

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan OPERATING ENGINEERS LOCAL 66 WELFARE FUND 1b Three-digit plan number (PN) 501 1c Effective date of plan 10/31/1968 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND 111 ZETA DR FL 1 PITTSBURGH, PA 15238-2811 2b Employer Identification Number (EIN) 25-1187299 2c Plan Sponsor's telephone number 412-968-9750 2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 07/08/2025, JESSE DIRENNA (Signature of plan administrator); 2. Filed with authorized/valid electronic signature, 07/08/2025, GARY HARTMAN (Signature of employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND  111 ZETA DR FL 1 PITTSBURGH, PA 15238-2811	<b>3b</b> Administrator's EIN 25-1187299																				
	<b>3c</b> Administrator's telephone number 412-968-9750																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 4662																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>6a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>3585</td></tr> <tr><td><b>6a(2)</b></td><td>3582</td></tr> <tr><td><b>6b</b></td><td>1073</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>4655</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	3585	<b>6a(2)</b>	3582	<b>6b</b>	1073	<b>6c</b>	0	<b>6d</b>	4655	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	3585																				
<b>6a(2)</b>	3582																				
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<b>6c</b>	0																				
<b>6d</b>	4655																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 475																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4E 4F 4L 4Q

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

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

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

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

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

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

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>25-1187299</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**HIGHMARK INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	013284	1369	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		1184464
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1187299</b>	

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

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

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

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

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

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

**AMERICAN REALTY ADVISORS**

**33-0123114**

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

**AMERISERV** **216 FRANKLIN STREET**

**JOHNSTOWN, PA 15901**

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

**VANGUARD** **PO BOX 2600**

**VALLEY FORGE, PA 19482**

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

**AMERICAN FUNDS - CAPITAL GROUP**

**94-1411037**

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

DODGE & COX

555 CALIFORNIA STREET  
SAN FRANCISCO, CA 94104

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

BAIRD ADVISORS

39-6037917

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

J.P. MORGAN FUNDS SERVICES

P.O. BOX 219143  
KANSAS CITY, MA 64121

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

OPTUM RX

1600 MCCONNOR PARKWAY  
SCHAUMBURG, IL 60173

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

HIGHMARK, INC.

23-1294723

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

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

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**(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)

HIGHMARK, INC

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 62	NONE	2437231	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MANNING & NAPIER

45-3328488

(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 51	NONE	170426	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY

13-1975125

(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 70	NONE	83504	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PNC ADVISORS

25-1197336

(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 62 52	NONE	56494	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARINER INSTITUTIONAL, LLC

59-3676225

(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	NONE	40000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DICLAUDIO & KRAMER, LLC

27-0889793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NATIONAL VISION ADMINISTRATORS

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	22897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEYER, UNKOVIC AND SCOTT

25-1008021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	19332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>OPERATING ENGINEERS LOCAL 66 WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1187299</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPLOYEE REAL ESTATE TR CO PART. FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMERISERV TRUST &amp; FINANCIAL SERVICE</u>		
<b>c</b> EIN-PN <u>25-1689052-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7720493</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1187299</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2304636	397791
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	8255010	8012771
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	6680609	7488103
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	19961700	20435214
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	54102240	49170203
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	19125669	38255796
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	17097101	16705519
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	7435319	7720493
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	137588722	145410754
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	7682040	2750164

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	282820	378439
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	280515866	296725247
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	5886543	6339319
<b>h</b> Operating payables.....	<b>1h</b>	270507	375863
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	475103	534105
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	6632153	7249287
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	273883713	289475960

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	64333222	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2412731	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		66745953
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	676159	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1307773	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1478546	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	65226	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3527704
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1798	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	4648308	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		4650106
<b>(3)</b> Rents.....	<b>2b(3)</b>		485985
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	83092019	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	82972316	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		119703
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	-877568	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	272161	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		285181
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		11374339
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		86583564

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2479917	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	53140353	
(3) Other .....	<b>2e(3)</b>	13928295	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		69548565
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	25000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	210426	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	56494	
(7) Actuarial fees .....	<b>2i(7)</b>	83504	
(8) Legal fees .....	<b>2i(8)</b>	20304	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	26067	
(11) Other expenses .....	<b>2i(11)</b>	1020957	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1442752
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		70991317

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		15592247
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DICLAUDIO & KRAMER, LLC**

(2) EIN: **27-0889793**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**OPERATING ENGINEERS LOCAL 66**  
**WELFARE FUND**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**July 3, 2025**

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**

**TABLE OF CONTENTS**

	<b><u>Page no.</u></b>
<b>AUDITOR'S REPORT.....</b>	<b>1 - 2</b>
<b>FINANCIAL STATEMENTS</b>	
<b>Statements of Net Assets Available for Benefits .....</b>	<b>3</b>
<b>Statements of Changes in Net Assets Available for Benefits.....</b>	<b>4</b>
<b>Statements of Benefit Obligations.....</b>	<b>5</b>
<b>Statements of Changes in Benefit Obligations .....</b>	<b>6</b>
<b>Notes to Financial Statements .....</b>	<b>7 - 13</b>

**INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Operating Engineers Local 66 Welfare Fund

**Opinion**

We have audited the financial statements of Operating Engineers Local 66 Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Operating Engineers Local 66 Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Operating Engineers Local 66 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, 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 Operating Engineers Local 66 Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Operating Engineers Local 66 Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Operating Engineers Local 66 Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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



DiClaudio & Kramer, LLC

McMurray, Pennsylvania  
July 3, 2025

**OPERATING ENGINEERS LOCAL 66**  
**WELFARE FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	DECEMBER 31,	
	2024	2023
<b><u>ASSETS</u></b>		
<b>INVESTMENTS AT FAIR VALUE</b>		
Cash Equivalents	\$ 2,528,557	\$ 458,702
U.S. Government Securities	49,170,203	54,102,240
State and Local Gov't Obligations	2,750,164	7,682,040
Corporate Bonds	38,255,796	19,125,669
Common Collective Trusts	7,720,493	7,435,319
Other	16,705,519	17,097,101
Registered Investment Companies	145,410,754	137,588,722
	262,541,486	243,489,793
<b>RECEIVABLES</b>		
Employer Contributions	8,012,771	8,255,010
Other Receivables	6,869,575	6,105,105
Due From Combined Funds	-	-
Accrued Investment Income	618,528	575,504
	15,500,874	14,935,619
<b>CASH</b>	18,304,448	21,807,634
<b>OTHER ASSETS</b>		
Prepaid Expenses	21,916	32,820
Prepaid Benefits	106,523	-
Advance to Combined Funds	250,000	250,000
	378,439	282,820
<b>TOTAL ASSETS</b>	296,725,247	280,515,866
<b><u>LIABILITIES</u></b>		
Due to Combined Funds	87,193	66,360
Self Contributions Received In Advance	534,105	475,103
Accounts Payable	288,670	204,147
	909,968	745,610
<b>TOTAL LIABILITIES</b>	909,968	745,610
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 295,815,279	\$ 279,770,256

