

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1960
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) INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE 1375 VIRGINIA DRIVE, SUITE 102 FORT WASHINGTON, PA 19034-3257
2b	Employer Identification Number (EIN) 23-6405239
2c	Plan Sponsor's telephone number 215-542-8211
2d	Business code (see instructions) 238290

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.	10/15/2024	JAMES REILLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 7352
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2911 6a(2) 2918 6b 2962 6c 833 6d 6713 6e 700 6f 7413 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 505

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

1A

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

4B

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	23-6405239	

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

(a) Name of insurance carrier
STANDARD 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
93-0242990	69019	752539	4817	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
67641	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
WADE FINANCIAL INC. 1225 SCARLETT OAK DR. CHALFONT, PA 18914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67641			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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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

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

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

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

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

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

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)	615907	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	5892	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....	9a(4)		621799
b Benefit charges (1) Claims paid.....	9b(1)	485000	
(2) Increase (decrease) in claim reserves	9b(2)	15278	
(3) Incurred claims (add (1) and (2)).....	9b(3)		500278
(4) Claims charged	9b(4)		500278
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	67641	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	73523	
(E) Taxes	9c(1)(E)	12436	
(F) Charges for risks or other contingencies.....	9c(1)(F)	43694	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		197294
(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)		56621
(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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 955267371
(2) Actuarial value of assets for funding standard account.....	1b(2) 1001421503
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1046127444
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 953781691
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1775093606
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 88409557
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 69944011
(3) Expected plan disbursements for the plan year	1d(3) 71583011

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	10/04/2024
Signature of actuary EMILY LUCINI, FSA	Date 23-08740
Type or print name of actuary THE MCKEOGH COMPANY	Most recent enrollment number 484-530-0692
Firm name 1001 CONSHOCKEN STATE ROAD, SUTE, WEST CONSHOCKEN, PA 19428-2977	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	955267371
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2911	792984884
(2) For terminated vested participants	655	76852686
(3) For active participants:		
(a) Non-vested benefits		114503064
(b) Vested benefits		790752972
(c) Total active	2911	905256036
(4) Total	6477	1775093606
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.82 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	44561341				
			Totals ▶	3(b)	44561341
					3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.55 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	3.50 %	☐ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.2 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1639000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1097850	112652

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	29436644

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	216927478	32253683
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4318323**e** Total charges. Add lines 9a through 9d**9e** 66008650**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 99875127**g** Employer contributions. Total from column (b) of line 3**9g** 44561341**h** Amortization credits as of valuation date**9h** 72346410 12743815**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 9425326**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	235583873	
9j(2)	658717039	

k (1) Waived funding deficiency**(2)** Other credits**9j(3)****9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 166605609**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 100596959**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date**9o(1)****9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ 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
ENTRUST PARTNERS OFFSHORE LP
90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GCM CUSTOMIZED FUND INVESTMENT GRP
80-0952472

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LAZARD ASSET MANAGEMENT LLC	30 ROCKEFELLER PLAZA
	NEW YORK, NY 10112

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GCM CFGI FUND PARTNERS IV, LP
35-2494369

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

SEI GLOBAL SERVICES INC.

100 CIDER MILL RD
OAKS, PA 19456

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

SEI INVESTMENTS GLOBAL (CAYMAN) LTD

100 CIDER MILL RD
OAKS, PA 19456

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

FIRST EAGLE INVESTMENT MANAGEMENT L

57-1156902

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

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

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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)

PRUDENTIAL ASSET MGT

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2740805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIERRA INVESTMENT PARTNERS INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	436157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSTON ASSET MANAGEMENT

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	412891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	391437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	388564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 71	NONE	260438	Yes ☒ No ☐	Yes ☐ No ☒	22205	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)

INVESTMENT PERFORMANCE SERVICES

58-2432392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	245000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS LL

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	239604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, GRAHAM & CO. INVESTMENT ADV.

76-0301817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	198767	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

WEDGE CAPITAL MANAGEMENT, LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	176287	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 24 50 51	NONE	163764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE INVEST

04-3549299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	161997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATHAN SMITH

23-6405239

(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?
30 64	EMPLOYEE	159176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT MANAGEMENT

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	117581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL BANK

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	106843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOHN HEENAN

23-6405239

(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?
30 64	EMPLOYEE	95270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL POTAKO

23-6405239

(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?
30 64	EMPLOYEE	85393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREA GASS

23-6405239

(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?
30 64	EMPLOYEE	74628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM MCGUIRE

23-6405239

(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?
30 64	EMPLOYEE	71551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL CAREY, III

23-6405239

(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?
30 64	EMPLOYEE	68776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARY, JOSEM,& TRIGIANI LLP

23-2657967

(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	63939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE

04-3101341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	56779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIMOTHY RUSSO

23-6405239

(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?
30 64	EMPLOYEE	56456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES BUMBAUGH

23-6405239

(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?
30 64	EMPLOYEE	56456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(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	54250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA KRIGER

23-6405239

(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?
30 64	EMPLOYEE	47194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIMOTHY NAGY

23-6405239

(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?
30 64	EMPLOYEE	41950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL FEHRLE

23-6405239

(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?
30 64	EMPLOYEE	39012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA DANYLUK

23-6405239

(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?
30 64	EMPLOYEE	38386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BETH MARTIN

23-6405239

(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?
30 64	EMPLOYEE	32884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA REPETSKI

23-6405239

(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?
30 64	EMPLOYEE	31774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHONY DEFEQ

23-6405239

(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?
30 64	EMPLOYEE	28975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JRP & ASSOCIATES, LLC

115 ROSE TWIG LANE
NORTH WALES, PA 19454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	26025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHERINE ALBRIGHT

23-6405239

(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?
30 64	EMPLOYEE	25755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCANTEK, INC.

48-1263177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	23752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMAS J. MCGOLDRICK, ESQUIRE

35 SHEFFIELD COURT
COLLEGEVILLE, PA 19426

(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	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRIOT FINANCIAL PARTNERS, LP

26-1273625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	5198	Yes ☐ No ☐

(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
PATRIOT FINANCIAL PARTNERS, LP	28 52	5198

(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.
PATRIOT FIN. PARTNRS II, LP 45-3772738	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	5956

(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.
BARCLAYS 06-1031656	SOFT DOLLAR AND BROKERS COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	609

(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.
JP MORGAN 13-3299429	SOFT DOLLAR AND BROKERS COMMISSION

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
FOUNDRY PARTNERS, LLC	68 71	1042

(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.
COWEN & CO 27-0423711	SOFT DOLLAR AND BROKERS COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	1258

(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.
EVERCORE ISI 20-4553818	SOFT DOLLAR AND BROKERS COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	3911

(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.
COWEN-WESTMINSTER 84-1702964	SOFT DOLLAR AND BROKERS COMMISSION

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
FOUNDRY PARTNERS, LLC	68 71	426

(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.
STEPHENS 71-0641478	SOFT DOLLAR AND BROKERS COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	6048

(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.
PIPER 41-1734808	SOFT DOLLAR AND BROKERS COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	446

(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.
LIQUIDNET 13-4092641	SOFT DOLLAR AND BROKERS COMMISSION

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
FOUNDRY PARTNERS, LLC	68 71	795
(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.	
CREDIT SUISSE 13-5659485	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	704
(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.	
INSTINET 20-3880413	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	136
(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.	
NEEDHAM 27-1728945	SOFT DOLLAR AND BROKERS COMMISSION	

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
FOUNDRY PARTNERS, LLC	68 71	241
(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.	
RAYMOND JAMES 59-1237041	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	308
(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.	
JONES TRADING 51-0484896	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	326
(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.	
SEAPORT GLOBAL 74-3055482	SOFT DOLLAR AND BROKERS COMMISSION	

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD/WILMINGTON INT'L EQUITY PORT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST NAT'L ASSOCIATION		
c EIN-PN 46-3944954-187	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29807692
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GROUP		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33982531
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (CORP)		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3869666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66415802
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239	

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	24475967	15961428
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5905220	7383004
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2779871	2325763
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9973270	10011325
(2) U.S. Government securities	1c(2)	9484697	30304920
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	75883533	26897909
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	330904471	349318079
(5) Partnership/joint venture interests	1c(5)	332975084	309099052
(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)	57758558	96223494
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		33982531
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5557956	16028721
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	99988402	105100402

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	579908	541553
f Total assets (add all amounts in lines 1a through 1e)	1f	956266937	1003178181
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	837177	933877
i Acquisition indebtedness	1i		
j Other liabilities	1j	162389	213863
k Total liabilities (add all amounts in lines 1g through 1j)	1k	999566	1147740
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	955267371	1002030441

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)	44561341	
(B) Participants	2a(1)(B)		
(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)		44561341
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	524117	
(B) U.S. Government securities	2b(1)(B)	425247	
(C) Corporate debt instruments	2b(1)(C)	1753553	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2272885	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4975802
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4541695	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	446698	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4988393
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	424504591	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	428714561	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-4209970
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	53867270	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9249688
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		2039529
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1501208
c Other income	2c		37221
d Total income. Add all income amounts in column (b) and enter total	2d		117010482

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61728618	
(2) To insurance carriers for the provision of benefits.....	2e(2)	622820	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		62351438
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	804291	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	980	
(4) IQPA audit fees.....	2i(4)	54250	
(5) Investment advisory and investment management fees	2i(5)	6265661	
(6) Bank or trust company trustee/custodial fees	2i(6)	99121	
(7) Actuarial fees	2i(7)	75000	
(8) Legal fees	2i(8)	81658	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	515013	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7895974
j Total expenses. Add all expense amounts in column (b) and enter total	2j		70247412

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		46763070
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLO, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		414199454
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 525459.

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239

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): 23-6405239 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 14

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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☒ No ☐ N/A
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

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **MORRISSEY, INC.**

b EIN **23-6405239**

c Dollar amount contributed by employer **908843**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **AMQUIP CRANE RENTAL LLC**

b EIN **26-0178903**

c Dollar amount contributed by employer **1013692**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **JPC GROUP INC.**

b EIN **23-3085595**

c Dollar amount contributed by employer **1238376**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **THACKRAY CRANE RENTAL INC.**

b EIN **23-2541035**

c Dollar amount contributed by employer **993522**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **HAINES & KIBBLEHOUSE**

b EIN **23-1699847**

c Dollar amount contributed by employer **676061**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **IUOE LOCAL 542**

b EIN **23-0725295**

c Dollar amount contributed by employer **580870**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **TRUMBULL CORPORATION**

b EIN **25-1021993**

c Dollar amount contributed by employer **851243**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **WHITE, INC.**

b EIN **23-6405239**

c Dollar amount contributed by employer **793920**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **SAUTTER CRANE**

b EIN **23-2974096**

c Dollar amount contributed by employer **525172**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

a Name of contributing employer **ANDERSON CONSTRUCTION CO INC.**

b EIN **93-0422424**

c Dollar amount contributed by employer **511771**

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 **04** Day **30** Year **2027**

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): **10.5% OF GROSS WAGES**

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

833

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

803

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

804

- 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

103.74

b The corresponding number for the second preceding plan year

15b

103.61

- 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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 35.8 % Private Equity: 21.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.8 %

High-Yield Debt: 6.8 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 29.4 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

FINANCIAL STATEMENTS

DECEMBER 31, 2023

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
International Union of Operating Engineers
Pension Fund of Eastern Pennsylvania and Delaware

Opinion

We have audited the financial statements of the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and 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 of the Plan as of December 31, 2023 and 2022, 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 auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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, Schedule of Reportable Transactions and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s 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 GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 30, 2024

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 349,318,079	\$ 330,904,471
Limited partnerships	309,099,052	332,975,084
Corporate obligations	25,074,833	75,856,640
Hedge fund of funds	105,100,402	99,988,402
Common collective trust	66,415,802	-
United States Government and Government Agency obligations	28,659,372	9,141,810
Housing investment trust mutual fund	16,028,721	5,557,956
Mortgage-backed securities	3,468,624	369,780
103-12 investment entities	63,790,223	57,758,558
Money market mutual funds	10,011,325	9,973,270
Total investments	<u>976,966,433</u>	<u>922,525,971</u>
RECEIVABLES		
Employer contributions	7,383,004	5,905,220
Accrued interest and dividends	702,639	1,568,433
Due from related funds	1,245,608	1,144,555
Due from Brokers	312,450	-
Total receivables	<u>9,643,701</u>	<u>8,618,208</u>
PROPERTY AND EQUIPMENT - net	<u>541,553</u>	<u>579,908</u>
PREPAID EXPENSES	<u>65,066</u>	<u>66,883</u>
CASH	<u>15,961,428</u>	<u>24,475,967</u>
Total assets	<u>1,003,178,181</u>	<u>956,266,937</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	933,877	837,177
Due to custodian	-	56,854
Reciprocal contribution payable	213,863	105,535
Total liabilities	<u>1,147,740</u>	<u>999,566</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,002,030,441</u></u>	<u><u>\$ 955,267,371</u></u>

See accompanying notes to financial statements.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 62,447,725	\$ (96,053,032)
Interest and dividends	9,964,195	14,713,242
	<u>72,411,920</u>	<u>(81,339,790)</u>
Less: investment expenses	(6,327,561)	(4,927,295)
Investment income (loss) - net	<u>66,084,359</u>	<u>(86,267,085)</u>
Employer contributions	44,561,341	41,857,005
Withdrawal liability contributions	<u>-</u>	<u>740,000</u>
Total additions	<u>110,645,700</u>	<u>(43,670,080)</u>
DEDUCTIONS		
Benefits		
Monthly retirement benefits	59,579,710	56,916,219
Death	2,771,728	8,453,257
Total benefits	<u>62,351,438</u>	<u>65,369,476</u>
Administrative expenses	<u>1,531,192</u>	<u>1,489,864</u>
Total deductions	<u>63,882,630</u>	<u>66,859,340</u>
NET INCREASE (DECREASE)	46,763,070	(110,529,420)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>955,267,371</u>	<u>1,065,796,791</u>
End of year	<u><u>\$1,002,030,441</u></u>	<u><u>\$ 955,267,371</u></u>

See accompanying notes to financial statements.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF PLAN

The International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Plan) provides pension benefits to eligible members of the International Union of Operating Engineers Local 542 which represents members employed in eastern Pennsylvania and Delaware. The following brief description of the Plan is provided for general purposes only.

