemic. As a result it is reasonably possible that the Plan's financial position could be adversely affected as the pandemic continues. It should be noted that management and the Trustees have spent significant effort determining how the pandemic and related legislation has affected the Plan in evaluating the appropriate course of action.

In the normal course of operations, the Plan may be subject to certain claims and litigations. In the opinion of management, the outcome of any such matters will not have a material effect on the financial position of the Plan.

NOTE 12 – MULTIEMPLOYER BENEFIT PLANS

The Plan shares expenses with the Health Fund. Following is information relating to this Plan's allocation of shared pension expenses.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 12 – MULTIEMPLOYER BENEFIT PLANS (Continued)

The Plan contributes to the following two multiemployer defined benefit plans:

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status Plan Year 2021	Contributions Year Ended December 31, 2021	Zone Status Plan Year 2020	Contributions Year Ended December 31, 2020	
The General Pension Fund of IUOE	52-6124299	001	Green Zone - 95.10% Funded	$ 1,338	Green Zone - 92.35% Funded	$ 1,360	Constitutional
Central Pension Fund of IUOE	36-6052390	001	Green Zone - 102.60% Funded	$ 1,080	Green Zone - 97.80% Funded	$ 965	Constitutional

The Plan made contributions to a multiemployer health plan in the amounts of $3,634 and $3,636 for the years ended December 31, 2021 and 2020, respectively. The multiemployer health plan provides medical benefits to active and retired employees. The contribution rate to the health fund vary based on the contracts with the respective employers.

The Plan also made contributions to this defined contribution plan covering all employees in the amounts of $498 and $508 for the years ended December 31, 2021 and 2020, respectively.

NOTE 13 – PROHIBITED TRANSACTIONS

The Plan sponsor discovered that it had not received approximately $69,722 and $2,484 of employee contributions from certain participating employers in a timely manner during 2021 and 2020, respectively. These late remittances are considered prohibited transactions. The Plan has a process in place to remedy these prohibited transactions through payment of the lost interest earnings, which is to be reimbursed by the participating employers in 2021 and 2020. The estimated lost interest earnings for the years ended December 31, 2021 and 2020 were $360 and $8, respectively.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 14 – REVENUE SHARING

The investment options offered to participants as part of the investment arrangement with Principal Financial Group have fees deducted prior to calculating returns. A portion of these fees are retained by the investment provider as revenue to help cover the cost of providing investment management and marketing services. Also, a portion of these fees is paid to the Plan as revenue sharing to help cover the costs of the Plan's service package with Principal Financial Group. The following table shows the fee structure in place for investment options as of December 31, 2021 and 2020, respectively:

	2021	2020
Fee Paid by Plan Sponsor	0.00%	0.00%
Fee Paid by Participants	0.31%	0.31%
Revenue retained by Investment Provider	0.35%	0.37%
Revenue sharing to Plan	0.35%	0.34%
Total Investment Expense Net	0.70%	0.71%
Total Fees	1.01%	1.02%

NOTE 15 – ADMINISTRATIVE SERVICES AGREEMENT

As of December 1, 2021, the Plan entered into an administrative services agreement with BeneSys, Inc. as a third-party administrator to the Plan. BeneSys, Inc. will act as "Plan Manager" and will perform the services outlined in the agreement. Monthly administration fees will be paid as determined within the agreement which remains effective for three years, through November 30, 2024.

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
INSTITUTIONAL CASH		
East Boston Savings Bank	Interest Bearing Checking	$ 112,023
		112,023
POOLED SEPARATE ACCOUNTS		
* Principal Lifetime Sep Acct	Target Date	29,899
* Principal Lifetime 2010 Sep Acct	Target Date	114,347
* Principal Lifetime 2015 Sep Acct	Target Date	46,355
* Principal Lifetime 2020 Sep Acct	Target Date	1,776,482
* Principal Lifetime 2025 Sep Acct	Target Date	1,177,298
* Principal Lifetime 2030 Sep Acct	Target Date	2,455,795
* Principal Lifetime 2035 Sep Acct	Target Date	1,065,234
* Principal Lifetime 2040 Sep Acct	Target Date	2,253,556
* Principal Lifetime 2045 Sep Acct	Target Date	942,462
* Principal Lifetime 2050 Sep Acct	Target Date	889,281
* Principal Lifetime 2055 Sep Acct	Target Date	370,803
* Principal Lifetime 2060 Sep Acct	Target Date	128,177
LgCap S&P 500 Index Sep Acct	Equity Index	3,105,287
MidCap Value I Separate Acct	Mid Cap	39,993
MidCap S&P 400 Index Sep Acct	Equity Index	1,259,145

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
Small Cap Separate Account	Small Cap	780,391
Diversified Intl Sep Acct	Foreign Assets	65,724
International Small Cap Sep Acct	Small Cap	1,258,439
Liquid Assets Separate Account	Liquid Assets	795,173
		18,553,841
MUTUAL FUNDS		
Prudential High-Yield A Fund	High Yield Bond	490,267
Vanguard L-T Treasury Inv Fd	High Yield Bond	1,469,389
Am Fds Am Bal R3 Fund	Balanced Allocation	119,601
Invesco Am Franchise A Fund	Large Cap Growth	1,320,822
JP Morgan Equity Income A Fund	Large Cap Value	198,398
ClearBridge Apprec A Fund	Large Cap Blend	912,569
ClearBridge Lg Cap Gr A Fund	Large Cap Growth	955,085
Goldman Sch Sm Cp Val Ins A Fund	Small Cap Value	47,248
Janus Aspen Enterprise I Fund	Mid Cap Growth	1,818,607
MFS Global Equity R3 Fund	International Equity	502,330
BlackRock Energy & Res Inv A Fund	Mid Cap Value	134,629
Vanguard Health Care Inv Fund	Large Cap Growth	1,591,703
		9,560,648

INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 877 ANNUITY FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment	Current Value
GUARANTEED INTEREST ACCOUNTS		
* Guaranteed Interest Accounts	VARIABLE	281,623
TOTAL INVESTMENTS PER FORM 5500		$ 28,508,135

* Denotes party-in-interest

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1994

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)
BD OF TRUSTEES I.U.O.E. LOCAL 877 ANNUITY FUND

1 BATTERYMARCH PARK, SUITE 317

QUINCY MA 02169-7471

2b Employer Identification Number (EIN) 04-3228497

2c Plan Sponsor's telephone number 781-769-5789

2d Business code (see instructions) 237990

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

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

SIGN HERE		10/13/2022	MELISSA WARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2021) v. 210624**

118401 12-30-21

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	464
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)	425
a (2) Total number of active participants at the end of the plan year	6a(2)	650
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	34
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	684
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
f Total. Add lines 6d and 6e	6f	687
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	436
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	9

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [X] 1 **A** (Insurance Information)
(4) [X] **C** (Service Provider Information)
(5) [X] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)