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

**OPERATING ENGINEERS LOCAL 66**

**WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<u>YEAR ENDED DECEMBER 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
<b>CONTRIBUTIONS</b>		
Employer Contributions	\$ 65,862,133	\$ 64,856,107
Less Reciprocal Payments	<u>(1,528,911)</u>	<u>(1,049,490)</u>
	64,333,222	63,806,617
Participant Contributions	<u>2,412,731</u>	<u>2,394,845</u>
	66,745,953	66,201,462
<b>INVESTMENTS</b>		
Investment Income	8,663,795	7,396,900
Net Appreciation (Depreciation) in Investments	11,173,816	12,447,160
Investment Expense	<u>(266,920)</u>	<u>(239,296)</u>
	19,570,691	19,604,764
<b>MISCELLANEOUS INCOME</b>	-	<u>229,263</u>
<b>TOTAL ADDITIONS</b>	86,316,644	86,035,489
<b>DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:</b>		
<b>BENEFITS</b>		
Highmark Blue Cross Blue Shield	52,053,883	48,990,802
Medicare Advantage and Prescription Drug Plan	819,670	1,737,289
Prescriptions - (Net of Rebates)	13,294,982	10,445,760
Vision - NVA	207,250	206,208
Death and AD & D	315,833	375,333
Disability & Payroll Taxes	523,376	562,427
Members Assistance Program	140,146	139,135
Screening	23,205	10,902
Drug Testing	19,718	19,079
Medical Reimbursement	<u>1,697,726</u>	<u>1,710,842</u>
	69,095,789	64,197,777
<b>OFFICE AND OTHER EXPENSES</b>		
Administration Fee	952,853	852,686
Legal	20,304	61,380
Auditing	25,000	25,000
Actuary and Consulting	83,504	70,000
Conference Expense	26,067	38,051
Dues and Fees	33,342	31,718
Insurance	22,329	24,213
Bank Fees	12,433	10,888
Miscellaneous	-	2,461
	<u>1,175,832</u>	<u>1,116,397</u>
<b>TOTAL DEDUCTIONS</b>	<u>70,271,621</u>	<u>65,314,174</u>
<b>NET INCREASE</b>	16,045,023	20,721,315
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of the Year	<u>279,770,256</u>	<u>259,048,941</u>
End of the Year	<u>\$ 295,815,279</u>	<u>\$ 279,770,256</u>

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

**OPERATING ENGINEERS LOCAL 66**  
**WELFARE FUND**  
**STATEMENTS OF BENEFIT OBLIGATIONS**

	<b>DECEMBER 31,</b>	
	<b><u>2024</u></b>	<b><u>2023</u></b>
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS</b>		
Claims Payable	\$ 2,064,469	\$ 2,124,361
Pending and Unrevealed Claims	<u>4,274,850</u>	<u>3,762,182</u>
	<b>6,339,319</b>	<b>5,886,543</b>
<b>ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE</b>		
Reserve of Contributions	56,841,487	55,391,201
Liability for Future Benefits	<u>26,792,300</u>	<u>24,967,600</u>
	<b><u>83,633,787</u></b>	<b><u>80,358,801</u></b>
<b>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS</b>	<b>89,973,106</b>	<b>86,245,344</b>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS NET OF AMOUNTS CURRENTLY PAYABLE</b>		
Retiree Subsidy Program	9,531,138	8,914,062
Retired Participants	14,826,851	15,606,377
Active Fully Eligible	65,221,838	51,009,814
Actives Not Fully Eligible	<u>68,059,511</u>	<u>59,981,975</u>
	<b><u>157,639,338</u></b>	<b><u>135,512,228</u></b>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS</b>	<b><u>\$ 247,612,444</u></b>	<b><u>\$ 221,757,572</u></b>

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

**OPERATING ENGINEERS LOCAL 66**  
**WELFARE FUND**  
**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	<u>YEAR ENDED DECEMBER 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS</b>		
Balance at Beginning of Year	\$ 5,886,543	\$ 5,854,708
Reported and Approved for Payment	69,548,565	64,229,612
Claims Paid	<u>(69,095,789)</u>	<u>(64,197,777)</u>
<b>BALANCE AT END OF YEAR</b>	<b>6,339,319</b>	<b>5,886,543</b>
<b>ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE</b>		
Balance at Beginning of Year	80,358,801	79,791,853
Net Change During Year	<u>3,274,986</u>	<u>566,948</u>
<b>BALANCE AT END OF YEAR</b>	<b><u>83,633,787</u></b>	<b><u>80,358,801</u></b>
<b>TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS</b>	<b>89,973,106</b>	<b>86,245,344</b>
<b>POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE</b>		
Balance at Beginning of Year	135,512,228	137,996,525
Benefits Earned and Other Changes	4,679,367	3,687,197
Plan Amendments	-	-
Actuarial Experience Gain	-	6,873,025
Changes in Actuarial Assumptions	<u>17,447,743</u>	<u>(13,044,519)</u>
<b>BALANCE AT END OF YEAR</b>	<b><u>157,639,338</u></b>	<b><u>135,512,228</u></b>
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR</b>	<b><u>\$ 247,612,444</u></b>	<b><u>\$ 221,757,572</u></b>

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

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE A - SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** – The accounting records of the Fund are maintained on the accrual basis.

**Investment Valuation and Income Recognition** - Investments are stated at fair value. 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.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**NOTE B - DESCRIPTION OF PLAN**

The Fund provides health benefits covering all employees working under the jurisdiction of the Operating Engineers Union Local 66, who are employed by an employer who is obligated, pursuant to a collective bargaining or other written document, to make contributions on their behalf to the Fund.

The plan of insurance provides benefits for hospitalization, medical/surgical, major medical, prescription drugs, office visits and vision care for participants and their eligible dependents. In addition, death benefits, accidental death and dismemberment benefits, and weekly disability benefits are payable on behalf of participants.

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

The foregoing description of the Fund provides only general information. Participants should refer to the plan booklet for a more complete description of the Plan's provisions. Copies of the booklet are available from the Fund office.

**NOTE C - ADMINISTRATION FEE**

Expenses common to this Fund and the related Funds administered out of the same office are paid by Operating Engineers Local 66, AFL-CIO and Construction Industry Combined Funds, Inc. For those expenses that could not be directly associated with any one Fund, they are pro-rated among the various participating funds in accordance with a fixed formula that allocates expenses in relationship to benefit derived and volume of contributions received.

**NOTE D - CONCENTRATION OF CASH**

The Fund maintains accounts at a financial institution which exceeded federally insured limits. The Fund has not experienced any losses in these accounts. The Fund believes it is not exposed to any significant risk on cash.

**NOTE E - PRIORITIES UPON TERMINATION**

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses until exhausted.

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
 (continued)

**NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500.**

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500.

	<u>Dec. 31, 2024</u>	<u>Dec. 31, 2023</u>
Net Assets Available for Benefits per Form 5500	\$ 289,475,960	\$ 273,883,713
Benefit Obligations Currently Payable	<u>6,339,319</u>	<u>5,886,543</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 295,815,279</u>	<u>\$ 279,770,256</u>

The following is a reconciliation of benefits paid for participants per the financial statements to Form 5500.

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Benefits Paid for Participants Per the Financial Statements	\$ 69,095,789	\$ 64,197,777
Add: Amounts Payable at End of Year	6,339,319	5,886,543
Less: Amounts Payable at Beginning of Year	<u>( 5,886,543)</u>	<u>( 5,854,708)</u>
Benefits Paid for Participants Per Form 5500	<u>\$ 69,548,565</u>	<u>\$ 64,229,612</u>

**NOTE G - INCOME TAX STATUS**

The Internal Revenue Service has ruled that the Plan qualifies under Section 501 (c) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws.

**NOTE H – SUBSEQUENT EVENTS**

The Plan evaluated subsequent events and transactions for the potential recognition or disclosure in the financial statements through July 3, 2025, the day the financial statements were approved and authorized for issue.

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
(continued)

**NOTE I - FAIR VALUE MEASUREMENTS**

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

**Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

**Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

*Cash Equivalents* - The carrying value of cash equivalents approximates fair value.

*U.S., State and Local Government Obligations* - The estimated fair value of U.S., State and Local government securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing U.S., State and Local government securities, the Plan has classified U.S., State and Local government securities as Level 2 investments.

*Corporate Bonds* - The estimated fair value of corporate bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing corporate bonds, the Plan has classified corporate bonds securities as Level 2 investments.

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
 (continued)

**NOTE I - FAIR VALUE MEASUREMENTS-continued**

*Registered Investment Companies* – Registered Investment Companies are valued at the net asset value of shares held by the plan at year end.

*Common Collective Trust* – (real estate, mortgages, limited partnerships, etc.) Valued at unit values provided by the respective trustees of those trusts based on the estimated fair value of the underlying properties held by the trust as determined by independent appraisals.