The Plan was established January 1, 1960, as a result of collective bargaining agreements between the International Union of Operating Engineers Local 542 and the General Building Contractors Association and the Contractors Association of Eastern Pennsylvania. The Plan is a multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The purpose of the Plan is to provide for retirement, death and disability benefits for eligible participants.

Normal retirement is at age 65 or older; early retirement is at age 55 or older where the total of age plus pension credits is at least 80; or at age 55 or older with at least 10 pension credits.

The Plan was amended during 2019 to continue to provide 2 bonus checks for all retirees and surviving spouses in pension status at June 1st and December 1st. The June 1st and December 1st bonus checks have been approved through 2024.

Participants should refer to the summary plan description for more complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - Investments in United States Government and Government Agency obligations, corporate obligations, common stock, housing investment trust mutual fund and money market mutual funds are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of mutual fund as of the last business day of the year. The housing investment trust units are valued at their market value on the last business day of the year, as established by the trust. The common collective trust and 103-12 investment entities are valued at its market value on the last business day of the year, as established by the trust. Investments in mortgage-backed securities are carried at estimated fair value as provided by the investment custodian or the trust as of the last business day of the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The foreign hedged mutual fund and foreign hedged mutual funds of funds are valued at estimated fair value as reported by the management of the Funds. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third-party annual audit. The estimated fair values may differ from the values what would have been used had a ready market existed for these investments, and that difference may be significant.

The investments in the limited partnerships are carried at estimated fair value as provided by the Partnerships. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds and are all subject to a third party annual audit. The estimated fair values may differ from the values that would have been used, had a ready market existed for these investments, and those differences may be significant. The Patriot Financial Partners II LP, Patriot Financial Partners III LP, Patriot Financial Partners IV LP, Columbia Partners Private Capital LP, Corbin ERISA Opportunity Fund, LP, First Eagle Global Value Fund LP, American Core Realty Fund, LLC., PRISA III Fund LP and the Boyd Watterson GSA Fund partnerships are stated at estimated fair value as reported by the General Partner. The International U.S. Real Estate Investment Fund limited partnership is stated at estimated fair value as reported by the Fund's management. The Fund's management has estimated the fair value to be the present value of the future cash flows of each owned property, less any mortgage obligations, to arrive at net asset value. The Plan's share of the net asset value of the Fund is based on the Plan's pro rata share of total contributed capital.

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

Contributions Receivable - Contributions due and not paid prior to the year-end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation for the year ended December 31, 2023 totaled \$92,269 of which \$70,146 was reimbursed by related parties. Depreciation for the year ended December 31, 2022 totaled \$98,483, of which \$74,870 was reimbursed by related parties.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payments of Benefits - Benefit payments are recorded upon distribution.

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassification - Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported changes in net assets available for benefits.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

The Pension Benefit Guaranty Corporation (PBGC) does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all. In addition, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on June 25, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years; however, this may differ depending upon circumstances of the Plan.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants and beneficiaries

currently receiving benefits

\$ 504,758,802

Other participants

396,276,891

901,035,693

Nonvested benefits

52,745,998

Total actuarial present value of accumulated
plan benefits - without expenses

\$ 953,781,691

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan

benefits at beginning of year

\$ 925,794,673

Increase (decrease) during the year attributable to:

Benefits paid

(65,369,476)

Interest due to decrease in discount period

62,517,695

Benefits accumulated, net experience gain
or loss and changes in data

30,838,799

Net increase

27,987,018

Actuarial present value of accumulated plan
benefits at end of year

\$ 953,781,691

The actuarial valuation was made using the Projected Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the valuation as of January 1, 2023 were as follows:

Mortality - Healthy lives

120% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.

- Disabled lives

RPH-2014 Disabled Retiree (headcount-weighted table). No projected mortality improvement.

- RPA 94 current liability

IRS Prescribed Generational Mortality Table for 2023 valuation dates.

NOTE 5. ACTUARIAL INFORMATION (continued)

Early Retirement from Active Service Age-related rates as follows:

Age	Type of Early Retirement	
	Special Early	Regular Early
55-56	0.100	0.015
57-58	0.150	0.015
59-61	0.200	0.015
62-64	0.300	0.100

Normal/Late Retirement from Active Service Age-related rates as follows:

Age	Rate
65-69	0.250
70 and older	1.000

Retirement Age - Inactive vested: Age 65 for those with less than 10 years of service and age 62 for those with service greater than or equal to 10.

Percent married - 85%

Salary scale - 3.50% per annum

Future benefit accruals - One service credit per active employee included in the valuation.

Investment rate of return - 7.00% per annum for funding.

Interest rate - 2.55% for RPA '94 current liability in 2023.

Administrative expenses - 3 year average of actual expenses with 4% inflation. The beginning of year expense assumption for 2023 is \$1,639,000.

Actuarial value of assets - The actuarial valuation method is the adjusted market value.

The following changes were made in the actuarial assumptions from the prior year:

1. To comply with changes in RPA '94 prescribed interest, the interest rate for RPA '94 current liability purposes was changed from 2.22% to 2.55%.
2. To comply with changes in RPA '94 prescribed mortality, the mortality assumption for RPA '94 Current Liability purposes was changed from the IRS Prescribed Generational Mortality Table for 2022 valuation dates to the IRS Prescribed Generational Mortality Table for 2023 valuation date.

NOTE 5. ACTUARIAL INFORMATION (continued)

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the actuarial present value of accumulated plan benefits as of December 31, 2023 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2023.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2023, the Plan is neither in endangered status nor critical status.

NOTE 6. FUNDING POLICY

The participating employers generally contribute 10.5% of employees' gross wages as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions.

As a result of the Plan's projection to be in critical status under the Pension Protection Act of 2006 and as a proactive measure to stay in the green zone, the union membership and Trustees of the related Welfare and Annuity Funds approved a diversion in employer contributions into this Plan. The diversion was effective starting with the work month June 2010 and has continued over the years with participating employers making various contributions being diverted from the Welfare Fund and Annuity Fund. The Annuity Fund diversion was eliminated at the end of 2016.

For the 2023 and 2022 plan years, the diversion was \$3.55 per hour for Parent Body (District 2, 3, and 4) as well as Parent Body (District 1 and 5) and \$2.20 per hour for C-Branch. During the years ended December 31, 2023 and 2022, the Plan received \$16,157,190 and \$14,558,489, respectively, in diversion contributions from the Welfare Fund. These amounts are reported as employer contributions in the Statements of Changes in Net Assets Available for Benefits. At December 31, 2023 and 2022, the Plan was owed \$3,845,820 and \$2,531,056 from the Welfare Fund for diversion contributions. These amounts are included with employer contributions receivable on the statement of net assets available for benefits.

NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following:

<u>Category</u>	<u>2023</u>	<u>2022</u>
Automobiles	\$ 258,349	\$ 312,282
Office furniture	230,888	244,694
Leasehold improvements	450,101	450,101
Computer equipment	166,751	123,888
	<u>1,106,089</u>	<u>1,130,965</u>
Less: accumulated depreciation	<u>(564,536)</u>	<u>(551,057)</u>
Property and equipment - net	<u>\$ 541,553</u>	<u>\$ 579,908</u>

NOTE 8. RELATED PARTY TRANSACTIONS

The Pension Fund has five related entities which include a health and welfare fund, a supplemental unemployment benefit (S.U.B.) fund, an apprenticeship fund, an annuity fund, and the local union. The Pension Fund has common trustees and staff with these related entities.

Salary and operating expenses are initially paid by the Pension Fund. The related entities reimburse the Pension Fund quarterly and amounts due to or from the Pension Fund at the end of the year are adjusted based on an analysis of total allocable expenses and the quarterly payments made during the year.

The Welfare Fund leases office space under an operating lease that expired during 2018. The office space is leased from the International Union of Operating Engineers Local 542, a related party. The Welfare Fund is currently paying month to month until a new lease agreement is finalized. The obligation for the lease is the responsibility of the Welfare Fund but is paid initially by the Pension Fund and then allocated to the related entities. The Pension Fund paid office rent to the Union totaling \$196,873 for each of the years ended December 31, 2023 and 2022.

During the years ended December 31, 2023 and 2022, the total amounts allocated to the related funds and reimbursed to the Plan for shared expenses are as follows:

	<u>2023</u>	<u>2022</u>
Welfare Fund	\$ 2,136,986	\$ 2,078,541
Annuity Fund	446,356	423,471
S.U.B. Fund	540,130	539,877
Apprenticeship Fund	213,322	212,996
Union	<u>51,278</u>	<u>44,283</u>
	<u>\$ 3,388,072</u>	<u>\$ 3,299,168</u>

NOTE 8. RELATED PARTY TRANSACTIONS (continued)

At December 31, 2023 and 2022, the Plan (owed) was owed the following from the related entities:

	2023	2022
Welfare Fund	\$ 620,980	\$ 572,572
Annuity Fund	460,716	436,914
S.U.B. Fund	146,259	130,558
Apprenticeship Fund	58,866	53,840
Union	(41,213)	(49,329)
	<u>\$ 1,245,608</u>	<u>\$ 1,144,555</u>

As a result of the Plan's projected finding deficiency under the Pension Protection Act of 2006 and as a proactive measure, the Union membership and Trustees of the related Welfare and Annuity Funds approved a diversion in employer contributions into this Plan. See the Funding Policy footnote at Note 6 for the amounts diverted during the years ended December 31, 2023 and 2022. These amounts are included in employer contributions on the Statements of Changes in Net Assets Available for Benefits and employer contribution receivable in the Statements of Net Assets Available for Benefits.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Pension Plan), the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware (the Welfare Fund), the International Union of Operating Engineers Joint Annuity Fund of Eastern Pennsylvania and Delaware (the Annuity Fund), the International Union of Operating Engineers of Eastern Pennsylvania and Delaware Supplemental Unemployment Benefit Fund (the SUB Fund) and the International Union of Operating Engineers Joint Apprenticeship, Training and Safety Fund of Eastern Pennsylvania and Delaware (the Apprenticeship Fund) together referred to as the IUOE Local 542 Benefit Funds participate in two multiemployer defined benefit pension plans under the terms of participation agreements that cover its union-represented and non-collectively bargained employees. The common expenses of the IUOE Local 542 Benefit Funds are initially paid by the Pension Plan and are reimbursed by the related funds based on a cost allocation study. The Pension Plan remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the IUOE Local 542 Benefit Funds. The Welfare, Annuity, SUB, and Apprentice Funds as well as the Union reimburse the Pension Plan for their share of the contributions based on a cost allocation study. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The IUOE Local 542 Benefit Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2023 and 2022 is outlined in the table below. The zone status is based on information that the IUOE Local 542 Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	23-6405239	001	Green as of 01/01/23	No	Green as of 01/01/22	No	*
General Pension Plan of the International Union of Operating Engineers	52-6124299	001	Green as of 01/01/23	No	Green as of 01/01/22	No	**

* The employees of the IUOE Local 542 Benefit Funds participate in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware through a participation agreement between the IUOE Local 542 Benefit Funds and the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware. The participation agreement does not have an expiration date.

** The employees of the IUOE Local 542 Benefit Funds participate in the General Pension Plan of the International Union of Operating Engineers through a participation agreement between the Benefit Funds and the General Pension Plan of the International Union of Operating Engineers. The participation agreement does not have an expiration date.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Contribution paid by International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by Pension Plans for which the Pension Plan contributes directly to Pension Plans.	
	12/31/2023	12/31/2022			12/31/2023	12/31/2022	12/31/2023	12/31/2022
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	\$ 201,706	\$ 201,978	No, Plan year ending 12/31/23.	No, Plan year ending 12/31/22.	10.5% of gross wages, plus \$2.20 per hour	10.5% of gross wages, plus \$2.20 per hour	20 shared employees	22 shared employees
General Pension Plan of the International Union of Operating Engineers	291,339	292,177	No, Plan year ending 12/31/23.	No, Plan year ending 12/31/22.	17.5% of gross wages	17.5% of gross wages	20 shared employees	20 shared employees
Total contributions to Pension Plans	\$ 493,045	\$ 494,155						

The Welfare Fund reimbursed the Pension Plan \$142,069 and \$142,477 during the years ended December 31, 2023 and 2022, respectively, for the Welfare Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$98,360 and \$98,493 for the years ended December 31, 2023 and 2022, respectively, for the Welfare Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The Annuity Fund reimbursed the Pension Plan \$24,432 and \$24,502 during the years ended December 31, 2023 and 2022, respectively, for the Annuity Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$16,915 and \$16,938 for the years ended December 31, 2023 and 2022, respectively, for the Annuity Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The SUB Fund reimbursed the Pension Plan \$37,478 and \$37,586 during the years ended December 31, 2023 and 2022, respectively, for the SUB Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$25,947 and \$25,982 for the years ended December 31, 2023 and 2022, respectively, for the SUB Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Apprenticeship Fund reimbursed the Pension Plan \$15,400 and \$15,444 during the years ended December 31, 2023 and 2022, respectively, for the Apprenticeship Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$10,662 and \$10,677 for the years ended December 31, 2023 and 2022, respectively, for the Apprenticeship Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The Union reimbursed the Pension Plan \$1,687 and \$1,692 during the years ended December 31, 2023 and 2022, respectively, for the Union's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$1,168 and \$1,169 for the years ended December 31, 2023 and 2022, respectively, for the Union's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the IUOE Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	Funding improvement plan implemented	Yes	No	N/A
General Pension Plan of the International Union of Operating Engineers	N/A	No	No	N/A

NOTE 10. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The IUOE Local 542 Benefit Funds contribute to a multiemployer defined-benefit health and welfare plan that provide postretirement benefits for its union-represented and non-collectively bargained employees during the years ended December 31, 2023 and 2022. The Pension Plan remits the contributions to the multiemployer health and welfare plan that provides post-retirement benefits for the shared employees on behalf of the IUOE Local 542 Benefit Funds. The Welfare, Annuity, SUB and Apprenticeship Funds as well as the Union reimburse the Pension Plan for their share of the contributions based on a cost allocation study. Information about the health and welfare plan is below:

NOTE 10. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

Legal Name of Plan providing postretirement benefits other than pension	Contributions paid by the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware directly to the Plan		Employer contribution rates of the Plans		Number of employees covered by Plan for which the Pension Plan contributes directly to the Plan	
	12/31/2023	12/31/2022	12/31/2023	12/31/2022	12/31/2023	12/31/2022
International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware*	\$ 539,415	\$ 550,497	\$1,809 per month	\$1,809 per month	21 shared employees	22 shared employees

The Welfare Fund reimbursed the Pension Plan \$263,040 and \$268,444 during the years ended December 31, 2023 and 2022, respectively, for the Welfare Fund's allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Annuity Fund reimbursed the Pension Plan \$45,235 and \$46,165 during the years ended December 31, 2023 and 2022, respectively, for the Annuity Fund's allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The SUB Fund reimbursed the Pension Plan \$69,390 and \$70,816 during the years ended December 31, 2023 and 2022, respectively, for the SUB Fund's allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Apprenticeship Fund reimbursed the Pension Plan \$28,513 and \$29,099 during the years ended December 31, 2023 and 2022, respectively, for the Apprenticeship Fund's allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Union reimbursed the Pension Plan \$3,123 and \$3,187 during the years ended December 31, 2023 and 2022, respectively, for the Union's allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

* The Plan provides postretirement health benefits (hospital, surgical, major medical, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 11. DUE (TO) FROM CUSTODIAN FOR PURCHASES OF SECURITIES

This represents the amount due from the custodian for sales of securities with trade dates prior to year end and settlement dates after year end. The amount due to the custodian represents the purchase of investments with trade dates prior to year end and settlement dates after year end.