*Real Estate Fund* - Valued at unit values provided by investment manager of the fund based on the estimated fair value of the underlying properties held by the fund as determined by independent appraisals.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

<u>Description</u>	<u>12/31/2024</u>	<u>Fair value Measurements at Reporting Date Using:</u>		
		<u>Quoted Prices In Active Markets For Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash Equivalents	\$ 2,528,557	\$ 2,528,557	\$ -	\$ -
U.S. Gov't Securities	49,170,203	-	49,170,203	-
State and Local Gov't Oblig.	2,750,164	-	2,750,164	-
Corporate Bonds	38,255,796	-	38,255,796	-
Registered Investment Co.	<u>145,410,754</u>	<u>145,410,754</u>	-	-
<b>Assets in Fair Value Hierarchy</b>	<b>238,115,474</b>	<b>147,939,311</b>	<b>90,176,163</b>	<b>-</b>
<b><u>Investments measured at Net Asset Value (a)</u></b>				
Common Collective Trusts	7,720,493	-	-	-
Other – Real Estate Fund	<u>16,705,519</u>	-	-	-
	<u>24,426,012</u>	-	-	-
	<b><u>\$ 262,541,486</u></b>	<b><u>\$ 147,939,311</u></b>	<b><u>\$ 90,176,163</u></b>	<b><u>\$ -</u></b>

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
(continued)

**NOTE I - FAIR VALUE MEASUREMENTS-continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

Description	12/31/2023	Fair value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	\$ 458,702	\$ 458,702	\$ -	\$ -
U.S. Gov't Securities	54,102,240	-	54,102,240	-
State and Local Gov't Oblig.	7,682,040	-	7,682,040	-
Corporate Bonds	19,125,669	-	19,125,669	-
Registered Investment Co.	137,588,722	137,588,722	-	-
<b>Assets in Fair Value Hierarchy</b>	<b>218,957,373</b>	<b>138,047,424</b>	<b>80,909,949</b>	<b>-</b>
<b><u>Investments measured at Net Asset Value (a)</u></b>				
Common Collective Trusts	7,435,319	-	-	-
Other - Real Estate Fund	17,097,101	-	-	-
	<u>24,532,420</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<b>\$ 243,489,793</b>	<b>\$ 138,047,424</b>	<b>\$ 80,909,949</b>	<b>\$ -</b>

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**NOTE J - PLAN BENEFIT OBLIGATIONS**

1. Amounts Currently Payable To Or For Participants - The amount reported as amounts currently payable to or for participants represents benefits incurred prior to December 31, and paid in the subsequent year.
2. Postretirement Benefit Obligations - This postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee's service rendered to the date of the financial statements reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired members and their beneficiaries and dependents, and (2) active members and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active member's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that member's service rendered to the valuation date.

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
(continued)

**NOTE J - PLAN BENEFIT OBLIGATIONS-continued**

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to claims–cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For December 31, 2024 measurement purposes, a 8.10 percent annual rate of increase in the per capita cost of covered pre-Medicare health care and prescription benefits and a 8.00 percent annual rate of increase in per capita cost of covered Medicare health care and prescription drug benefits was assumed for the year ending December 31, 2025; the rates were assumed to decrease over 18 and 14 years respectively until reaching 4.50 percent, and to then remain at that level thereafter.

For December 31, 2023 measurement purposes, a 7.75 percent annual rate of increase in the per capita cost of covered pre-Medicare health care and prescription benefits and a 9.00 percent annual rate of increase in per capita cost of covered Medicare health care and prescription drug benefits was assumed for the year ending December 31, 2024; the rates were assumed to decrease over 13 and 14 years respectively until reaching 4.50 percent, and to then remain at that level thereafter.

Retirement rates were assumed to vary from 8% to 10% at age 55. The rate of retirement per year for ages 56 to 64 vary from 5% to 40% depending on length of service. At age 65, 100% of those eligible are assumed to retire.

The following were other significant assumptions used in the valuations as December 31, 2024 and 2023:

Weighted-average Discount Rate	Dec. 31, 2024 – 5.25%, Dec. 31, 2023 – 4.75%
Mortality	Headcount-Weighted Pri-2012 Blue Collar Annuitant mortality table projected from 2012 with scale MP-2021
Percentage of cost paid by Retiree	Dec. 31, 2024 – 44.00%, Dec. 31, 2023-56.00%

For December 31, 2024 and 2023 measurement purposes, participant contributions are assumed to increase at a trend equal to the health trend rate.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$ 13,283,532 and \$ 9,262,352 respectively.

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

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**  
(continued)

**NOTE K - ERECT FUND**

A portion of the Plan's investments are in the Employees Real Estate Construction Trust Co-Participation Fund (ERECT Fund), a common collective trust which was established for the investment of assets of the Plan and several other employee benefit plans. AmeriServ Trust and Financial Services Company is the trustee of the Trust and has full investing authority over the assets of the Trust. The Trust invests primarily in real estate related limited partnerships and loans on real estate projects. The Plan's investment in the Trust at December 31, 2024 and 2023 was \$ 7,720,493 and \$ 7,435,319 respectively.

To withdraw, in whole or part from the Trusts, the Plan must submit a written request. The Trusts will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly valuation date.

**NOTE L - ARA CORE PROPERTY FUND**

A portion of the Plan's investments are in the ARA Core Property Fund, a limited partnership organized in the state of Delaware. American Realty Advisors serves as the Fund manager. The Fund invests primarily in real estate. The Plan's investment in the Fund at December 31, 2024 and 2023 was \$ 16,705,519 and \$ 17,097,101 respectively.

To withdraw, in whole or part from the Fund, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly valuation date.

**NOTE M - RISKS AND UNCERTAINTIES**

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

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

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan OPERATING ENGINEERS LOCAL 66 WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 10/31/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND 111 ZETA DR FL 1 PITTSBURGH PA 15238-2811
2b Employer Identification Number (EIN) 25-1187299
2c Plan Sponsor's telephone number 412-968-9750
2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name/Title. Rows include Jesse Drenwa (Union Trustee) and Gary Hartman (Employer Trustee).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BD OF TRUSTEES OPERATING ENGINEERS LOCAL 66 WELFARE FUND  111 ZETA DR FL 1  PITTSBURGH PA 15238-2811	<b>3b</b> Administrator's EIN 25-1187299 <b>3c</b> Administrator's telephone number 412-968-9750																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 4,662																				
<b>6</b> 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). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;">3,585</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">3,582</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">1,073</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">4,655</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	3,585	<b>6a(2)</b>	3,582	<b>6b</b>	1,073	<b>6c</b>	0	<b>6d</b>	4,655	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	3,585																				
<b>6a(2)</b>	3,582																				
<b>6b</b>	1,073																				
<b>6c</b>	0																				
<b>6d</b>	4,655																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 475																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4E 4F 4L 4Q

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

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

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

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

---

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

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

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

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INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees  
Operating Engineers Local 66  
Welfare Fund  
Pittsburgh, PA.

We have audited the financial statements of the Operating Engineers Local 66 Welfare Fund as of and for the year ended December 31, 2024, and our report thereon dated July 3, 2025 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.



DiClaudio & Kramer, LLC

McMurray, Pennsylvania  
July 3, 2025

OPERATING ENGINEERS LOCAL 66 WELFARE FUND  
REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. - 501

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

<u>(a) Identity Party Involved</u>	<u>(b) Description of asset (include interest rate and maturity in case of a loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expenses incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>	<u>(i) Net gain or (loss)</u>
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-None-

II Series of Transactions:

<u>Description of Investment</u>	<u>Total number of purchases</u>	<u>Total value of purchases</u>	<u>Total value of sales</u>	<u>Net gain or loss</u>
Federated Hermes US Treasury	80	\$ 41,469,311	\$ 41,928,013	-

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees  
Operating Engineers Local 66  
Welfare Fund  
Pittsburgh, PA.

We have audited the financial statements of the Operating Engineers Local 66 Welfare Fund as of and for the year ended December 31, 2024, and our report thereon dated July 3, 2025 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.



DiClaudio & Kramer, LLC

McMurray, Pennsylvania  
July 3, 2025

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**  
**ASSETS HELD FOR INVESTMENT PURPOSES**  
**DECEMBER 31, 2024**

Federal I.D. - 25-1187299  
Plan No. - 501

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

(c) Description of investment including maturity date,  
rate of interest, collateral, par or maturity value

(a) (b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	(d) Cost	(e) Current Value
<b>Interest - bearing cash:</b>							
Federated Hermes US Treasury	Money Market	N/A	N/A	variable	N/A	\$ 2,528,550	\$ 2,528,550
Goldman Sachs Gov't	Money Market	N/A	N/A	variable	N/A	7	7
						<u>2,528,557</u>	<u>2,528,557</u>
<b>U.S. Government Securities:</b>							
(See attached pages 16-27)						50,226,088	49,170,203
<b>Corporate Debt:</b>							
(See attached pages 28-39)						38,507,719	38,255,796
<b>Common Collective Trusts:</b>							
Ameriserv	ERECT	N/A	N/A	N/A	1,940	4,002,947	7,720,493
<b>Registered Investment Companies:</b>							
(See attached page 40)						106,615,625	145,410,754
<b>Other Investments:</b>							
ARA Core Property Fund	R/E Invest Fd	N/A	N/A	N/A	140	15,054,359	16,705,519
State and Local Municipal Bonds (See attached page 41)						2,836,831	2,750,164
						<u>17,891,190</u>	<u>19,455,683</u>
						<u>\$ 219,772,126</u>	<u>\$ 262,541,486</u>

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description (b) & (c) (e) (d)

US government securities

FEDERAL HOME LOAN MTG CORP GOLD POOL A49335 05.500% DUE 06/01/2036 RATING: N/A (3128KALQ2)	\$23,896.71 23,287.970	\$23,402.55 \$100.4920	0.01 %	-\$494.16	\$25,998.82 \$111.64
20-10-002-***4942 FEDERAL HOME LOAN MTG CORP GOLD POOL A40015 05.500% DUE 11/01/2035 RATING: N/A (3128K0A06)	22,037.21 21,368.580	21,648.94 101.3120	0.01 %	-388.27	23,338.48 109.22
20-10-002-***4942 FEDERAL HOME LOAN MTG CORP GOLD POOL A77057 05.500% DUE 05/01/2038 RATING: N/A (3128LAZW3)	4,987.91 4,836.670	4,867.38 100.6350	0.01 %	-120.53	5,282.53 109.22
20-10-002-***4942 FEDERAL HOME LOAN MTG CORP GOLD POOL G08597 03.500% DUE 07/01/2044 RATING: N/A (3128MJUX6)	21,619.81 22,419.958	20,305.98 90.5710	0.01 %	-713.83	23,477.87 104.72
20-10-002-***4942 FEDERAL HOME LOAN MTG CORP GOLD POOL G08770 03.500% DUE 07/01/2047 RATING: N/A (3128MJ2C3)	326,280.15 347,894.850	312,663.54 89.8730	0.14 %	-13,616.61	327,021.13 94.00
20-10-002-***4942					

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(e)	(d)
FEDERAL HOME LOAN MTG CORP GOLD POOL 618523 02.500% DUE 09/01/2029 RATING: N/A (3128MMSM6) 20-10-002-***4942	24,939.95 26,180.646	25,126.87 95.9750	186.92 100.45
FEDERAL HOME LOAN MTG CORP GOLD POOL 605979 05.500% DUE 10/01/2038 RATING: N/A (3128M76Q4) 20-10-002-***4942	5,682.77 5,510.450	5,542.63 100.5840	- 140.14 111.64
FEDERAL HOME LOAN MTG CORP GOLD POOL #C74671 05.500% DUE 01/01/2033 RATING: N/A (3128DEL8) 20-10-002-***4942	66.71 65.330	65.91 100.8910	- 0.80 71.31 109.15
FEDERAL HOME LOAN MTG CORP POOL SD1275 04.500% DUE 07/01/2052 RATING: N/A (3132DNMY6) 20-10-002-***4942	336,749.68 347,232.624	327,541.06 94.3290	- 9,208.62 338,483.99 97.48
FEDERAL HOME LOAN MTG CORP POOL SD8258 05.000% DUE 10/01/2052 RATING: N/A (3132DWE74) 20-10-002-***4942	487,764.36 493,034.890	477,371.17 96.8230	- 10,393.19 484,868.99 98.34

OPERATING ENGINEERS LOCAL 66 WELFARE FUND  
ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
 Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

<u>(a)</u> Identify & Description	<u>(e)</u>	<u>(d)</u>
FEDERAL HOME LOAN MTG CORP	14,031.81	15,665.01
GOLD POOL 001212	14,456.33	108.37
04.500% DUE 06/01/2041	97,076.0	
RATING: N/A		
(31329EKZ2)		
20-10-002-***4942		
FEDERAL HOME LOAN MTG CORP	11,736.98	12,927.96
GOLD POOL 051779	92,887.0	102.31
04.000% DUE 10/01/2047		
RATING: N/A		
(3132XT6R4)		
20-10-002-***4942		
FEDERAL HOME LOAN MTG CORP	21,127.77	23,437.00
GOLD POOL 052104	92,795.0	102.94
04.000% DUE 11/01/2047		
RATING: N/A		
(3132XUKS3)		
20-10-002-***4942		
FEDERAL HOME LOAN MTG CORP	40,167.04	44,261.61
GOLD POOL 054986	89,870.0	99.03
03.500% DUE 03/01/2048		
RATING: N/A		
(3132XXRG6)		
20-10-002-***4942		
FEDERAL HOME LOAN MTG CORP	730,128.84	709,441.65
POOL 066308	101,324.0	98.45
06.000% DUE 07/01/2053		
RATING: N/A		
(3133C7AH0)		
20-10-002-***4942		

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	0.04 %	-369.72	(d)
FEDERAL HOME LOAN MTG CORP	72,342.74	71,973.02			79,086.47
POOL QN1359	76,550.760	94.0200			103.31
03.000% DUE 01/01/2035					
RATING: N/A					
{3133G7QL0}					
20-10-002-***4942					
FEDERAL NATL MTG ASSN	21,270.60	21,520.30	0.01 %	249.70	22,808.61
POOL A00800	21,885.346	98.3320			104.22
03.000% DUE 04/01/2027					
RATING: N/A					
{3138LQ3J1}					
20-10-002-***4942					
FEDERAL NATL MTG ASSN	55,071.59	52,680.11	0.03 %	-2,391.48	58,500.95
POOL BD2446	60,728.450	86.7470			96.33
03.000% DUE 01/01/2047					
RATING: N/A					
{3140F9WG6}					
20-10-002-***4942					
FEDERAL NATL MTG ASSN	85,707.30	82,424.13	0.04 %	-3,283.17	94,907.23
POOL CA0862	91,836.450	89.7510			103.34
03.500% DUE 09/01/2047					
RATING: N/A					
{3140Q75Y9}					
20-10-002-***4942					
FEDERAL NATL MTG ASSN	115,283.78	110,190.03	0.05 %	-5,093.75	129,725.35
POOL FM1000	127,026.070	86.7460			102.12
03.000% DUE 04/01/2047					
RATING: N/A					
{3140X4DE3}					
20-10-002-***4942					

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(e)	0.06 %	- 793.35	157,453.29	(d)
FEDERAL NATL MTG ASSN POOL FM3463	140,134.30	139,340.95				
03.500% DUE 12/01/2036	146,107.170	95,369.0			107.77	
RATING: N/A (3140XZ553)						
20-10-002-***4942						
FEDERAL NATL MTG ASSN POOL 878668	3,721.08	3,693.71	0.01 %	- 27.37	3,960.01	
06.000% DUE 02/01/2036	3,562.570	103.6810			111.16	
RATING: N/A (31409UJF3)						
20-10-002-***4942						
FEDERAL NATL MTG ASSN POOL 915951	15,122.87	14,864.12	0.01 %	- 258.75	16,240.63	
06.000% DUE 04/01/2037	14,610.630	101.7350			111.16	
RATING: N/A (31411VTG4)						
20-10-002-***4942						
FEDERAL NATL MTG ASSN POOL #995196	13,880.22	13,776.58	0.01 %	- 103.64	14,483.45	
06.000% DUE 07/01/2038	13,287.600	103.6800			109.00	
RATING: N/A (31416BRR1)						
20-10-002-***4942						
FEDERAL NATL MTG ASSN POOL MA3027	21,586.85	20,770.13	0.01 %	- 816.72	23,529.03	
04.000% DUE 06/01/2047	22,309	93.1020			105.47	
RATING: N/A (31418CLH5)						
20-10-002-***4942						