NOTE 12. OBLIGATION UNDER OPERATING LEASES

The Plan leases office equipment (postage machine) under an operating lease agreement that expired in October of 2022. In January 2023, a new sixty month operating lease was entered into, expiring December 2027. Annual lease payments totaled \$12,882 and \$12,073 for the years ended December 31, 2023 and 2022, and are shared by the related entities disclosed in Note 8. The obligation of this lease is the responsibility of the Plan.

NOTE 13. RISKS AND UNCERTAINTIES

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

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

NOTE 14. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 349,318,079	\$ 349,318,079	\$ -	\$ -
Corporate obligations	25,074,833	-	25,074,833	-
United States Government and Government Agency obligations	28,659,372	28,659,372	-	-
Money market mutual funds	10,011,325	10,011,325	-	-
Mortgage-backed securities	3,468,624	-	3,468,624	-
Total assets in the fair value hierarchy	416,532,233	<u>\$ 387,988,776</u>	<u>\$ 28,543,457</u>	<u>\$ -</u>
Investments measured at NAV (A) *	560,434,200			
Total investments	<u>\$ 976,966,433</u>			

* - Four limited partnerships account for 25.43% of net assets available for benefits at December 31, 2023.

	Fair Value Measurements at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 330,904,471	\$ 330,904,471	\$ -	\$ -
Corporate obligations	75,856,640	-	75,856,640	-
United States Government and Government Agency obligations	9,141,810	9,141,810	-	-
Money market mutual funds	9,973,270	9,973,270	-	-
Mortgage-backed securities	369,780	-	369,780	-
Total assets in the fair value hierarchy	426,245,971	<u>\$ 350,019,551</u>	<u>\$ 76,226,420</u>	<u>\$ -</u>
Investments measured at NAV (A) *	496,280,000			
Total investments	<u>\$ 922,525,971</u>			

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

(A) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

For the years ended December 31, 2023 and 2022 there were no transfers in or out of Levels 1, 2, or 3.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2023, as identified with an asterisk:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships:				
* American Core Realty Fund LLC	\$ 37,360,991	\$ -	Quarterly	10 days
* Boyd Waterson GSA Fund	9,310,811	-	Quarterly	60 days
* Columbia Partners Private Capital LP	10,459,375	1,204,076	(a)	(a)
* Corbin ERISA Opportunity Fund LP	15,289,707	-	Quarterly	65 Days
* First Eagle Global Value Fund LP	34,724,320	-	Monthly	10 days
* Intercontinental U.S. Real Estate Investment Fund	19,194,307	-	(b)	(b)
* Patriot Financial Partners II LP	8,885,600	1,034,484	(a)	(a)
* Patriot Financial Partners III LP	40,127,979	1,288,364	(a)	(a)
* Patriot Financial Partners IV LP	24,403,710	11,375,000	(a)	(a)
* PRISA III Fund LP	109,342,252	-	Quarterly	90 days
Hedge fund of funds:				
* EnTrust Capital Diversified Fund QP LTD	606,785	-	(a)	(a)
* EnTrust Global Special Opportunities E Fund LTI	49,089,047	-	(c)	(c)
* Grosvenor Opportunistic Credit Fund, III	393,012	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, IV	1,028,587	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund V - V-Escrow Account	84,940	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, V	23,312,333	-	(a)	(a)
* Grosvenor Secondary Opportunities Fund II	21,899,295	10,220,616	(a)	(a)
* Grosvenor Secondary Opportunities Fund III	8,686,403	13,111,779	(a)	(a)
Common collective trust:				
* JPMCB Corporate High Yield Fund	66,415,802	-	Daily	Daily

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Housing investment trust:				
* AFL-CIO Housing Investment Trust	\$ 16,028,721	\$ -	Monthly	15 days
103-12 investment entity:				
* Hardman Johnston International Equity Group	33,982,531	-	Daily	Daily
* Lazard International Equity Portfolio	29,807,692	-	Daily	Daily
Total	<u>\$ 560,434,200</u>	<u>\$ 38,234,319</u>		

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2022, as identified with an asterisk:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships:				
* American Core Realty Fund LLC	\$ 44,799,984	\$ -	Quarterly	10 days
* Boyd Waterson GSA Fund	5,007,534	5,000,000	Quarterly	60 days
* Columbia Partners Private Capital LP	48,599,048	1,740,956	(a)	(a)
* First Eagle Global Value Fund LP	10,732,573	-	Monthly	10 days
* Intercontinental U.S. Real Estate Investment Fund	23,175,639	-	(b)	(b)
* Patriot Financial Partners II LP	10,923,479	1,034,484	(a)	(a)
* Patriot Financial Partners III LP	37,818,491	2,788,364	(a)	(a)
* Patriot Financial Partners IV LP	16,627,474	21,000,000	(a)	(a)
* PRISA III Fund LP	135,290,862	-	Quarterly	90 days
Foreign hedged mutual fund of funds:				
* EnTrust Capital Diversified Fund QP LTD	594,693	-	(a)	(a)
* EnTrust Global Special Opportunities E Fund LTD	47,877,073	-	(c)	(c)
* Grosvenor Opportunistic Credit Fund, III	421,674	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, IV	1,094,652	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund V - V-Escrow Account	982,764	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, V	20,805,845	-	(a)	(a)
* Grosvenor Secondary Opportunities Fund II	22,963,439	10,547,362	(a)	(a)
* Grosvenor Secondary Opportunities Fund III	5,248,262	15,276,718	(a)	(a)
Housing investment trust:				
* AFL-CIO Housing Investment Trust	5,557,956	-	Monthly	15 days
103-12 investment entity:				
* Hardman Johnston International Equity Group	32,177,163	-	Daily	Daily
* Lazard International Equity Portfolio	25,581,395	-	Daily	Daily
	<u>\$ 496,280,000</u>	<u>\$ 57,387,884</u>		

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

(a) - Investors in the Grosvenor Opportunities Credit Fund V LTD, Grosvenor Opportunistic Credit Fund III LTD, Grosvenor Opportunistic Credit Fund V-Escrow Account, Grosvenor Opportunistic Credit Fund IV LTD, Grosvenor Secondary Opportunities Fund II LP, EnTrust Capital Diversified Fund QP LTD and the limited partners of the Columbia Partners Private Capital LP, Patriot Financial Partners II LP, Patriot Financial Partners III LP and Patriot Financial Partners IV LP are not permitted to make withdrawals. These funds are closed-end funds and redemptions are not provided for in the investment agreements.

(b) - Limited partners of the Intercontinental U.S. Real Estate Investment Fund are permitted redemptions at any time after the later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million (the period then ending, the "Redemption Lockout Period"). A limited partner may elect to redeem some or all of its Interests by providing the Manager with a written notice to such effect (a "Redemption Notice") in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date").

(c) - Limited partners of the EnTrust Global Special Opportunities E Fund LTD have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms of the investment agreement. The investment vehicle will not invest in any fund or investment that has an initial lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the investment's board of directors in its sole discretion. In order to effect a redemption, the limited partner is required to provide at least 95 days' prior written notice of any such redemption request.

Description of the Funds:

The American Core Realty Fund, LLC provides its clients with the opportunity to earn strong steady income and the potential for market appreciation within a risk-controlled environment, through a diversified portfolio of stabilized income-producing institutional real estate assets located in or near major metropolitan markets that demonstrate growth potential and/or supply constraints. The Core Fund utilizes a pure core investment strategy and is diversified geographically, economically, and by property type. Target investments are in the main property sectors, office, retail, industrial, and multi-family, located throughout the United States.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson GSA Fund, LP (the "Fund") is a real estate fund that is valued on a monthly basis by the Fund's Administrator, as overseen by the Fund Manager. The Fund's underlying real estate and improvements are externally appraised on an annual basis giving consideration to the income, cost, and sales comparison approaches of estimating property value. Quantitative information about the significant unobservable inputs is not available for this fund. The real estate fund was formed to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The significant strategy of the Fund is to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies. The Fund offers redemptions on a quarterly basis with 60 days notification. However, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request.

The Columbia Partners Private Capital Fund LP, a Delaware limited partnership, was formed to make investments in a diverse portfolio of private equity funds, including venture capital, mezzanine debt/structured capital, growth equity, and middle market buy-out funds. To provide further diversification, the Fund may commit up to 10% of its capital in direct co-investment opportunities offered by its underlying fund managers.

The Corbin ERISA Opportunity Fund, LP (the "Fund") is a Delaware limited partnership formed in August 2015. The Fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments with an expected emphasis on corporate credit securities, asset backed securities, mortgage backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

First Eagle Global Value Fund, L.P., a Delaware limited partnership, was established with the objective to seek capital appreciation by investing primarily in equity securities issued by both U.S. and non-U.S. issuers. The investment philosophy and strategy of the Partnership can be broadly characterized as a value approach.

The Intercontinental U.S. Real Estate Investment Fund is a limited liability company. The Fund's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investment and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The real estate investments of the Fund are stated at estimated fair value and are reviewed and adjusted quarterly. At least annually, an independent appraisal of the underlying real estate is performed and includes a complete property and market inspection. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice, as promulgated by the Appraisal Foundation. In the quarters in which an investment is not independently appraised, the fair value is updated as appropriate by management for changes in prior cash flow estimates and market assumptions.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Patriot Financial Partners LP was established to provide a superior risk-adjusted return by applying a hands-on, value-added investment model to both control and noncontrol investments. The Patriot Financial Partners LP focuses on investments in the community banking sector defined as banks and thrifts (thrifts are banking institutions regulated by the Office of Thrift Supervision (OTS) with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

The Patriot Financial Partners III, LP is focused on growth equity investments in the community banking sector (defined as banks and thrifts with assets between \$500.0 million and \$5.0 billion) throughout the United States, with a secondary focus on financial services companies closely related to the banking sector. The Fund assumes an exit multiple of 200% (2x gross multiple on invested capital) of tangible book value for its investments.

The Patriot Financial Partners IV, LP is focused on investments in the community banking sector defined as banks and thrifts with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

PRISA III Fund LP was established to execute a value added strategy by making investments through direct property ownership, joint ventures, mezzanine debt and other equity linked real estate interests. The Fund seeks enhanced returns based on accepting the appropriate market, leasing, and leverage risk at the time of the investment. The Fund invests through joint ventures in properties that require development, re-development or other management expertise to create or enhance value. PRISA III Fund LP also seeks to purchase properties at below replacement cost prices, take advantage of seller timing pressure, and actively manage properties with value added potential to enhance the risk-adjusted returns over the life of the fund. PRISA III Fund LP will acquire real estate investments located in various markets in North America (US, Canada and Mexico). Investments outside the United States will not exceed 20% of the Fund's gross assets.

The EnTrust Capital Diversified Fund QP Ltd. was established as a Cayman Islands exempted company on August 10, 2007. The Fund's objective is to seek above-average rates of return and long-term capital growth through an investment in EnTrust Capital Diversified Fund Ltd. (the "Master Fund"), a fund of funds with a diversified portfolio of private investment entities (the "Portfolios") and/or separately managed accounts managed by investment managers selected by the Advisor.

The EnTrust Global Special Opportunities E Fund Ltd. was established as a Cayman Islands exempted company on June 1, 2021. The investment seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. It expects to invest in a broad range of investments, including, but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high-yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, commercial mortgage-backed securities, and direct lending and sovereign debt.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Grosvenor Opportunistic Fund III Ltd. was established as a Cayman Islands exempted company in 2012. The Fund invests in a mix of “complex” credit strategies, including distressed mortgage-backed securities and structured credit. Opportunistic credit investments are structured to permit participation in longer-term credit opportunities, which often offer greater profit potential than more liquid credit investments.

The Grosvenor Opportunistic Fund IV Ltd. was established as a Cayman Island’s exempted company in 2015. The fund invests in the Grosvenor Opportunistic Credit Master Fund IV, Ltd. The investment objective of the master fund is the same as the Fund, to invest in opportunistic credit investments that are structured to permit participation in longer-term credit opportunities, which often offer greater profit potential than more liquid credit investments.

The Grosvenor Opportunistic Credit Fund V-Escrow Account is a separate interest bearing account maintained by Fund V where the Fund III and IV distributions are held until capital is called by Fund V. The sole purpose of this account is to hold investor capital during the period between when distributions from Fund III/IV are made and capital calls for Fund V are invested. The investor/Local 542 does not need to coordinate the cash flow between investments and, operationally, the account is an intermediary cash account at Grosvenor for the "automatic roll over".

The Grosvenor Opportunistic Credit V Fund, Ltd. (the Feeder) was established as a Cayman Islands exempted company on June 2011. The Fund is set up in a Master-Feeder arrangement in which substantially all of the investable assets held by the Feeder are invested in Grosvenor Opportunistic Credit Master Fund, Ltd., (the Master). The fund is considered to be a fund-of-funds as all underlying investment holdings are in other limited partnerships and foreign mutual funds. The fund was created to capitalize on the credit turmoil in the US and in Europe. The fund currently will not accept nor process redemption requests due to the illiquid nature of the underlying investments and management will determine the appropriate time to begin income distributions and return of capital based on their assessment of the market for the underlying assets at the time. The goal of the fund is that most of the underlying investments will ultimately be held in the form of mortgage pools being sold by distressed banks at a substantial discount to market and the funds held by the Master will sell those assets at market prices at a later date. The Master will initiate redemptions automatically as distressed assets are sold. The fund anticipates returning most of the initial investors’ funds in 5 years.

The Grosvenor Secondary Opportunities Fund II, LP (the “Partnership”) was formed pursuant to and in accordance with the provisions of the Delaware Revised Uniform Limited Partnership Act on May 27, 2016 and commenced operations on May 26, 2017. The purpose of the Partnership is to identify potential investments to acquire, hold, finance, manage and dispose of, pending utilization or disbursements of funds, to invest such funds in accordance with the terms Amended and Restated Limited Partnership Agreement dated May 26, 2017 and to do everything necessary or desirable for the accomplishment of the above purposes and to do every other act and thing incident thereto or connected therewith permitted by the Delaware Act.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Grosvenor Secondary Opportunities Fund III, LP was formed on June 11, 2020 under the Delaware Revised Uniform Limited Partnership Act ("Act") and commenced operations on December 31, 2020. The purpose of the Partnership is to invest, directly or indirectly, as a limited partner in, and as a Feeder Vehicle of Grosvenor Secondary Opportunities Fund III, L.P., in accordance with the subject to the other provisions of the Amended and Restated Limited Partnership Agreement dated December 31, 2020 and to do everything necessary or desirable for the accomplishment of the above purpose or the furtherance of any of the powers herein set forth and to do every other act and thing incident thereto or connected therewith permitted by the Act.

The JPMCB Corporate High Yield Fund seeks to outperform the Bank of America Merrill Lynch U.S. High Yield BB/B Rated Constrained Index by investing in higher-yielding corporate debt securities.

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns competitive with industry benchmarks. Other objectives of the investment are to encourage the construction of housing and to facilitate employment for Union members in the construction trades and related industries.

The Hardman Johnston International Equity Group is the initial investment fund of a tax exempt group trust organized in 2008. The trust was established to permit qualified retirement plans and certain governmental plans to comingle their assets for investment purposes. The Fund commenced operations on August 14, 2008 and will continue indefinitely unless terminated at an earlier date by the Investment Manager as provided in the confidential offering memorandum.

The Lazard International Equity Portfolio seeks to achieve long term capital appreciation by using a relative value approach primarily in equity and equity related securities of issuers that are located in, or that do significant business in, countries other than the U.S. including emerging market countries. A bottom-up strategy is used to achieve this goal.

The Grosvenor Opportunistic Credit Fund V, Ltd., Grosvenor Opportunistic Credit Fund III Ltd., Grosvenor Opportunistic Credit Fund IV Ltd., Grosvenor Opportunistic Credit Fund V-Escrow Account, Grosvenor Secondary Opportunities Fund II LP, Grosvenor Secondary Opportunities Fund III LP, AFL-CIO Housing Investment Trust, American Core Realty Fund, LLC, Boyd Watterson GSA Fund, First Eagle Global Value Fund LP, Intercontinental U.S. Real Estate Investment Fund, LLC, Patriot Financial Partners II LP, Patriot Financial Partners III LP, Patriot Financial Partners IV LP, PRISA III Fund LP, EnTrust Capital Diversified Fund QP LTD, EnTrust Special Opportunities Fund LTD, Columbia Partners Private Capital LP, Corbin ERISA Opportunity Fund LP, Hardman Johnston International Equity Group, JPMCB Corporate High Yield Fund and the Lazard International Equity Portfolio are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2023 and 2022, respectively.

NOTE 15. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Principal Investments. Principal Investments is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 16. WITHDRAWAL LIABILITY

During the year end of December 31, 2022, the Fund received a withdrawal liability payment from Waste Management of PA in the amount of \$740,000.

NOTE 17. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 30, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

EIN No: 23-6405239
Plan No: 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock:</u>					
	Abbvie Inc		2,025			\$ 232,996	\$ 313,814
	Acuity Brands (Holdings Co)		4,308			687,230	882,407
	Adient PLC		23,258			991,531	845,661
	Adobe Inc		11,036			2,067,791	6,584,078
	Advanced Energy Inds Inc		13,590			823,397	1,480,223
	Advanced Micro Devices Inc		11,300			873,542	1,665,733
	Aes Corp		38,475			706,403	740,644
	Agco Corp Com		912			64,405	110,726
	Alarm. Com Holding		4,247			235,056	274,441
	Albemarle Corp		8,520			645,537	1,230,970
	Allegiant Travel Co		2,307			232,888	190,581
	Allegion PLC		2,388			326,656	302,536
	Allison Transmission Holdings		2,120			84,758	123,278
	Ally Financial Inc		11,825			318,904	412,929
	Alpha Metallurgical Resources		2,848			403,498	965,244
	Alphabet Inc CL A		25,289			371,358	3,532,621
	Alphabet Inc CL C		44,111			3,345,257	6,216,563
	Altria Group Inc		20,725			933,709	836,047
	Amazon		42,555			5,324,626	6,465,807
	AMC Networks		19,030			222,268	357,574
	Amcor PLC		6,614			76,704	63,759
	Amdocs Limited Com		13,816			1,131,145	1,214,288
	Amedisys Inc		8,282			764,203	787,287
	American Axle		47,346			538,444	417,118
	Ameriprise Finl Inc		4,460			884,043	1,694,042
	Amerisafe Inc		4,931			118,594	230,672
	Amgen Inc		968			229,565	278,803
	Amphenol Corp CL		26,481			1,492,174	2,625,062
	Anywhere Real Estate Inc		48,423			567,369	392,711
	APA Corp		17,615			773,434	632,026
	Apellis Pharma		12,956			843,472	775,546
	API Group Corp		12,455			318,707	430,943
	Apple Hospitality Reit Inc		17,624			276,716	292,735
	Apple Inc		22,237			1,784,539	7,815,370
	Applied Materials		9,850			1,353,007	1,596,390
	Aptiv PLC		4,600			507,374	412,712
	Archer Daniels Midland Co		830			42,418	59,943
	Archrock Inc		25,609			254,553	394,379
	Arcturus Therapeutics		12,524			398,542	394,882
	Ardmore Shipping Corp		22,688			425,169	319,674
	Ares Commercial Real estate		30,235			308,140	313,235
	Arista Networks Inc		3,122			384,926	735,262
	ASML Holding NV-NY		822			26,176	622,188
	Astrazeneca PLC		10,250			521,481	690,338
	Atkore Inc		852			104,270	136,320
	Atlassian Corporation CL		3,305			694,980	786,127

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value	
		Type	Shares/	Interest			Maturity
			Principal	Rate			Date
			Common stock (continued):				
	Autoliv Inc	6,985			\$ 646,673	\$ 769,677	
	Automatic Data Processing	8,195			19,089	1,909,189	
	Autonation Inc	3,435			478,960	515,868	
	Autozone Inc	164			325,814	424,040	
	B&G Foods	31,367			447,355	329,354	
	Badger Meter Inc	3,752			457,954	579,196	
	Baker Hughes co	5,066			127,323	173,156	
	Balchem Corp Class B	1,822			272,872	271,023	
	Banc of California	23,935			369,543	321,447	
	Bandwidth Inc	24,170			279,046	349,740	
	Bank New York Mellon Corp Com	14,150			636,404	736,508	
	Bank Ozk	36,747			1,512,741	1,831,103	
	Beacon Roofing Supply Inc	10,359			564,195	901,440	
	Becton Dickinson & Co	13,044			61,061	1,957,955	
	Beldon Inc	3,524			440,071	659,561	
	Berry Plastics Group Inc	1,043			54,256	70,288	
	Biogen Inc	1,253			338,225	324,239	
	Blackline Inc	7,746			439,018	483,660	
	Bloomin' Brands	21,266			409,338	598,638	
	Boeing Co	3,595			735,168	937,073	
	Boise Co	996			103,005	128,843	
	Booking Holdings Inc	427			828,655	1,514,663	
	Booz Allen Hamilton Holding CL	11,577			1,140,223	1,480,814	
	Borg Warner Inc.	15,937			515,180	571,342	
	BP Plc	4,836			153,787	171,194	
	Brightview Holding Inc	40,002			322,127	336,817	
	Brinks Co	7,195			443,976	632,800	
	Builders Firstsource Inc	442			39,812	73,787	
	Cactus	15,350			606,971	696,890	
	Cadence Design	2,617			267,624	712,792	
	Cardinal Health Inc Com	2,671			205,660	269,237	
	Cargurus Inc	15,450			271,010	373,272	
	Carlisle Cos Inc	390			59,728	121,847	
	Cars. Com	15,336			281,657	290,924	
	Caseys Gen Stores Inc	1,685			386,251	462,937	
	Caterpillar Inc	2,950			501,697	872,227	
	CDW Corp/DE	8,975			963,821	2,040,197	
	Celsius Holdings Inc	4,831			254,942	263,386	
	Cencora , Inc.	1,403			156,613	288,148	
	Centene Corp	3,928			307,609	291,497	
	Century Communities Inc	5,192			319,910	473,199	
	Chart Industries	6,527			1,138,824	889,826	
	Chesapeake Energy	9,327			790,044	717,619	
	Chevron Corp	6,900			1,102,696	1,029,204	
	Cirrus Logic Inc	8,370			438,719	696,300	
	Cisco Systems Inc	9,050			497,735	457,206	
	Citigroup Inc	35,916			1,828,450	1,847,519	
	Civitas Resources Inc.	8,436			615,262	576,854	
	Clearfield Inc	8,790			213,695	255,613	
	Cnx Resources Corp	22,605			338,431	452,100	
	Coca-Cola EuroPacific	8,925			486,532	595,655	
	Colgate Palmolive Co	14,256			1,106,531	1,136,346	
	Columbia Bank System	7,992			160,965	213,227	
	Comcast Corp Class A	78,780			1,909,167	3,454,504	
	Commercial Metals CO	1,468			63,611	73,459	
	Commvault Systems Inc	3,668			242,976	292,890	
	Compass Diversified Holdings RR.	10,574			248,747	237,386	
	Comstock Resources Inc	37,713			307,315	333,760	
	Conmed Corp	7,386			707,561	808,841	

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Consel Energy Inc		11,562			\$ 692,220 \$ 1,162,328
	Constellation Energy Corp		3,416			180,375 399,296
	Copart Inc		17,994			520,207 881,706
	Corcept Therapeutics		20,860			499,077 677,533
	Corteva Inc		34,180			1,944,105 1,637,906
	Coty Inc		87,538			1,061,713 1,087,222
	Cross Ctry Healthcare Inc		12,663			318,655 286,690
	CSW Industrials		1,700			320,574 352,597
	Cummins Inc.		514			75,571 123,139
	Curtiss Wright Corp Inc		10,985			2,146,377 2,447,348
	Customers Bancorp Inc		15,967			487,750 920,019
	Cvs Health Corporation		13,418			1,158,361 1,059,485
	D R Horton Inc		3,062			346,859 465,363
	Daifuku Co Limited		25,230			232,621 253,662
	Danaher Corp		7,518			1,667,128 1,739,214
	Darden Restaurants Inc		2,500			353,582 410,750
	Davita Inc		2,720			254,804 284,947
	Dayforce Inc		14,186			936,025 952,164
	Deckers Outdoor Corp		1,507			342,824 1,007,324
	Delta Air Lines Inc		24,600			952,788 989,658
	Dentsply Sirona Inc		54,510			2,534,406 1,940,011
	Diamondrock Hospitality Co		41,328			338,590 388,070
	Dicks Sporting Goods		3,110			445,728 457,015
	Dillard's Inc		1,135			328,321 458,143
	Diodes Inc		4,565			497,202 367,574
	Discover Financial Services		37,448			299,904 421,275
	Dover Corp Com		855			76,026 131,508
	Dream Finders Homes Inc		11,975			431,541 425,472
	Dropbox Inc		25,239			698,419 744,046
	Duke Energy Holdings Corp.com		12,754			1,196,185 1,237,648
	Duolingo Inc		3,675			591,109 833,674
	Dycom		6,401			240,510 736,691
	Dynavax Tech		29,079			408,543 406,524
	Eagles Matls Inc		4,814			565,976 976,472
	East West Bancorp Inc		6,432			338,094 462,782
	Eastgroup PPTYS Inc		2,191			374,434 402,136
	Eastman Chem Co		790			58,357 70,958
	Eaton Corp PLC		4,747			803,440 1,143,173
	Edison Intl		1,760			119,295 125,822
	Edwards LifeSciences Corp		36,953			1,084,778 2,817,667
	Electronic Arts Inc		7,102			877,832 971,625
	Elvance Health Inc		2,316			783,756 1,092,133
	Eli Lilly & Co		5,389			941,137 3,141,356
	Emcor Group Inc		495			29,173 106,638
	Emerson Electric Co		8,986			787,002 874,607
	Encompass Health Corp		13,227			820,172 882,505
	Encore Cap Group Inc		9,488			250,891 481,516
	Encore Wire Corp		4,248			724,790 907,373
	Energizer Spinco Inc		7,189			243,930 227,748
	Enersys		3,713			128,556 374,864
	Enovis Corp		8,197			481,166 459,196
	Entegris Inc		2,318			243,498 277,743
	EQT Corporation		17,159			653,286 663,367
	Evercore Inc		7,325			1,001,715 1,252,941
	Evergy Inc		2,291			144,434 119,590
	Evertec Inc		10,567			368,638 432,613
	Exact Sciences Corp		12,625			1,118,383 933,998
	Exponent Inc		4,909			459,991 432,188
	Factset Resh System Inc Com		2,372			1,027,990 1,131,563