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(a) Identity & Description	(b) & (c)	(d)	(e)	(f)
FEDERAL NATL MTG ASSN POOL MA3334 04.500% DUE 04/01/2048 RATING: N/A (31418CV43)	27,287.72 27,670.950	0.02 %	26,411.92 95,4500	28,808.03 104.11
20-10-002-***4942 FEDERAL NATL MTG ASSN POOL MA3412 03.500% DUE 07/01/2038 RATING: N/A (31418CYJ7)	18,885.14 19,908	0.01 %	18,617.96 93,5200	20,682.52 103.89
20-10-002-***4942 FEDERAL NATL MTG ASSN POOL MA4020 03.000% DUE 05/01/2050 RATING: N/A (31418DPE6)	703,790.81 787,960.790	0.29 %	678,457.88 86,1030	703,562.81 89.29
20-10-002-***4942 FEDERAL NATL MTG ASSN POOL MA4203 02.500% DUE 12/01/2040 RATING: N/A (31418DU59)	194,440.08 218,371.430	0.08 %	187,698.98 85,9540	228,914.63 104.83
20-10-002-***4942 FEDERAL NATL MTG ASSN POOL MA4644 04.000% DUE 04/01/2052 RATING: N/A (31418EES5)	565,129.86 597,439.400	0.23 %	547,523.34 91,6450	591,605.02 99.02
20-10-002-***4942				

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) <u>Identity &amp; Description</u>	(b) & (c)	(e)	(d)
FEDERAL NATL MTG ASSN POOL MA4806	695,741.02	680,612.55	693,521.95
05.000% DUE 11/01/2052	702,995.940	96.8160	98.65
RATING: N/A			
(31418EKU3)			
20-10-002-***4942			
FEDERAL NATL MTG ASSN POOL MA4807	573,435.98	565,024.11	558,177.34
05.500% DUE 11/01/2052	569,523.340	99.2100	98.01
RATING: N/A			
(31418EKV1)			
20-10-002-***4942			
GOVT NATL MTG ASSN POOL #564762	2,008.72	1,997.39	2,132.99
07.500% DUE 08/15/2031	1,991.774	100.2820	107.09
RATING: N/A			
(36213UMK3)			
20-10-002-***3645			
USA TREASURY BOND	1,216,049.40	1,183,130.50	1,215,954.41
05.250% DUE 11/15/2028	1,147,000	103,1500	106.01
RATING: AAA			
(912810FF0)			
20-10-002-***3645			
USA TREASURY BD	2,018,542.10	2,012,960.68	2,018,542.10
05.250% DUE 02/15/2029	1,942,000	103,6540	103.94
RATING: AAA			
(912810FG8)			
20-10-002-***3645			
USA TREASURY NOTE	346,944.93	333,950.31	353,170.94
03.500% DUE 02/15/2039	381,000	87,6510	92.70
RATING: AAA			
(912810QA9)			
20-10-002-***4942			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5600, SCHEDULE H, PART IV, QUESTION 1

(a) Identity & Description	(b) & (c)	(e)	0.10 %	- 18,772.29	(d)
USA TREASURY NOTE 03.875% DUE 08/15/2040 RATING: AAA {9128100K7}	244,637.15 251,000	225,864.86 89,9860			306,189.88 121.99
20-10-002-***4942					
USA TREASURY NOTES 02.500% DUE 02/15/2045 RATING: AAA {912810RK6}	936,141.02 1,240,000	860,336.80 69,3820	0.37 %	- 75,804.22	1,245,386.66 100.43
20-10-002-***4942					
USA TREASURY NOTES 03.000% DUE 05/15/2047 RATING: AAA {912810RX8}	1,125,435.90 1,480,000	1,093,720.00 73,9000	0.46 %	- 31,715.90	1,125,435.90 76.04
20-10-002-***4942					
USA TREASURY NOTES 02.000% DUE 02/15/2050 RATING: AAA {912810SL3}	462,727.11 720,000	418,082.40 58,0670	0.18 %	- 44,644.71	504,587.81 70.08
20-10-002-***4942					
USA TREASURY NOTES 02.375% DUE 02/15/2042 RATING: AAA {912810TF5}	695,913.89 907,000	645,657.02 71,1860	0.28 %	- 50,256.87	728,542.66 80.32
20-10-002-***4942					
USA TREASURY NOTES 03.625% DUE 02/15/2053 RATING: AAA {912810TN8}	468,838.40 545,000	442,807.05 81,2490	0.19 %	- 26,051.35	468,838.40 86.03
20-10-002-***4942					

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identify & Description	(e)		(d)
	USA TREASURY NOTES	1,530,104.84	0.68 %	1,491,874.13
	00.250% DUE 08/31/2025	1,639,000		91.02
	RATING: AAA			
	(91282CAJ01			
	20-10-002-***3645			
	USA TREASURY NOTES	1,834,972.88	0.81 %	1,787,816.87
	00.375% DUE 11/30/2025	1,908,144.16		90.48
	RATING: AAA	96,5660		
	(91282CAZ4)			
	20-10-002-***3645			
	USA TREASURY NOTES	446,822.49	0.19 %	446,822.49
	TREASURY INFLATION PROTECTN SEC	421,000		106.13
	00.125% DUE 01/15/2031			
	RATING: N/A			
	(91282CBF7)			
	(MARKET VALUE AS OF 12/19/22)			
	20-10-002-***4942			
	USA TREASURY NOTES	340,304.89	0.15 %	348,411.25
	01.8750% DUE 02/15/2032	333,912.73		87.76
	RATING: AAA	84,1090		
	(91282CDY4)			
	20-10-002-***4942			
	USA TREASURY NOTES	1,583,988.12	0.65 %	1,586,967.78
	02.875% DUE 05/15/2032	1,715,000		92.53
	RATING: AAA	89,8100		
	(91282CEP2)			
	20-10-002-***4942			
	USA TREASURY NOTE	2,056,341.79	0.85 %	2,056,341.79
	03.125% DUE 08/31/2029	2,003,306.85		97.23
	RATING: AAA	94,7190		
	(91282CFJ5)			
	20-10-002-***3645			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identifiv & Description	(b) & (c)	(e)	1.14 %	- 3,090.95	2,716,964.61	100.22	(d)
USA TREASURY NOTES		2,716,964.61			2,716,964.61		
VAR% DUE 01/31/2026		2,711,000					
RATING: AAA							
(91282CJU6)							
20-10-002-***3645							
USA TREASURY NOTES		573,994.26	0.25 %	298.48	573,994.26		
VAR% DUE 07/31/2026		574,000					
RATING: AAA							
(91282CLA7)							
20-10-002-***4942							
USA TREASURY NOTES		2,250,597.50	0.97 %	56,548.75	2,380,473.62		
01.625% DUE 02/15/2026		2,375,000					
RATING: AAA							
(912828P46)							
20-10-002-***3645							
USA TREASURY NOTES		1,787,970.40	0.77 %	41,064.65	1,765,088.86		
01.625% DUE 05/15/2026		1,895,000					
RATING: AAA							
(912828R36)							
20-10-002-***3645							
USA TREASURY NOTES		115,157.81	0.05 %	664.99	115,157.81		
01.625% DUE 05/15/2026		120,000					
RATING: AAA							
(912828R36)							
20-10-002-***4942							
USA TREASURY NOTES		2,340,024.50	1.00 %	25,537.40	2,327,017.75		
02.250% DUE 02/15/2027		2,465,000					
RATING: AAA							
(912828V98)							
20-10-002-***3645							