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		Common stock (continued):				
	First Finl Bankshares Inc	8,616			\$ 280,295	\$ 261,065
	First Horizon Corp	43,223			599,620	612,038
	FirstEnergy Corp Com	3,096			123,334	113,499
	Fleetcor Tech	2,849			642,362	805,156
	FMC Corp	20,830			1,377,762	1,313,332
	FNF Group	8,595			348,659	438,517
	Fortinet Inc	13,039			731,558	763,173
	Franklin BSP Realty	23,183			344,319	313,202
	Franklin Resources Inc	14,893			394,143	443,662
	Freeport- McMoran Inc	7,700			268,228	327,789
	G-III Apparel Group LTD	13,766			273,128	467,769
	Gartner Inc	1,558			410,598	702,829
	Gatx Corp	3,229			116,700	388,190
	General Millis INC	4,279			256,011	278,734
	Genesco Inc	5,957			219,863	209,746
	Gentex Corp	3,659			84,452	119,503
	Genuine Parts Co	799			102,503	110,662
	Genworth Finl Inc	71,126			261,673	475,122
	Gilead Sciences Inc	8,400			558,521	680,484
	Goldman Sachs Group Inc	2,428			724,452	936,650
	Green dot Corp	29,668			559,985	293,713
	Griffon Corp	11,722			228,607	714,456
	Group 1 Automotive Inc	2,220			98,909	676,523
	GSK PLC Spons ADR	9,575			338,558	354,850
	Haemonetics Corp Mass	8,654			751,287	740,004
	Halliburton Co	4,520			178,172	163,398
	Hancock Whitney Corp	13,535			517,953	657,666
	Harmony Biosciences Holdings I	8,578			437,891	277,069
	Hartford Financial Services Group	14,419			948,945	1,159,000
	HCA Holdings Inc	1,098			304,371	297,207
	Healthequity Inc	11,326			836,805	750,914
	Helmerich & Payne Inc	26,152			1,043,967	947,225
	Hibbett Inc	10,394			313,857	748,576
	Hilton Grand Vacations Inc	5,526			228,411	222,035
	Hilton Worldwide Holdings In	2,750			367,141	500,748
	Hologic Inc	4,079			302,623	291,445
	Hope Bancorp Inc	29,071			381,581	351,178
	Houlihan Lokey Inc	7,193			691,470	862,513
	Howmet Aerospace Inc	71,280			2,402,665	3,857,674
	Humana Inc	576			218,719	263,699
	Huntington Bancshares Inc	36,425			555,214	463,326
	Icici Bank Limited	10,990			118,448	262,002
	Illinois Tool Works Inc	3,681			655,494	964,201
	Illumina Inc	6,085			1,276,480	847,275
	Ingredion Inc	631			59,403	68,482
	Insperty Inc	4,848			603,804	568,283
	Installed Building Products In	5,965			653,936	1,090,521
	Intereger Holdings Corp	4,962			119,441	491,635
	Intercontinental Exchange Inc	16,240			1,272,182	2,085,703
	International Business Machs Corp	4,250			575,219	695,088
	International Paper Co	1,768			65,355	63,913
	Intra-Cellular Therapies Inc	9,162			530,494	656,182
	Intuit Com	5,010			2,376,693	3,131,401
	Intuitive Surgical Inc	5,161			1,261,507	1,741,115
	IPG Photocis Corp	5,735			663,657	622,477
	Iqvia Holdings Inc	12,310			1,072,473	2,848,288
	Jabil Inc	13,338			709,635	1,699,261
	Jacobs Solutions Inc	839			65,847	108,902
	Janus Henderson Group PLC	14,686			445,012	442,783

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Jazz Pharmaceuticals PLC		2,389			\$ 338,748 \$ 293,847
	Johnson & Johnson		14,643			844,990 2,295,143
	Jones Lang Lasalle Inc		6,237			1,075,436 1,177,982
	JPMorgan Chase & Co		11,350			1,145,463 1,930,635
	Kenvue Inc		20,900			465,154 449,977
	KLA Corp		1,279			520,789 743,483
	Knight- Swift Transportation		2,041			115,668 117,664
	Koppers Hldgs Inc		14,689			448,553 752,371
	Kroger Co		21,000			862,825 959,910
	La-Z-Boy Inc		12,004			302,541 443,188
	Laboratory Crp of America Hldgs		1,351			250,126 307,069
	LAM Research Corp Com		1,066			732,059 834,955
	Landstar Sys Inc		6,003			812,845 1,162,481
	Lear Corp		9,010			1,186,285 1,272,303
	Leidos Holdings, Inc		21,870			2,333,912 2,367,209
	Lennar Corporation Class a Common		6,984			809,118 1,040,895
	Ligand Pharmaceuticals Inc		4,124			220,693 294,536
	Lincoln Natl Corp Ind		21,701			599,336 585,276
	Lithia Motors Inc		2,055			71,904 676,670
	Ivanova PLC		5,310			277,177 274,739
	LKQ Corp		10,600			543,905 506,574
	Lyondellbasell Indu-CL A		4,627			430,518 439,935
	MDC Hldgs		11,019			284,789 608,800
	Marathon Oil Corp		6,718			108,093 162,307
	Marriott International Inc Class A		1,974			345,286 445,157
	Marsh & McLennan Cos Inc		18,300			500,281 3,467,301
	Marvell Technology Inc		9,150			536,061 551,837
	Masco Corp		1,870			75,581 125,253
	Mastercard Inc		16,933			2,773,564 7,222,094
	McKesson Corp		613			125,968 283,807
	Medtronic PLC		15,380			1,183,491 1,267,004
	Melco Resorts		18,010			389,461 159,749
	Merck & Co Inc		5,350			419,423 583,257
	Metlife Inc		5,695			327,320 376,610
	Microchip Tech		12,324			1,100,287 1,111,378
	Microsoft Corp		27,142			2,953,790 10,206,478
	Mid America Apartment Com		2,375			366,451 319,343
	Middleby Corp		4,396			645,476 646,959
	MKS Instrs Inc		2,709			261,812 278,675
	Molina Healthcare Inc		765			236,479 276,402
	Molson Coors Bev		8,936			523,023 546,973
	Motorola Solutions, Inc		6,834			1,418,486 2,139,657
	Mueller Inds Inc		2,666			104,092 125,702
	Murphy USA Inc		1,178			317,542 420,028
	Navient Corp		14,972			262,748 278,779
	Netapp Inc		8,137			725,551 717,358
	Neuricrine Biosciences Inc Com		9,293			985,472 1,224,446
	Newmont Corp		8,875			380,177 367,336
	NMI Holdings Inc		11,563			229,992 343,190
	Northwest Natural Holdings Co		10,533			490,560 410,155
	Novo Nordisk		4,480			459,030 463,456
	NRG Energy Inc		2,211			100,403 114,309
	Nucor Corp		421			37,888 73,271
	NVIDIA Corp		9,104			677,361 4,508,482
	O-I Glass Inc		12,711			211,972 208,206
	O'Reilly Automotive Inc		2,404			1,183,349 2,283,993
	OGE Energy Corp Com		3,028			108,250 105,768
	Old NATL Bancorp		16,600			251,176 280,374
	Omniab Inc Vesting		2,826			19,908 -

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		Type	Shares/ Principal	Interest Rate			Maturity Date	
		Common stock (continued):						
	Onto Innovation Inc		6,180		\$	518,921	\$	944,922
	Oracle Corp		4,325			288,094		455,985
	Oshkosh Corp		1,178			118,531		127,707
	Ovintiv Inc		3,761			183,719		165,183
	Owens & Minor Inc		24,487			387,663		471,864
	Owens Corning Inc		493			38,101		73,077
	Oxford Inds Inc		2,943			194,701		294,300
	Packaging Corp Of America		2,194			269,799		357,425
	Paramount Global CL		100			4,127		1,479
	Parker Hannifin Corp		253			31,126		116,557
	Patterson Cos Inc		12,979			217,011		369,253
	Patterson-Uti Energy Inc		43,753			654,347		472,532
	Paychexx Inc		5,811			666,223		692,148
	PayPal Holdings Inc		16,730			1,460,796		1,027,389
	Pediatric Medical Group Inc		26,553			429,070		246,943
	PennyMac Mortgage Investment Trust		16,610			245,041		248,320
	Pepsico Inc		13,784			2,067,905		2,341,075
	Pericent Inc		5,661			351,763		372,607
	Permian Resources Corp Cl A		36,664			344,559		498,630
	Phibro Animal Health Corp CL l		22,317			442,816		258,431
	Phillips 66		4,775			483,527		635,744
	Pinnacle West Cap Corp		1,426			106,983		102,444
	Piper Sandleer Cos		2,592			353,766		453,263
	Post Holdings Inc		3,247			285,206		285,931
	Power Integrations Inc Com		8,059			660,201		661,724
	PPL Corporation		4,311			123,705		116,828
	Preferred Bank/ Los Angeles CA		440			337,849		324,342
	Prestige Consumer Healthcare		6,512			238,750		398,665
	Primoris Services Corporation		15,126			287,997		502,334
	Privia Health Group Inc		9,447			249,456		217,564
	Proassurance Corporation		17,767			364,797		245,007
	Progressive Corp Ohio		15,863			1,535,699		2,526,659
	Prudential Finl Inc		15,425			1,311,058		1,599,727
	Prysmian Spa-Unsponsoree ADR		17,340			248,063		395,005
	Public Svc Enterprise Group Inc		1,794			99,836		109,703
	Pulte Grp Inc		20,456			955,966		2,111,468
	PVH Corp		3,643			432,477		444,883
	Qualcomm Inc		11,499			1,362,682		1,663,100
	Quest Diagnostics		2,098			265,843		289,272
	Range Res Corp		20,643			619,816		628,373
	Red Rock Resorts Inc- Class		5,842			264,815		311,554
	Regency Centers Corp		5,873			375,493		393,491
	Regions Finl Corp		22,191			387,537		430,062
	Reliance Inc		259			33,881		72,437
	Repligen Corp		7,079			1,195,776		1,272,804
	Renaissancere Holdings Com		1,385			202,203		271,460
	Rockwill Auto		1,908			381,286		592,396
	Ross Stores Inc		14,310			1,237,158		1,980,361
	Royal Caribbean Cruise		3,559			308,657		460,855
	Royal Dutch Shell PLC ADR		18,652			990,766		1,227,302
	RTX Corp		4,250			407,703		357,595
	RXSIGHT Inc		12,391			406,043		499,605
	Ryder Sys Inc		1,021			91,134		117,476
	Salesforce Inc		8,843			1,754,769		2,326,947
	Sanofi-ADR		11,725			565,381		583,084
	Scansource Inc		15,171			441,947		600,923
	Schein Henry Inc		18,322			1,415,631		1,387,159
	Schlumberger Limited		57,754			2,368,324		3,005,517
	Select Medical Holdings Corporation		20,431			226,231		480,129

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Shares/ Type	Interest Rate	Maturity Date		
		Principal				
		<u>Common stock (continued):</u>				
	Selective Ins Group	6,177			\$ 145,251	\$ 614,488
	Shift4 PAYMENTS	3,644			244,203	270,895
	Simon Property Group Inc	7,675			934,484	1,094,762
	Sitio Royalties Corp CL	16,891			437,614	397,107
	Skechers U S A Inc	9,260			436,053	577,268
	Skyline Corp	8,699			603,631	645,988
	SM Energy Co	4,567			166,857	176,834
	Smith A O Corp Cl B	7,457			508,327	614,755
	Snap In Inc	3,261			795,168	941,907
	Sonoco Prods Co	1,282			70,889	71,625
	Spartannash Co	13,986			313,280	320,978
	Spectrum Brands Hldgs inc	14,751			1,170,855	1,176,687
	Sprouts Farmers Markets Inc	25,927			693,020	1,247,348
	Stanley Black & Decker, Inc	13,650			1,191,726	1,339,065
	State Street Corp	4,833			351,709	374,364
	Steel Dynamics Inc Com	561			25,257	66,254
	Super Micro Computer Inc	2,491			509,615	708,092
	Synaptics Inc	2,870			123,694	327,524
	Synchrony Fin	10,810			329,126	412,834
	T-Mobile US Inc	3,985			1,272,660	1,543,658
	Terexe Corp	5,643			214,645	438,133
	Tetra Tech Inc New	10,559			58,496	489,773
	Textron Inc	16,534			666,730	1,329,664
	The Children's Place Inc	9,382			447,471	217,850
	The Cigna Group	994			240,613	297,653
	The Greenbrier Companies, Inc.	10,921			300,678	482,490
	The Scotts Miracle-Gro Company CL A	12,093			722,606	770,929
	Thermo Fisher Scientific Inc	4,549			1,369,844	2,414,564
	Timken CO	1,440			116,757	115,416
	Titan Machinery Inc	14,242			400,319	411,309
	TJX Companies	21,842			1,455,074	2,048,998
	Toll Bros Inc	5,115			377,771	525,771
	Totalenergies SE	2,469			120,437	166,361
	Transdigm Group Inc	734			729,382	742,514
	Trinet Group Inc	973			104,669	115,719
	Triumph Group Inc New Com	21,904			463,367	363,168
	TTM Technologies Inc	30,435			492,146	481,177
	Two Harbors Investment Corp	41,479			589,651	577,802
	U.S. Physical Therapy Inc	2,256			205,597	210,124
	Uber Technologies Inc	19,626			842,815	1,208,373
	UFP Industries	550			44,316	69,053
	UGI CorpNew	5,214			145,540	128,264
	Ultra Clean Hldgs Inc	15,964			255,849	545,010
	United Bankshares Inc Com	5,178			124,628	194,433
	United Rental Inc Com	2,137			627,556	1,225,398
	UnitedHealth Group	5,374			2,122,350	2,829,250
	Universal Display Corp	21,813			3,374,700	4,171,954
	Universal Health SVCS Inc	4,550			638,151	693,602
	Unum Group	7,812			307,990	353,258
	Urban Outfitters Incorporated	14,433			465,370	515,113
	US Silica Holdings Inc	32,089			473,586	362,926
	Veradigm Inc	17,488			175,020	183,449
	Veralto Corp	3,900			329,671	320,814
	Verisk Analytics	5,853			1,160,973	1,398,047
	Veritex Holdings Inc	11,323			317,198	263,486
	Verizon Communications	24,377			993,243	919,012
	Vertex Pharmaceuticals Inc	11,271			2,365,474	4,586,056
	Vertiv Holdings LLC CL	79,420			1,483,425	3,814,542
	Visa INC-Class A	9,673			2,049,440	2,518,365

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate		
				Maturity Date		
		<u>Common stock (continued):</u>				
	Vishary Intertechnology Inc		25,554		\$ 609,652	\$ 612,529
	Vistra Corp		2,855		57,068	109,974
	Vital Energy Inc		8,970		482,798	408,045
	Vontier Corp		3,191		98,884	110,249
	W.P. Carey Inc		6,650		531,953	430,986
	Wafid Inc		10,807		222,341	356,198
	Walker & Dunlop Inc		2,795		254,740	310,275
	Walt Disney Co		9,535		914,760	860,915
	Webster Finl Corp Waterbury		11,027		323,866	559,730
	Wells Fargo & Co		8,362		318,231	411,577
	Western Union Co/ The		25,124		306,469	299,478
	Westlake Corp		497		39,957	69,560
	Wex Inc		1,695		82,007	329,762
	Williams Cos Inc		11,275		371,550	392,708
	Wolfspeed Inc		26,800		1,970,634	1,166,068
	Wyndham Hotels & Resorts Inc		10,259		824,406	824,926
	Wynn Resorts LTD		8,163		813,179	743,730
	Xerox Holdings Corp		45,669		988,648	837,112
	Yelp Inc		12,121		416,708	573,808
	3m Co		1,153		179,408	126,045
			Total common stock		247,319,375	349,318,079
		<u>Limited partnerships:</u>				
	American Realty Advisors		296		33,352,103	37,360,991
	Boyd Watterson GSA Fund, LP.		8,369		10,185,031	9,310,811
	Columbia Part Privt Cap Hold LP		2,029,002		2,029,002	10,459,375
	Corbin Erisa Opp Fund L.P.		15,000,000		15,000,000	15,289,707
	First Eagle Global Value Fund, LP		10,313		15,883,631	34,724,320
	Intercontinental U.S. Real Estate Fund		15,370		14,727,256	19,194,307
	Patriot Financial PRN II LP		268,432		268,432	8,885,600
	Patriot Financial PRNS III LP		29,250,000		29,250,000	40,127,979
	Patriot Financial Partners IV LP		23,663,402		23,663,402	24,403,710
	Prudential Insurance PRISA III		37,652		35,686,702	109,342,252
			Total limited partnerships		180,045,559	309,099,052
		<u>Corporate obligations:</u>				
	Amgen Inc	Bond	625,000	5.25 %	03/02/33	640,768
	Anheuser-Busch	Bond	208,677	3.50	06/01/30	214,063
	Anthem Inc	Bond	775,000	3.65	12/01/27	751,734
	Ares Capital Corp	Bond	810,000	3.25	07/15/25	776,004
	Ares Capital Corp	Bond	570,000	3.88	01/15/26	547,571
	Arizona Public Servi	Bond	560,000	2.20	12/15/31	454,961
	Autonation Inc	Bond	585,000	3.50	11/15/24	572,551
	Bank of America V-	Bond	234,000	6.35	09/15/26	230,988
	Bank of Nova Scotia	Bond	100,000	3.40	02/11/24	99,692
	Charles Schwab Corp	Bond	310,000	0.75	03/18/24	306,816
	Choice Hotels Intl	Bond	270,000	3.70	12/01/29	239,266
	Comcast Corp	Bond	935,000	4.15	10/15/28	921,975
	Comcast Corp	Bond	655,000	4.25	10/15/30	645,555
	CVS Health Corp	Bond	700,000	3.25	08/15/29	652,288
	Dell Int/EMC	Bond	465,000	5.75	02/01/33	489,877
	Extra Space Storage	Bond	515,000	2.20	10/15/30	428,362
	FMC Corp	Bond	340,000	3.45	10/01/29	307,265
	FMC Corp	Bond	345,000	5.15	05/18/26	344,631
	General Motors Finl	Bond	305,000	5.65	01/17/29	312,399
	Healthpeak Properties 2	Bond	550,000	2.88	01/15/31	477,372
	Intel Corp	Bond	440,000	3.90	03/25/30	426,334
	Intel Corp	Bond	325,000	5.20	02/10/33	339,521

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate obligations (continued):					
	Intercontin Exchange	Bond	255,000	4.60 %	03/15/33	\$ 253,836	\$ 253,598
	JBS USA Lux SA	Bond	650,000	5.13	02/01/28	635,627	646,393
	Jefferies Fin Group	Bond	335,000	5.88	03/15/23	333,331	343,509
	Lincoln National Cor	Bond	340,000	3.40	01/15/31	304,039	304,681
	Marriot International	Bond	210,000	4.90	04/15/29	207,565	211,365
	Mileage Plus Holdings	Bond	16,947	6.50	06/20/27	16,728	16,996
	Morgan Stanley	Bond	425,000	4.21	04/20/28	414,551	415,404
	Oracle Corp	Bond	380,000	6.25	11/09/32	394,000	413,398
	Owl Rock Capital Cor	Bond	590,000	3.40	07/15/26	557,922	548,517
	Philips Morris IN	Bond	425,000	5.63	09/07/33	415,543	443,883
	Precision Castparts	Bond	135,000	3.25	06/15/25	146,173	132,198
	Rockwell Automation	Bond	280,000	3.50	03/01/29	311,618	270,172
	Safehold Operating	Bond	320,000	2.80	06/15/31	316,609	262,934
	Safehold Operating	Bond	570,000	2.85	01/15/32	502,895	461,911
	Simon Property Group	Bond	945,000	2.45	09/13/29	866,166	841,022
	Simon Property Group	Bond	260,000	3.50	09/01/25	265,638	253,971
	Thermo Fisher Scient	Bond	440,000	1.22	10/18/24	428,331	425,986
	Tractor Supply CO	Bond	430,000	5.25	05/15/33	428,878	441,103
	Transocean Poseidon	Bond	3,937	6.88	01/01/27	3,908	3,918
	Truist Bank	Bond	880,000	2.25	03/11/30	785,395	729,370
	Verizon Communications	Bond	625,000	2.55	03/21/31	575,969	538,906
	Virginia Elec & Powe	Bond	115,000	3.45	02/15/24	114,502	114,632
	Virginia Elec & Powe	Bond	435,000	3.50	03/15/27	424,434	420,432
	VR Bank of America	Bond	990,000	0.98	09/25/25	954,542	955,479
	VR Bank of America	Bond	475,000	6.30	02/05/26	475,421	474,278
	VR Citigroup Inc	Bond	850,000	3.35	04/24/25	839,524	843,489
	VR Goldman Sachs Gro	Bond	1,020,000	3.69	06/05/28	981,197	974,548
	VR JPMorgan Chase &	Bond	620,000	4.45	12/05/29	646,712	607,596
	VR JPMorgan Chase &	Bond	765,000	2.60	02/24/26	745,786	740,841
	VR Morgan Stanley	Bond	650,000	2.19	04/28/26	631,928	624,429
	Walt Disney Company	Bond	485,000	3.38	11/15/26	498,503	470,828
	Warnermedia HLDG Inc	Bond	740,000	3.76	03/15/27	717,741	709,053
		Total corporate obligations				25,571,121	25,074,833
		<u>Hedge fund of funds:</u>					
	Entrust Capital Diversified Fund, Ltd.		21,488			2,148,859	606,787
	EnTrust Global Special Opportunities Fund, Ltd.		60,066			49,392,322	49,089,045
	OCFIII-Grosvenor Opportunistic Credit Fund III, Ltd.		1			-	393,012
	GCM Grosvenor Opportunistic Credit Fund IV, Ltd.		1			-	1,028,587
	GCM Grosvenor Opportunistic Credit Fund V, Ltd. - Escrow Account		84,123			84,123	84,940
	GCM Grosvenor Opportunistic Credit Fund V, Ltd.		19,289,846			19,289,846	23,312,333
	GCM Grosvenor Secondary Opportunities Feeder Fund II, LP		17,187,851			17,187,851	21,899,295
	Grosvenor Secondary Opportunistic Feeder Fund III, LP		7,000,408			7,000,408	8,686,403
		Total hedge fund of funds				95,103,409	105,100,402
		<u>Common collective trust:</u>					
	JPMCB Corporate High Yield Fund		1,128,177			61,395,412	66,415,802

(a)	(b)	(c)			(d)	(e)	
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>United States Government and</u>					
		<u>Government Agency obligations:</u>					
	Fed Home Ln Bk	Bond	292,500	1.00 %	03/23/26	\$ 292,500	\$ 271,709
	Fed Home Ln Bk	Bond	295,000	1.15	10/26/26	295,000	270,228
	Fed Home Ln Bk	Bond	160,000	1.25	12/20/24	160,000	154,270
	Fed Home Ln Bk	Bond	355,000	1.50	11/23/26	355,000	327,619
	FFCB	Bond	285,000	3.30	03/23/32	285,000	263,662
	FFCB	Bond	210,000	4.30	05/17/32	210,000	200,086
	FFCB	Bond	245,000	4.98	07/20/32	245,000	243,305
	FFCB	Bond	250,000	5.65	06/28/30	250,000	249,815
	FFCB	Bond	110,000	5.87	10/24/29	110,000	109,958
	FHLB	Bond	275,000	5.50	12/27/24	274,945	274,984
	FHLB	Bond	555,000	6.00	04/26/27	555,000	553,896
	FHLB	Bond	610,000	6.00	11/16/27	610,000	609,237
	FHLMC Mtn	Bond	555,000	5.60	06/26/25	555,000	555,028
	FNMA	Bond	245,000	4.13	08/28/25	245,000	243,728
	US Treasury Notes	Note	1,805,000	2.75	08/15/32	1,660,101	1,652,983
	US Treasury Tips	Note	626,583	0.13	04/15/27	578,661	588,737
	US Treasury Infl Inde	Note	558,083	1.75	01/15/28	544,031	554,601
	US Treasury Note	Note	2,735,000	0.25	06/15/24	2,610,982	2,675,268
	US Treasury Note	Note	2,975,000	0.38	09/15/24	2,810,441	2,881,109
	US Treasury Note	Note	565,000	0.63	05/15/30	438,532	461,712
	US Treasury Note	Note	1,850,000	1.13	02/15/31	1,637,791	1,544,250
	US Treasury Note	Note	2,275,000	1.13	08/31/28	2,025,811	2,008,575
	US Treasury Note	Note	2,975,000	1.38	11/15/31	2,528,148	2,469,934
	US Treasury Note	Note	3,290,000	1.63	09/30/26	3,192,116	3,084,638
	US Treasury Note	Note	2,200,000	2.38	05/15/27	2,094,305	2,089,582
	US Treasury Note	Note	32,300,000	2.63	03/31/25	3,205,381	3,153,546
	Verified Federal Home Loan Bank	Bond	300,000	1.15	02/26/31	300,000	254,468
	Verified Federal Home Loan Bank	Bond	435,000	1.25	03/17/31	435,000	382,513
	Verified Federal Home Loan Bank	Bond	165,000	1.25	07/07/31	165,000	143,515
	Verified Federal Home Loan Bank	Bond	445,000	2.00	01/27/32	445,000	386,416
		Total United States Government and Government Agency obligations				29,113,745	28,659,372
		<u>Housing investment trust mutual fund:</u>					
	AFL-CIO Housing Investment Trust		16,462			17,155,707	16,028,721
		<u>Mortgage-backed securities:</u>					
	Citimortgage Altern		7,058	6.00	01/25/37	6,911	6,190
	Credit Suisse First		670	7.00	02/25/34	709	666
	Fed Home Ln Mtg Corp		15,000	4.50	12/15/33	11,700	14,754
	Fed Home Ln Mtg Corp		439	5.00	05/15/33	408	440
	Fed Natl Mtg Assn		2,617	4.50	06/25/29	2,592	2,562
	Fed Natl Mtg Assn		3,175	6.50	02/25/44	3,303	3,236
	FYBR Abs		425,000	6.60	08/20/53	408,625	422,798
	FHLMC #1B1980 V-M		832	6.05	04/01/34	844	827
	FHLMC PL #SD3857		413,865	6.00	09/01/53	410,115	420,396
	FHLMC Pool #C00361		40	8.50	09/01/24	42	40
	FHLMC Pool #G04484		7,538	6.00	08/01/38	7,796	7,878
	FHLMC PL #MA5099		520,950	4.00	07/01/38	498,566	511,037
	FNMA Pool #AI6578		23,133	4.50	07/01/41	24,625	23,102
	FNMA Pool # 190379		900	5.50	05/01/37	2,275	2,347
	FNMA Pool #256900		64	5.50	09/01/37	62	63
	FNMA Pool #899303		67	5.50	01/01/37	65	66
	FNMA Pool #922386		574	5.50	01/01/37	556	565
	GS Mortgage Cmo V-M		519,880	5.00	10/27/53	498,923	505,870
	GS Mortgage Cmo V-M		535,758	6.50	01/25/54	534,556	542,851
	JP Morgan Cmo V-M		184,545	6.00	04/25/54	180,423	184,846

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Mortgage-backed securities (continued):</u>				
	Mid-State Trust		674	5.79 %	10/15/40	\$ 6,612
	Onslow Bay Cmo V-M		567,493	6.00	11/25/53	566,324
	SBA Ser 20L Abs		72,894	1.93	12/01/32	66,110
	Small Business Admin		183,776	2.92	01/01/38	169,328
	VR Indymac Mbs Inc		10,391	3.86	12/25/35	5,875
	VR Wamu Mtg Pass		4,507	4.02	11/25/36	3,841
	Total mortgage-backed securities				3,419,577	3,468,624
		<u>103-12 investment entity:</u>				
	Lazard International Equity Portfolio		2,236,136		25,000,000	29,807,692
	Hardman Johnston Intl Eq Gp Trst		912,873		39,290,123	33,982,531
	Total 103-12 investment entity				64,290,123	63,790,223
		<u>Money market mutual funds:</u>				
	Principal Bank Institutional Bank Deposit Account		3,418,681		3,418,681	3,418,681
	AllSpring Govt MM					
	FD-Instl #1751		1,972,389		1,972,389	1,972,389
	AllSpring Treas Plus MM					
	FD-Inst #793		972,337		972,337	972,337
	AllSpring Treas Plus MM					
	FD-SVC #454		3,647,918		3,647,918	3,647,918
	Total money market mutual funds				10,011,325	10,011,325
	Total investments				\$ 733,425,353	\$ 976,966,433

* A party-in-interest as defined by ERISA

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500, Schedule H, Line 4j

EIN No: 23-6405239

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net (Loss) or Gain
*	Principal Bank Institutional Bank Deposit Account	\$ 86,153,641	N/A	\$ 86,153,641	\$ 86,153,641	N/A
*	Principal Bank Institutional Bank Deposit Account	N/A	\$ 87,578,963	87,578,963	87,578,963	\$ -
*	Allspring Govt Money Mkt Fund #1751	25,406,791	N/A	25,406,791	25,406,791	N/A
*	Allspring Govt Money Mkt Fund #1751	N/A	24,790,317	24,790,317	24,790,317	-
*	iShares iBoxx High Yield	63,699,891	N/A	63,699,891	63,699,891	N/A
*	iShares iBoxx High Yield	N/A	65,159,988	63,699,891	65,159,988	1,460,097
	JPMCB Corp High Yield Fund	61,500,000	N/A	61,500,000	61,500,000	N/A
	JPMCB Corp High Yield Fund	N/A	107,589	104,588	107,589	3,001

* A party-in-interest as defined by ERISA.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
PENSION FUND OF EASTERN PENNSYLVANIA
AND DELAWARE**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Personnel costs		
Salaries	\$ 478,629	\$ 489,714
Employee benefits	325,662	330,284
Payroll taxes	38,306	37,995
Professional fees		
Actuarial	75,000	74,250
Accounting, audit, payroll compliance reviews and government filings	55,230	54,256
Legal	81,658	81,465
Office and data processing		
Equipment maintenance	8,860	5,208
Postage and delivery	15,814	14,386
Office supplies and expense	25,687	18,387
Computer services	60,903	24,082
Stationery and printing	5,745	8,119
Telephone	5,375	5,998
Bank service charges	3,728	8,840
Occupancy		
Rent	47,488	47,488
Utilities	8,346	8,346
Insurance		
Fiduciary liability	48,407	48,673
Pension Benefit Guaranty Corporation	210,035	190,272
Other	9,625	5,393
Other		
Depreciation expense	22,123	23,613
Conference and travel	1,984	1,998
Automobile expenses	2,587	11,097
	<u> </u>	<u> </u>
Total administrative expenses	<u>\$ 1,531,192</u>	<u>\$ 1,489,864</u>

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions*

The following is a summary of principal plan provisions as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary.