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**

**ASSETS HELD FOR INVESTMENT PURPOSES**

**DECEMBER 31, 2024**

Federal I.D. - 25-1187299  
Plan No. 501

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

(a) Identity & Description	(b) & (c)	(d)	(e)	(f)	
USA TREASURY NOTES 02.125% DUE 05/15/2025 RATING: AAA (912828XB1)	2,202,404.75	0.95 %	2,257,186.75	54,782.00	2,413,721.67
	2,275,000		99,2170		106.10
20-10-002-***3645 USA TREASURY NOTES 02.375% DUE 05/15/2027 RATING: AAA (912828X88)	1,709,658.00	0.73 %	1,723,806.00	14,148.00	1,760,553.00
	1,800,000		95,7670		97.81
20-10-002-***3645 USA TREASURY NOTES 00.625% DUE 05/15/2030 RATING: AAA (912828Z06)	632,505.06	0.27 %	635,097.96	2,592.90	625,354.77
	774,000		82,0540		80.80
20-10-002-***4942 USA TREASURY NOTES 01.500% DUE 08/15/2026 RATING: AAA (912828A7)	2,358,568.80	1.02 %	2,412,345.60	53,776.80	2,329,326.57
	2,520,000		95,7280		92.43
20-10-002-***3645 USA TREASURY NOTES 02.250% DUE 08/15/2027 RATING: AAA (912828R0)	2,041,876.45	0.87 %	2,057,919.10	16,042.65	2,018,101.35
	2,165,000		95,0540		93.21
20-10-002-***3645 USA TREASURY NOTES 02.250% DUE 11/15/2027 RATING: AAA (9128283F5)	2,107,607.53	0.89 %	2,099,888.87	7,718.66	2,107,607.53
	2,221,000		94,5470		94.89
20-10-002-***3645					

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	(d)
USA TREASURY NOTES			
02.875% DUE 05/15/2028	2,334,945.85	2,325,912.00	0.98 %
RATING: AAA	2,435,000	95,5200	
(9128284N7)			2,365,754.69
20-10-002-***3645			97.16
USA TREASURY NOTES			
02.875% DUE 05/15/2028	1,135,603.46	1,128,091.20	0.48 %
RATING: AAA	1,181,000	95,5200	
(9128284N7)			1,180,210.30
20-10-002-***4942			99.93
USA TREASURY NOTE			
02.875% DUE 08/15/2028	2,068,131.90	2,065,185.46	0.87 %
RATING: AAA	2,171,000	95,1260	
(9128284V9)			2,068,131.90
20-10-002-***3645			95.26
USA TREASURY NTS			
02.375% DUE 05/15/2029	1,728,378.13	1,696,056.80	0.72 %
RATING: AAA	1,840,000	92,1770	
(9128286T2)			1,728,378.13
20-10-002-***3645			93.93
USA TREASURY NTS			
02.375% DUE 05/15/2029	561,717.38	559,514.39	0.24 %
RATING: AAA	607,000	92,1770	
(9128286T2)			570,520.20
20-10-002-***4942			93.99
<b>Total US government securities</b>	<b>\$49,374,711.36</b>	<b>\$49,170,202.82</b>	<b>20.65 %</b>
			<b>-\$204,508.54</b>
			<b>\$50,226,087.90</b>

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) \_\_\_\_\_ (b) & (c) \_\_\_\_\_ (d) \_\_\_\_\_  
Identify & Description (e) \_\_\_\_\_

Corporate debt

(a) Identify & Description	(b) & (c)	(d)	(e)	(f)
AIR LEASE CORP CALL 01/01/2027 UNSC 03.625% DUE 04/01/2027 RATING: N/A {00912XAV6} 20-10-002-***4942	\$89,836.75 95,000	\$91,807.05 \$76,6390	0.04 %	\$1,970.30 \$99,865.10 \$105.12
ALIBABA GROUP HOLDING SEDOL BFD9P69 ISIN US01609WAU62 04.000% DUE 12/06/2037 RATING: A1 {01609WAU6} 20-10-002-***4942	343,374.00 400,000	342,140.00 85,5350	0.15 %	- 1,236.00 403,400.00 100.85
ALLY AUTO RECEIVABLES TRUST SERIES 2024 1 CLASS A2 05.320% DUE 01/15/2027 RATING: N/A {02008FAB0} 20-10-002-***3645	1,538,723.48 1,538,857.820	1,561,043.00 100,1420	0.65 %	2,319.52 1,538,723.48 99.99
AMERICAN TOWER CORP CALL 01/15/2029 UNSC 05.200% DUE 02/15/2029 RATING: BAA3 {03027XCG3} 20-10-002-***3645	1,217,779.60 1,220,000	1,227,210.20 100,5910	0.52 %	9,430.60 1,217,779.60 99.82
APPLE INC CALL 04/11/2025 UNSC 01.125% DUE 05/11/2025 RATING: AAA {037833DT4} 20-10-002-***3645	991,702.40 1,040,000	1,027,592.80 98,8070	0.44 %	35,890.40 1,041,289.60 100.12

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	0.25 %	- 4,573.30	584,945.95	584,945.95
BMW VEHICLE LEASE TRUST		580,372.65			584,945.95	584,945.95
SERIES 2024 2 CLASS A3		99.2090			99.99	99.99
04.410% DUE 10/25/2027						
RATING: AAA						
(05613MAD1)						
20-10-002-***4942						
BANK OF AMERICA CORPORATION		124,640.55	0.06 %	2,198.20	148,616.30	148,616.30
SR UNSEC CALL 04/22/2031 @ 100		85.9590			102.49	102.49
VAR% DUE 04/22/2032						
RATING: A1						
(06051GJT7)						
20-10-002-***4942						
BANK OF NY MELLON CORP		1,371,689.64	0.58 %	23,747.40	1,347,942.24	1,347,942.24
SER MTN CALL 10/29/2027		96.4620			94.79	94.79
03.400% DUE 01/28/2028						
RATING: AA3						
(0640ARAF4)						
20-10-002-***3645						
BANKS		232,088.01	0.10 %	- 3,649.29	235,737.30	235,737.30
SERIES 2024 5YR10 CLASS A3		100.4710			102.05	102.05
05.302% DUE 10/15/2057						
RATING: AAA						
(06604AAFT1)						
20-10-002-***4942						
BANKS		186,453.53	0.08 %	31.13	186,422.40	186,422.40
SERIES 2024 5YR12 CLASS A3		103.0130			103.00	103.00
VAR% DUE 12/15/2057						
RATING: AAA						
(06644XBG0)						
20-10-002-***4942						

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(e)	(d)
CME GROUP INC CALL 12/15/2024 @ 100.000 UNSC 03.000% DUE 03/15/2025 RATING: AA3 (12572QAG0)	934,839.95	951,600.20	1,044,770.00
20-10-002-***3665	226,010.45	99,644.00	109.40
CAPITAL ONE FINANCIAL CO SER. CALL 10/30/2030 VAR% DUE 10/30/2031 RATING: BAA1 (14040HDC6)	226,010.45	226,342.55	226,010.45
20-10-002-***4942	205,000	110,411.00	110.25
CARMAX AUTO OWNER TRUST SERIES 2024 1 CLASS A2B VAR% DUE 03/15/2027 RATING: N/A (14318WAC1)	238,757.72	238,982.15	238,757.72
20-10-002-***4942	238,757.720	100,094.00	100.00
CENOVUS ENERGY INC SEDOL B43XOM5   SIN US15135UJAF66 06.750% DUE 11/15/2039 RATING: BAA2 (15135UJAF6)	157,857.30	155,445.80	155,958.02
20-10-002-***4942	145,000	107,204.00	107.56
CITIGROUP INC SR UNSEC CALL 06/09/2026 @ 100 VAR% DUE 06/09/2027 RATING: A3 (172967NA5)	187,603.70	195,188.70	183,397.10
20-10-002-***4942	205,000	95,214.00	89.46
		7,585.00	
		2,421.50	
		332.10	
		16,760.25	