Effective Date	January 1, 1960; amended and restated effective January 1, 2014.
Participation	A person initially becomes an Active Participant on the first day of Covered Employment.
Definitions	
<i>Plan Year</i>	Twelve-month period ending December 31.
<i>Covered Employment</i>	Employment with respect to which contributions are made or due to be made to the fund.
<i>Contribution Hours</i>	Hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund.
<i>Pension Credits</i>	As of any date, the sum of December 31, 1973 Pension Credits and Pension Credits After 1973.
<i>December 31, 1973 Pension Credits</i>	Pension credits under the Plan through December 31, 1973, based on the terms of the Plan as then in effect.
<i>Pension Credits After 1973</i>	One Pension Credit for each year with at least 800 hours worked and ½ Pension Credit for each year with at least 500 but less than 800 hours worked. No credit for years in which less than 500 hours are worked. Prior to January 1, 2013, 1/12 th Pension Credit for each \$1,500 earned in Covered Employment (\$500 prior to January 1, 2011). One Pension Credit for each year with at least 1,000 hours worked or at least \$18,000 earned in Covered Employment (\$6,000 prior to January 1, 2011).

**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

<i>Vesting Service</i>	January 1, 2013 and later: Crediting of Vesting Service is the same as for Pension Credits. Prior to January 1, 2013: One year of Vesting Service for each year with at least 1,000 hours worked or at least \$18,000 earned in Covered Employment (\$6,000 prior to January 1, 2011).
<i>Normal Form of Benefit</i>	Single life annuity with 75 payments guaranteed for unmarried participants; 50% Joint and Survivor benefit for married participants.
<i>Accrued Benefit</i>	Effective January 1, 2000, the monthly accrued benefit is the sum of (a), (b) and (c) below: (a) \$25.50 times December 31, 1973 Pension Credits (maximum of \$637.50), plus (b) 0.19% times total annual earnings in Covered Employment after January 1, 1974, plus (c) 0.06% times total annual earnings in Covered Employment after January 1, 2005 for years when participant is between the ages of 55 and 65 and is eligible for Special Early Retirement. An additional 13th check is paid each December which is equal to 10% of the total regular pension during the calendar year. The regular pension amount does not take any other extra payments made during the year into account. For participants who retire after January 1, 2000 and on or before June 1, 2024, an additional 14th check is paid in June equal to the regularly scheduled monthly benefit.
Normal Retirement Pension	
<i>Eligibility</i>	Age requirement: 65 Service requirement: Fifth anniversary of Plan Participation.
<i>Benefit</i>	The Accrued Benefit payable without reduction.

**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Special Early Retirement Pension

<i>Eligibility</i>	Age requirement:	55
	Age/Service requirement:	Age plus Pension Credits equal at least 80 and
	Hours requirement:	500 hours of Covered Employment in one of the three prior Plan Years prior to eligibility.

<i>Benefit</i>	The Accrued Benefit payable without reduction.
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Early Retirement Pension

<i>Eligibility</i>	Age requirement:	55
	Service requirement:	10 Pension Credits
	Hours requirement:	500 hours of Covered Employment in one of the three prior Plan Years prior to eligibility.

<i>Benefit</i>	The Accrued Benefit reduced by 3% for each year that the retirement date precedes the Normal Retirement Date.
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Disability Retirement

<i>Eligibility</i>	Age requirement:	None
	Service requirement:	10 Pension Credits.
	Participant credited with at least 3,000 hours in the 5 years before Total and Permanent Disability.	

<i>Benefit</i>	The Accrued Benefit payable without reduction.
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**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Deferred Vested Retirement

<i>Eligibility</i>	Age requirement: None Service requirement: 5 years of Vesting Service.
<i>Earliest Commencement Age</i>	5-9 years of vesting service: 65 10+ years of vesting service: 55
<i>Benefit</i>	The Accrued Benefit payable at 65, reduced by 6% for each year that the retirement date precedes the participant's 65 th birthday if ineligible for Early Retirement or Special Early Retirement.

Pre-Retirement Lump-Sum Death Benefit (Unmarried Vested Participants)

<i>Eligibility</i>	Age requirement: None Service requirement: 5 years of Vesting Service. No surviving spouse entitled to benefits under the plan.
<i>Benefit</i>	75 times monthly retirement benefit, calculated as if participant was age 55 if younger than age 55.

Pre-Retirement Lump-Sum Death Benefit (Non-vested Participants)

<i>Eligibility</i>	Age requirement: None Service requirement: Less than 5 years of Vesting Service. Participant did not experience a 5-year permanent break in service before death and earned at least ½ Pension Credit in any one of three Plan Years prior to the date of death.
<i>Benefit</i>	\$1,000 times Pension Credits.

**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Pre-Retirement Survivor's Benefit (Eligible for Special Early Retirement)

Eligibility

Age requirement: 55
Age/Service requirement: Age plus Pension Credits equal at least 80.

Benefit

Both of the following benefits:

- 50% of the benefit that the participant would have received had employment terminated on the date of death then retired under the 50% joint and survivor benefit option, and died the following day, plus
- A lump sum equal to 75 times the monthly retirement benefit.

Pre-Retirement Survivor's Benefit (Not eligible for Special Early Retirement)

Eligibility

Age requirement: None
Service requirement: 5 years of Vesting Service.
Not eligible for Special Early Retirement

Benefit

One of the following benefits:

- 50% of the benefit that the participant would have received had employment terminated on the date of death, the participant survived until earliest retirement eligibility (determined without regard to 10 Pension Credit Early Retirement requirement), then retired under the 50% joint and survivor benefit option, and died the following day, or
- The greater of:
 - A lump sum equal to 75 times the monthly retirement benefit had the participant retired on the date of death (calculated as if the participant was age 55 if younger than 55), or
 - The lump sum value of the monthly benefit above.

**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Pre-Retirement \$5,000 Death Benefit

<i>Eligibility</i>	Age requirement: None Vested participants credited with at least 500 hours in last 24 months before death and non-vested participants credited with at least 1,000 hours in last 24 months before death.
<i>Benefit</i>	\$5,000 (\$10,000 if death is accidental).

Post-Retirement Death Benefits

<i>Lump Sum Benefit</i>	\$5,000 is payable to surviving spouse of participant who is receiving benefits under Disability Retirement or Special Early Retirement.
<i>J&S Optional Forms of Payment</i>	An annuity death benefit is payable to the surviving spouse as specified by the chosen optional J&S form of payment. If the spouse pre-deceases the participant, the monthly benefit payable to the participant is restored to the original level prior to reduction for the J&S optional form of payment.
<i>Lump Sum of Guaranteed Payments</i>	For participants who die before receiving 75 monthly payments, the beneficiary will receive a lump sum equal to the original monthly benefit (before elected form of payment reductions) times the remaining payments needed to reach 75.

Employer Contributions	Effective May 1, 1978, 10.3% of annual salary. Effective May 1, 1991, 10.5% of annual salary. Effective May 1, 2010, 10.5% of annual salary plus \$1.75 per contribution hour from the annuity and welfare funds. Effective May 1, 2011, 10.5% of annual salary plus \$2.35 per contribution hour from the annuity and welfare funds. Effective May 1, 2012, 10.5% of annual salary plus \$2.95 per contribution hour from the annuity and welfare funds. Effective May 1, 2013, 10.5% of annual salary plus \$3.55 per contribution hour from the annuity and welfare funds.
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**International Union of Operating Engineers of
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*Attachment C to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Actuarial Equivalence UP-1984 Mortality Table, 7.0%

Payment Forms Benefits under the plan are payable in four forms:

Single Life Pension with 75-Month Guarantee
Joint and 50% Survivor Option with 75-Month Guarantee
Joint and 75% Survivor Option with 75-Month Guarantee
Joint and 100% Survivor Option with 75-Month Guarantee

For the Joint and Survivor options listed above, non-spousal beneficiaries are permitted. Additionally, the amount payable to a participant under a Joint and Survivor option increases to the amount that would be payable under the Single Life option if the named beneficiary predeceases the participant.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment E to 2023 Schedule MB of Form 5500
Schedule MB, Line 8b – Schedule of Active Participant Data*

Years of Credited Service*																														
Attained																														
Age	Under 1			1 to 4			5 to 9			10 to 14			15 to 19			20 to 24			25 to 29			30 to 34			35 to 39			40 & Up		
	Average			Average			Average			Average			Average			Average			Average			Average			Average			Average		
	No.	Comp.	Acc Mon Ben	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.	No.	Comp.	Accrued Mon. Ben.
Under 25	18			68	85,614	211	7			0			0			0			0			0			0			0		
25 to 29	15			81	97,330	317	96	110,769	923	5			0			0			0			0			0			0		
30 to 34	9			89	102,483	334	136	118,308	1,048	47	119,022	1,707	10			0			0			0			0			0		
35 to 39	7			81	101,830	393	137	116,592	1,078	63	122,693	1,767	59	125,540	2,471	4			0			0			0			0		
40 to 44	5			68	101,112	374	114	117,449	1,146	54	119,153	1,776	65	127,527	2,575	50	134,680	3,387	3			0			0			0		
45 to 49	10			46	104,738	411	98	116,963	1,120	40	123,530	1,760	78	118,232	2,378	76	128,927	3,229	24	131,396	3,783	4			0			0		
50 to 54	4			49	96,732	320	95	113,479	1,067	43	118,655	1,817	64	119,123	2,471	86	120,620	2,887	41	122,914	3,482	25	120,312	3,933	9			0		
55 to 59	2			30	97,893	308	65	111,249	1,050	40	120,830	1,742	75	115,725	2,327	115	116,604	2,960	44	120,309	3,487	34	121,043	3,936	36	127,774	4,798	1		
60 to 64	3			17			36	114,072	1,005	29	117,656	1,803	44	112,902	2,338	64	118,153	2,994	29	116,352	3,850	26	120,110	4,149	29	123,376	4,557	12		
65 to 69	0			1			11			7			13			15			11			0			13			16		
70 & Up	0			1			1			1			0			1			3			1			0			2		
Total	73			531			796			329			408			411			155			90			87			31		
Average Age:																46.4														
Average Service:																13.2														

* Credited Service equal to Hours of Service divided by 1,000.

N:\1310\2023\Government Forms\Schedule MB\E - Active Participant Data.xlsx>Data From ProVal

The McKeogh Company

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Plan**

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment A to 2023 Schedule MB of Form 5500
Schedule MB, Line 3 – Contributions Made to Plan*

Regular (non-withdrawal liability) contributions are made by participating employers on a regular basis and, for Schedule MB purposes, are assumed to have been made on the 15th of each month.