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	(d)
CITIGROUP INC CALL 03/17/2025 UNSC VAR% DUE 03/17/2026 RATING: A3 {172967NM9}	1,006,790.00 1,000,000	1,002,480.00 100.2480	1,002,410.00 100.24
20-10-002-***3645			-4,310.00
CITIZENS FINANCIAL GROUP CALL 01/23/2029 UNSC VAR% DUE 01/23/2030 RATING: BAA1 {174610BF1}	107,641.60 110,000	111,620.30 101.4730	107,641.60 97.86
20-10-002-***4942			3,978.70
CROWN CASTLE INTL CORP CALL 08/15/2029 UNSC 03.100% DUE 11/15/2029 RATING: BAA3 {2822VAN1}	205,781.00 230,000	209,258.60 90.9820	233,519.00 101.53
20-10-002-***4942			3,477.60
WALT DISNEY COMPANY/THE COGT 03.350% DUE 03/24/2025 RATING: A2 {254687FN1}	976,373.60 995,000	992,204.05 99.7190	1,072,132.40 107.75
20-10-002-***3645			15,830.45
ENERGY TRANSFER PARTNERS SR UNSEC CALL 8/1/41 @ 100 06.500% DUE 02/01/2042 RATING: BAA2 {2273RAR0}	248,136.50 235,000	243,363.65 103.5590	252,804.05 107.58
20-10-002-***4942			-4,772.85

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(e)	(d)
FANNIEMAE-ACES	281,864.46	282,299.88	435.42
SERIES 2018 M4 CLASS A2	296,206.790	95.3050	326,174.58
VAR% DUE 03/25/2028			110.12
RATING: N/A			
(313681XJ8)			
20-10-002-***4942			
FIFTH THIRD BANCORP	111,090.10	113,735.60	2,645.50
CALL 10/27/2027 UNSC	110,000	103,396.0	111,090.10
VAR% DUE 10/27/2028			100.99
RATING: BAA1			
(316773DJ6)			
20-10-002-***4942			
FORD CREDIT AUTO LEASE TRUST	1,032,894.96	1,033,266.80	371.84
SERIES 2024 A CLASS A2B	1,032,894.960	100.0360	1,032,894.96
VAR% DUE 07/15/2026			100.00
RATING: N/A			
(345290AC4)			
20-10-002-***3645			
HCA INC	1,321,305.96	1,327,312.74	6,006.78
SECR	1,326,000	100.0990	1,321,305.96
05.250% DUE 04/15/2025			99.65
RATING: BAA3			
(404119BQ1)			
20-10-002-***3645			
HUMANA INC	1,323,745.95	1,322,940.57	- 805.38
CALL 11/01/2028 UNSC	1,299,000	101.8430	1,323,745.95
05.750% DUE 12/01/2028			101.91
RATING: BAA2			
(444899BZ4)			
20-10-002-***3645			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 26-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	(d)
HUNTINGTON BANCSHARES	110,251.70	114,357.10	110,251.70
CALL 11/04/2029 UNSC	130,000	87,967.0	84.81
02.550% DUE 02/04/2030			
RATING: BAA1			
[466150AS3]			
20-10-002-***4942			
HYUNDAI AUTO RECEIVABLES TRUST	2,709,801.63	2,698,753.50	2,709,801.63
SERIES 2024 C CLASS A3	2,710,000	99,585.0	99.99
04.420% DUE 05/15/2029			
RATING: N/A			
[48976AD2]			
20-10-002-***3645			
INTERCONTINENTAL EXCHANGE	165,249.15	166,798.50	165,249.15
CALL 04/15/2031 UNSC	165,000	101,090.0	100.15
05.250% DUE 06/15/2031			
RATING: N/A			
[45866FBA1]			
20-10-002-***4942			
JP MORGAN CHASE & CO	224,250.00	224,107.40	229,657.30
SR UNSEC CALL 03/24/30 @ 100	230,000	97,438.0	99.85
VAR% DUE 03/24/2031			
RATING: A1			
[46647PBJA]			
20-10-002-***4942			
JP MORGAN CHASE & CO	1,340,509.20	1,362,766.60	1,340,509.20
CALL 04/22/2027 UNSC	1,340,000	101,699.0	100.04
VAR% DUE 04/22/2028			
RATING: A1			
[46647PEEZ]			
20-10-002-***3645			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identity & Description	(b) & (c)	(e)	(d)
JEFFERIES FIN GROUP INC	165,232.65	170,044.05	4,811.40
CALL 01/14/2034 UNSC	165,000	103,0570	165,232.65
06.200% DUE 04/14/2034			100.14
RATING: BAA2			
[4723WEJ4]			
20-10-002-***4942			
JOHN DEERE OWNER TRUST	69,047.23	70,615.66	1,568.43
SERIES 2021 B CLASS A3	70,969.800	99.5010	70,963.47
00.520% DUE 03/16/2026			99.99
RATING: AAA			
[47789QAC4]			
20-10-002-***3645			
KEURIG DR PEPPER INC	1,219,231.40	1,223,684.40	4,453.00
CALL 02/15/2029 COGT	1,220,000	100.3020	1,219,231.40
05.050% DUE 03/15/2029			99.94
RATING: BAA1			
[49271VAT7]			
20-10-002-***3645			
KEYCORP	107,355.60	113,221.20	5,865.60
SER MTN UNSC	120,000	94.3510	107,355.60
02.250% DUE 04/06/2027			89.46
RATING: BAA2			
[49326EEK5]			
20-10-002-***4942			
MASSACHUSETTS EDUCATIONAL FINA	101,379.05	96,883.97	4,495.08
SERIES 2020 A CLASS A	106,316.360	91.1280	106,285.48
02.300% DUE 02/25/2040			99.97
RATING: N/A			
[57563NAD0]			
20-10-002-***4942			

24

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(e)	(d)
NAVIENT STUDENT LOAN TRUST SERIES 2014 1 CLASS A3 00.657% DUE 06/25/2031 RATING: BAZ (63938EAC8)	186,518.56 192,563.110	190,208.06 98.7770	189,193.24 98.25
20-10-002-***4942 PNC FINANCIAL SERVICES CALL 06/12/2025 UNSC VAR% DUE 06/12/2026 RATING: A3 (693475BQ7)	165,476.85 165,000	165,689.70 100.4180	165,476.85 100.29
20-10-002-***4942 PEPSICO INC CALL 04/18/2032 UNSC 03.900% DUE 07/18/2032 RATING: A1 (713448FM5)	176,072.40 180,000	168,235.20 93.4640	181,110.60 100.62
20-10-002-***4942 PRIVATE EXPORT FUNDING GOVT 04.300% DUE 12/15/2028 RATING: AAA (742651EA6)	1,464,868.15 1,465,000	1,466,760.75 98.7550	1,464,868.15 99.99
20-10-002-***3645 PUBLIC STORAGE CALL 01/15/2026 UNSC 00.875% DUE 02/15/2026 RATING: A2 (74460WAA5)	1,353,936.48 1,464,000	1,404,971.52 95.9680	1,353,936.48 92.48
20-10-002-***3645			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(a) Identity & Description	(b) & (c)	(e)	(d)
QUALCOMM INC	178,614.00	173,161.80	182,275.20
CALL 02/20/2032 UNSC	180,000	96,2010	101.26
04.250% DUE 05/20/2032			
RATING: A2			
(747525BQ5)			
20-10-002-***4942			
ROSS STORES INC	927,697.65	933,831.25	1,076,830.15
CALL 03/15/2025 UNSC	935,000	99,8750	115.17
04.600% DUE 04/15/2025			
RATING: A2			
(778296AB9)			
20-10-002-***3645			
SLM STUDENT LOAN TRUST	181,563.86	185,348.77	178,007.50
SERIES 2006 10 CLASS A6	188,867.370	98,1370	94.25
02.509% DUE 03/25/2044			
RATING: A1			
(78443BAG1)			
20-10-002-***4942			
SLM STUDENT LOAN TRUST	475,314.35	472,122.12	475,314.35
SERIES 2011 3 CLASS A	473,096.700	99,7940	100.47
VAR% DUE 08/27/2040			
RATING: A1			
(78445UAA0)			
20-10-002-***4942			
CHARLES SCHWAB CORP	1,240,863.04	1,272,895.03	1,201,526.21
CALL 02/03/2027 UNSC	1,333,000	95,4910	90.14
02.450% DUE 03/03/2027			
RATING: A2			
(808513BY0)			
20-10-002-***3645			

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a) Identify & Description	(b) & (c)	(d)	(e)	(f)
SIMON PROPERTY GROUP LP CALL 12/01/2031 UNSC 02.650% DUE 02/01/2032 RATING: A3 (828807DT1)	256,263.00 300,000	0.11 %	255,327.00 85.1090	300,750.00 100.25
20-10-002-***4942 SIRIUSPOINT LTD SEDOL 2L8MDT3 ISIN US82969BAA08 07.000% DUE 04/05/2029 RATING: BAA2 (82969BAA0)	99,631.00 100,000	0.05 %	102,814.00 102,8140	99,631.00 99.63
20-10-002-***4942 STATE STREET CORP CALL 02/07/2027 UNSC VAR% DUE 02/07/2028 RATING: AA3 (85747BS1)	1,208,952.00 1,305,000	0.53 %	1,240,611.30 95.0660	1,208,952.00 92.64
20-10-002-***3645 TRUIST FINANCIAL CORPORATION SER MTN CALL 06/07/2028 (R 100 VAR% DUE 06/07/2029 RATING: BAA1 (89788MAE2)	164,642.60 190,000	0.08 %	171,419.90 90.2210	164,642.60 86.65
20-10-002-***4942 US BANCORP CALL 02/01/2028 UNSC VAR% DUE 02/01/2029 RATING: A3 (91159HJK7)	164,058.50 170,000	0.08 %	168,277.90 98.9870	164,058.50 96.51
20-10-002-***4942				

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(a)	(b) & (c) Identity & Description	(e)	(d)
	VERIZON MASTER TRUST	2,679,406.65	2,679,406.65
	SERIES 2024-3 CLASS A1A	2,725,131.20	2,679,406.65
	05.340% DUE 04/22/2030	101.6840	99.98
	RATING: AAA		
	(92348KCQ4)		
	20-10-002-***3645		
	VIRGINIA ELEC & POWER CO	1,227,920.81	1,227,920.81
	CALL 12/15/2026 UNSC	1,250,347.65	95.71
	03.500% DUE 03/15/2027	97.4550	
	RATING: A2		
	(927804FX7)		
	20-10-002-***3645		
	VIRGINIA POWER FUEL SEC	2,073,754.87	2,073,754.87
	SER A-1 SECR	2,081,762.56	100.00
	05.088% DUE 05/01/2029	100.3850	
	RATING: AAA		
	(92808VAA0)		
	20-10-002-***3645		
	VIRGINIA POWER FUEL SEC	202,992.98	202,992.98
	SER A-2 SECR	202,857.90	100.00
	04.877% DUE 05/01/2033	99.9300	
	RATING: AAA		
	(92808VAB8)		
	20-10-002-***4942		
	WELLS FARGO & COMPANY	1,340,294.80	1,340,294.80
	CALL 04/22/2027 UNSC	1,362,043.00	100.02
	VAR% DUE 04/22/2028	101.6450	
	RATING: A1		
	(95000JL5)		
	20-10-002-***3645		

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(a) Identity & Description	(b) & (c)	(e)	(d)
WELLS FARGO & COMPANY	165,036.30	167,714.25	165,036.30
CALL 04/22/2027 UNSC	165,000	101,6450	100.02
VAR% DUE 04/22/2028			
RATING: A1			
[95000U3L5]			
20-10-002-***4942			
WORLD OMNI AUTO RECEIVABLES TR	217,779.20	229,425.80	234,933.33
SERIES 2021 C CLASS B	235,000	97,6280	99.97
00.840% DUE 09/15/2027			
RATING: N/A			
[98164CAE9]			
20-10-002-***3645			
WORLD OMNI AUTO RECEIVABLES TR	486,649.25	512,528.00	514,935.01
SERIES 2021 A CLASS C	515,000	99.5200	99.99
00.890% DUE 08/16/2027			
RATING: N/A			
[98164EAF2]			
20-10-002-***4942			
<b>Total corporate debt</b>	<b>\$37,870,226.63</b>	<b>\$38,255,796.06</b>	<b>\$38,507,719.02</b>
			<b>16.07 %</b>

**OPERATING ENGINEERS LOCAL 66 WELFARE FUND**

**ASSETS HELD FOR INVESTMENT PURPOSES**

**DECEMBER 31, 2024**

Federal I.D. - 25-1187299  
Plan No. 501

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

(a) \_\_\_\_\_ Identity & Description \_\_\_\_\_ (e) \_\_\_\_\_ (d) \_\_\_\_\_

**Registered investment companies**

BAIRD AGGREGATE BOND FUND (BAGIX) FD #72	\$23,468,124.80 2,431,930.031	9.86 %	-\$472,557.66	\$26,160,236.11 \$10.76
20-10-002-***4950				
DODGE & COX INCOME FUND (DODIX) FD #147	24,040,152.64 1,941,854.010	10.10 %	-435,976.36	26,373,053.14 13.58
20-10-002-***4950				
AMERICAN EUROPACIFIC GROWTH FUND (RERG) CLASS-R6	11,410,434.79 53,7200	4.80 %	-218,630.26	10,292,203.70 48.46
20-10-002-***4950				
VANGUARD S&P M/C 600 IDX-I (VMSXI)	14,079,071.19	6.33 %	975,102.03	8,582,112.60
20-10-002-***4950	35,287,078			243.21
VANGUARD S&P M/C 400 IDX-I (VSPMX)	14,411,532.69	6.79 %	1,755,482.12	8,782,278.00
20-10-002-***4950	38,410,584			228.64
VANGUARD INSTL INDEX FD (VINIX) SH BEN INT FD #94	45,625,984.34 115,412,098	23.22 %	9,644,869.39	26,425,741.61 228.97
20-10-002-***4950				

**Total registered investment companies \$134,162,464.73 \$145,410,753.99 61.07 % \$11,248,289.26 \$106,615,625.16**

OPERATING ENGINEERS LOCAL 66 WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Federal I.D. - 25-1187299  
Plan No. 501

FORM 5500 - SCHEDULE H, PART IV, QUESTION 1

(a) Identity & Description	(b) & (c)	(e)	(d)
<b>Other assets</b>			
<i>State and Local</i>			
<b>Municipal Bonds</b>			
HOUSTON TX REF-SER B GO 02.110% DUE 03/01/2025 RATING: AA3 (4423315U4) 20-10-002-***3645	\$1,020,353.80 1,055,000	\$1,050,822.20 \$99,6040	\$30,468.40 \$1,111,759.00 \$105.38
NEW YORK CITY NY TRANSITIONALF SER C-2 REV 01.250% DUE 05/01/2026 RATING: AA1 (64971XSW9) 20-10-002-***4942	315,938.20 340,000	326,264.00 95,9600	10,325.80 340,071.40 100.02
NEW YORK ST DORM AUTH ST PERSO REF-SER B REV 01.062% DUE 03/15/2025 NOT RATED (64990FA95) 20-10-002-***3645	1,043,195.40 1,090,000	1,082,435.40 99,3060	39,240.00 1,090,000.00 100.00
PENNSYLVANIA ST ECON DEV FINGA STATE SYST REV 01.164% DUE 06/15/2025 (70869PMQ7) RATING: AA3 20-10-002-***4942	279,577.40 295,000	290,642.85 98,5230	11,065.45 295,000.00 100.00
<b>Total other assets - State and Local Municipal Bonds</b>	<b>\$2,659,064.80</b>	<b>\$2,750,164.45</b>	<b>\$71,099.65</b>
<b>Total portfolio</b>	<b>\$226,595,017.43</b>	<b>\$238,115,467.23</b>	<b>\$11,520,449.80</b>
			<b>\$200,714,812.39</b>