There were no withdrawal liability payments received during the Plan Year.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment G to 2023 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases*

	<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
1. <u>Amortization Charges</u>					
a. Assumption Change	\$ 354,900	1/1/1996	3.000	\$ 77,504	\$ 27,601
b. Plan Change	6,327,587	1/1/1996	3.000	1,381,828	492,100
c. Assumption Change	16,820,579	1/1/1997	4.000	4,732,041	1,305,636
d. Plan Change	16,566,025	1/1/1997	4.000	4,660,438	1,285,881
e. Plan Change	495,807	1/1/1999	6.000	195,549	38,342
f. Plan Change	15,514,665	1/1/1999	6.000	6,119,355	1,199,827
g. Plan Change	1,995,930	1/1/2001	8.000	982,794	153,819
h. Assumption Change	2,370,893	1/1/2003	10.000	1,368,635	182,115
i. Plan Change	1,899,778	1/1/2005	12.000	1,236,360	145,477
j. Actuarial Loss (Elig Net Inv Loss Portion)	86,949,190	1/1/2009	15.000	65,241,606	6,694,559
k. Assumption Change	411,482	1/1/2009	1.000	42,990	42,990
l. Actuarial Loss (Elig Net Inv Loss Portion)	9,148,028	1/1/2010	15.000	6,936,976	711,815
m. Change in method (change in actuary)	11,778,559	1/1/2011	3.000	3,441,559	1,225,619
n. Actuarial Loss	8,233,286	1/1/2011	3.000	2,405,671	856,715
o. Actuarial Loss	24,955,204	1/1/2012	4.000	9,393,195	2,591,715
p. Actuarial Loss	10,532,951	1/1/2013	5.000	4,790,167	1,091,848
q. Plan Change	7,199,522	3/1/2014	6.167	3,839,920	736,405
r. Actuarial Loss	751,776	1/1/2015	7.000	447,770	77,650
s. Assumption Change	518,924	1/1/2015	7.000	309,082	53,599
t. Actuarial Loss	12,798,665	1/1/2016	8.000	8,431,836	1,319,683
u. Method Change	6,893,335	1/1/2017	4.000	3,336,708	920,645
v. Actuarial Loss	12,284,047	1/1/2017	9.000	8,815,286	1,264,511

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment G to 2023 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
(Continued)*

		<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
1. <u>Amortization Charges (continued)</u>						
w. Actuarial Loss	\$	22,644,435	1/1/2018	10.000	\$ 17,489,703	\$ 2,327,234
x. Actuarial Loss		9,670,900	1/1/2019	11.000	7,962,190	992,348
y. Assumption Change		45,654,654	1/1/2019	11.000	37,588,123	4,684,706
z. Plan Change (14th Check Extension)		16,744,572	1/1/2020	12.000	14,602,342	1,718,191
aa. Actuarial Loss		1,097,850	1/1/2023	15.000	<u>1,097,850</u>	<u>112,652</u>
ab. Total Charges					\$ 216,927,478	\$ 32,253,683

**International Union of Operating Engineers of
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*Attachment G to 2023 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
(Continued)*

	<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
2. <u>Amortization Credits</u>					
a. Assumption Change	\$ 1,353,659	1/1/2007	14.000	\$ 967,182	\$ 103,357
b. Actuarial Gain	926,830	1/1/2009	1.000	96,828	96,828
c. Actuarial Gain	52,561,408	1/1/2010	2.000	10,601,722	5,480,117
d. Plan Change	3,607,093	1/1/2013	5.000	1,640,431	373,912
e. Actuarial Gain	1,096,024	1/1/2014	6.000	578,401	113,407
f. Assumption Change	8,899,906	1/1/2017	9.000	6,386,755	916,150
g. Actuarial Gain	421,520	1/1/2020	12.000	367,593	43,253
h. Actuarial Gain	20,020,191	1/1/2021	13.000	18,371,030	2,054,308
i. Actuarial Gain	34,718,061	1/1/2022	14.000	<u>33,336,468</u>	<u>3,562,483</u>
j. Total Credits				\$ 72,346,410	\$ 12,743,815
3. Credit Balance				\$ 99,875,127	
4. Balance Test = (1) - (2) - (3)				\$ 44,705,941	
5. Unfunded Actuarial Accrued Liability				\$ 44,705,941	

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment H to 2023 Schedule MB of Form 5500
Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions*

Actuarial Assumptions and Methods

The following changes were made in the actuarial assumptions from the prior year:

1. To comply with changes in the RPA '94 prescribed interest, the interest rate for RPA '94 current liability purposes was changed from 2.22% to 2.55%.
2. To comply with changes in the RPA '94 prescribed mortality, the mortality assumption for RPA '94 Current Liability purposes was changed from the IRS Prescribed Generational Mortality Table for 2022 valuation dates to the IRS Prescribed Generational Mortality Table for 2023 valuation dates.

Plan of Benefits

There were no changes to the plan of benefits since the prior valuation.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment B to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*

Actuarial Cost Method

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Projected Unit Credit Cost Method. The method used in the prior valuation was also the Projected Unit Credit Cost Method.

Asset Valuation Method

Twenty percent of the gain or loss on the market value of assets for each Plan Year is recognized over the five succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets. This is the same method used in the prior valuation.

**International Union of Operating Engineers of
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*Attachment B to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Interest Rate (Net of Investment Expenses)

For RPA '94 Current Liability	2.55% per year
For Withdrawal Liability Purposes	6.00% per year
For All Other Purposes	7.00% per year

Wages Wages for continuing active participants are assumed to grow by 3.5% per year (2.5% inflation plus 1.0% merit increase) for benefit accrual purposes. The wages in the valuation year are assumed to be the greatest of: (1) \$20,000, (2) annualized prior year wages with a single year of growth, and (3) annualized second prior year wages with two years of growth.

Administrative Expenses 3-year average of actual expenses with 4% inflation, rounded up to the nearest \$1,000. The beginning of year expense assumption for 2023 is \$1,639,000.

Plan Status A Participant with 500 or more hours in at least one of the last two Plan Years is considered Active for valuation purposes.

Mortality	--	Healthy lives	120% of RPH-2014 Blue Collar Table with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.
	--	Disabled lives	RPH-2014 Disabled Retiree Table (headcount-weighted table). No projected mortality improvement.
	--	RPA 94 current liability	IRS Prescribed Generational Mortality Table for 2023 valuation dates.

**International Union of Operating Engineers of
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*Attachment B to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Early Retirement from Active Service

Age-related rates as follows:

	<u>Type of Early Retirement</u>	
<u>Age</u>	<u>Special Early</u>	<u>Regular Early</u>
55 – 56	0.100	0.015
57 – 58	0.150	0.015
59 – 61	0.200	0.015
62 – 64	0.300	0.100

Normal / Late Retirement from Active Service

Age-related rates as follows:

<u>Age</u>	<u>Rate</u>
65 – 69	0.250
70 and older	1.000

Retirement Age for Inactive Participants

For participants with 10 or more years of service, age 62, or current age if later. For participants with less than 10 years of service, age 65, or current age if later. Terminated vested participants who retire after Normal Retirement Date are assumed to receive the actuarial equivalent of their Normal Retirement Date, payable with a 75-payment guarantee.

Withdrawal Rates Varying by Service

Sample Rates as Illustrated:

<u>Service</u>	<u>Rate</u>	<u>Service</u>	<u>Rate</u>
0	0.1400	20	0.0215
5	0.0600	25	0.0180
10	0.0344	30	0.0000
15	0.0250		

**International Union of Operating Engineers of
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*Attachment B to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Disability Incidence

Society of Actuaries Study, 1979. Sample rates shown below:

<u>Age</u>	<u>Rate</u>
25	0.0009
40	0.0017
55	0.0110

Future Benefit Accruals

One service credit per year per active employee. Accruals are based on projected wages limited in accordance with IRC 401(a)(17) for benefit accrual purposes.

Form of Payment

Single life annuity with 75 monthly payments guaranteed

Percentage Married

85%

Spouse Age

Spouses of male participants are assumed to be three years younger.
Spouses of female participants are assumed to be three years older.

Internal Revenue Code Limits

There are no future cost of living increases applied to the 401(a)(17) annual compensation limit (\$330,000 in 2023) or the 415(b)(1)(a) annual benefit limit (\$265,000 in 2023).

Rationale for Assumptions

Interest Rate

The interest rate assumption for all purposes other than for RPA '94 Current Liability reflects the anticipated investment return for the Pension Fund, net of investment expenses. This long-term assumption reflects past experience, future expectations, and input from the Fund's investment manager. Based on these factors, the Fund's asset allocation and our professional judgment, we consider 7.00% to be a reasonable assumption with no significant bias.

While the actuarial valuation is performed on an ongoing basis, withdrawal liability assessments are intended to estimate a one-time payment from a withdrawing employer. We consider 6.00% to be a reasonable assumption for measuring unfunded vested benefits for withdrawal liability purposes.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment B to 2023 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Demographic Assumptions

The assumptions for mortality, disability, withdrawal and retirement rates are reviewed annually to ensure their reasonableness on both an individual and an aggregate basis. These assumptions reflect past experience, future expectations, and applicable Plan provisions. Based on these factors and our professional judgment, we consider these assumptions to be reasonable with no significant bias.

Mortality Improvement

Based on past experience, future expectations, and our professional judgment, we consider the assumption of no mortality improvement beyond the valuation date to be reasonable.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

List of Attachments to the 2023 Schedule MB of Form 5500

- A. Schedule MB, Line 3 – Contributions Made to Plan

- B. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

- C. Schedule MB, Line 6 – Summary of Plan Provisions

- D. Schedule MB, Line 8b(1) – Projection of Expected Benefit Payments

- E. Schedule MB, Line 8b(2) – Schedule of Active Participant Data

- F. Schedule MB, Line 8b(3) Projection of Employer Contributions and Withdrawal Liability Payments

- G. Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

- H. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment D to 2023 Schedule MB of Form 5500
Schedule MB, Line 8b(1) - Projection of Expected Benefit Payments*

Summarized below are the projected benefit payments (not including administrative expenses) assuming (1) no additional accruals, (2) experience is in line with demographic assumptions, and (3) no new entrants are covered by the Plan. The benefit payments reflect the plan of benefits used for the January 1, 2023 valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	8,524,875	1,396,231	60,022,905	69,944,011
2024	13,857,236	1,562,830	57,813,344	73,233,410
2025	18,159,320	1,792,363	55,590,884	75,542,567
2026	22,067,325	1,897,815	53,350,694	77,315,834
2027	25,465,596	1,978,502	51,169,536	78,613,634
2028	28,176,286	2,163,864	49,013,943	79,354,093
2029	30,401,961	2,338,749	46,906,894	79,647,604
2030	32,363,673	2,494,131	44,810,119	79,667,923
2031	34,078,898	2,625,718	42,689,097	79,393,713
2032	35,556,501	2,738,571	40,544,137	78,839,209
2033	36,789,958	2,903,402	38,378,394	78,071,754
2034	37,866,041	3,031,175	36,196,229	77,093,445
2035	38,736,893	3,153,563	34,003,474	75,893,930
2036	39,467,286	3,250,643	31,807,376	74,525,305
2037	40,010,821	3,305,421	29,616,457	72,932,699
2038	40,433,438	3,273,923	27,440,411	71,147,772
2039	40,664,173	3,306,874	25,290,060	69,261,107
2040	40,710,011	3,283,093	23,177,087	67,170,191
2041	40,643,521	3,240,870	21,113,617	64,998,008
2042	40,350,885	3,263,939	19,111,948	62,726,772
2043	39,926,418	3,179,208	17,184,089	60,289,715
2044	39,347,111	3,139,742	15,341,326	57,828,179

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment D to 2023 Schedule MB of Form 5500
Schedule MB, Line 8b(1) - Projection of Expected Benefit Payments
(Continued)*

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2045	38,606,658	3,076,967	13,593,990	55,277,615
2046	37,773,481	3,073,430	11,951,348	52,798,259
2047	36,775,401	2,974,361	10,421,258	50,171,020
2048	35,647,463	2,859,265	9,009,783	47,516,511
2049	34,411,903	2,738,102	7,720,909	44,870,914
2050	33,064,845	2,658,430	6,556,358	42,279,633
2051	31,748,004	2,575,594	5,515,561	39,839,159
2052	30,356,615	2,473,752	4,595,737	37,426,104
2053	28,821,963	2,392,689	3,792,135	35,006,787
2054	27,260,303	2,282,261	3,098,290	32,640,854
2055	25,746,538	2,147,337	2,506,346	30,400,221
2056	24,182,922	2,006,840	2,007,431	28,197,193
2057	22,633,278	1,884,102	1,592,037	26,109,417
2058	21,127,564	1,760,347	1,250,446	24,138,357
2059	19,638,744	1,614,861	973,080	22,226,685
2060	18,215,573	1,477,354	750,732	20,443,659
2061	16,820,772	1,372,296	574,745	18,767,813
2062	15,467,549	1,256,510	437,172	17,161,231
2063	14,191,769	1,140,270	330,897	15,662,936
2064	12,965,117	1,031,403	249,699	14,246,219
2065	11,797,260	929,851	188,269	12,915,380
2066	10,697,169	834,849	142,177	11,674,195
2067	9,664,146	746,100	107,811	10,518,057
2068	8,698,215	664,037	82,285	9,444,537
2069	7,795,868	588,203	63,331	8,447,402
2070	6,956,976	518,206	49,204	7,524,386
2071	6,180,440	453,819	38,586	6,672,845
2072	5,464,284	394,832	30,504	5,889,620

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment F to 2023 Schedule MB of Form 5500
Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments*

Summarized below are the projected employer contributions and Withdrawal Liability Payments under the same assumptions stated in the Actuarial Certification for the 2023 Plan Year.

Plan Year Begin	Employer Contributions	Withdrawal Liability Payments	Total
2023	37,864,972	0	37,864,972
2024	38,539,072	0	38,539,072
2025	39,243,622	0	39,243,622
2026	39,992,272	0	39,992,272
2027	40,775,572	0	40,775,572
2028	41,585,122	0	41,585,122
2029	42,425,122	0	42,425,122
2030	43,280,872	0	43,280,872
2031	44,172,322	0	44,172,322
2032	45,088,021	0	45,088,021

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INTL UNION OF OPERATING ENG. PEN FUND OF EASTERN PA AND DELAWARE	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF IUOE PEN FUND OF EASTERN PA AND DELAWARE	D Employer Identification Number (EIN) 23-6405239

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 955267371
(2) Actuarial value of assets for funding standard account	1b(2) 1001421503
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1046127444
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 953781691
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1775093606
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 88409557
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 69944011
(3) Expected plan disbursements for the plan year	1d(3) 71583011

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Emily Lucini, FSA	10/4/2024
	Signature of actuary	Date
EMILY LUCINI		23-08740
	Type or print name of actuary	Most recent enrollment number
THE MCKEOGH COMPANY		484-530-0692
	Firm name	Telephone number (including area code)
1001 CONSHOCKEN STATE ROAD, SUITE 1-407, WEST CONSHOCKEN, PA 19428		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	955267371
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2911	792984884
(2) For terminated vested participants	655	76852686
(3) For active participants:		
(a) Non-vested benefits		114503064
(b) Vested benefits		790752972
(c) Total active	2911	905256036
(4) Total	6477	1775093606
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.82%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	44561341				
Totals ▶			3(b)	44561341	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.55 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00%	
e Salary scale	6e	3.50% ☐ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.2%		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1639000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1097850	112652

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	29436644

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	216927478	32253683
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4318323**e** Total charges. Add lines 9a through 9d**9e** 66008650**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 99875127**g** Employer contributions. Total from column (b) of line 3**9g** 44561341**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 9425326**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	72346410	12743815
9j(1)	235583873	
9j(2)	658717039	

k (1) Waived funding deficiency**(2)** Other credits**9j(3)** 0**9k(1)** 0**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 166605609**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 100596959**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date**9o(1)** 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No