

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 (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: PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/16/1951
2a Plan sponsor's name (employer, if for a single-employer plan): BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO
2b Employer Identification Number (EIN): 13-1825849
2c Plan Sponsor's telephone number: 914-762-1268
2d Business code (see instructions): 237310

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. Signature of plan administrator (JEFFREY LOUGHLIN, 06/19/2025), 2. Signature of employer/plan sponsor (RICHARD LOMBARDI, 06/19/2025), 3. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1411
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	599
	6a(2)	608
	6b	495
	6c	148
	6d	1251
	6e	171
	6f	1422
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	178

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO</u>	D Employer Identification Number (EIN) <u>13-1825849</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>239447314</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>239447314</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>216526964</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>216526964</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>318581437</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>8134953</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>13210019</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>13646052</u>

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

SIGN HERE <u>BRIAN J. THOMAS</u> Signature of actuary <u>BASIL CASTROVINCI ASSOCIATES INC</u> Type or print name of actuary <u>36 HOPATCHUNG ROAD</u> <u>HOPATCONG, NJ 07843</u> Firm name Address of the firm	<u>07/17/2025</u> Date <u>23-08107</u> Most recent enrollment number <u>973-601-3828</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	239447314
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	728	159188079
(2) For terminated vested participants	147	19222985
(3) For active participants:		
(a) Non-vested benefits		2943214
(b) Vested benefits		137227159
(c) Total active	571	140170373
(4) Total	1446	318581437
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	5246122	0			
			Totals ▶	3(b)	3(c)
				5246122	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	110.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	14.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	436033
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	20379369	2035120

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	4708276

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	133255719	17469330
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1427373
e Total charges. Add lines 9a through 9d.....	9e		23604979
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		63795101
g Employer contributions. Total from column (b) of line 3.....	9g		5246122
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	92380968	11570220
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		5069245
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	48545924	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	50251227	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		85680688
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		62075709
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

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

A Name of plan PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO	D Employer Identification Number (EIN) 13-1825849	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

STACEY BRAUN ASSOCIATES, INC.

13-2889432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	359234	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 type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52 59 62 99	NONE	219145	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)

CONGRESS ASSET MANAGEMENT COMPANY

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	92676	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 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)

PINNACLE ASSOCIATES LTD.

13-3220717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGR	84978	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)

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	81050	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)

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 63 68	NONE	68399	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"/>

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)

BASIL CASTROVINCI ASSOCIATES INC.

13-2831500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	57036	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)

SAGE ADVISORY SERVICES, LTD. CO.

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	52534	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)

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	46402	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)

WELLS FARGO ADVISORS, LLC

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISOR	38000	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)

ROBERT M. CHEVERIE & ASSOC., P.C.

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	30000	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)

CLARKE & SAMPSON, INC.

54-0657005

(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?
22 53	INSURANCE BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLARKE & SAMPSON, INC.	22 53	5577
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP, INC. 8403 COLESVILLE ROAD, 13TH FL SILVER SPRING, MD 20910	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO</u>	D Employer Identification Number (EIN) <u>13-1825849</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78139</u>
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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO	D Employer Identification Number (EIN) 13-1825849

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1346551	1606242
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	805000	690000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	749798	860635
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1439	1452
(2) U.S. Government securities	1c(2)	44583348	52253487
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7995045	9227713
(B) All other	1c(3)(B)	23977735	26839912
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	135240830	150510510
(5) Partnership/joint venture interests	1c(5)	7525501	8866891
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	174618	78139
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20310066	20949006
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	242709931	271883987
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	260761	351998
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3001856	1271443
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3262617	1623441
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	239447314	270260546

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5246122	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5246122
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	1706939	
(C) Corporate debt instruments.....	2b(1)(C)	1335133	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	25178	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3067250
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1323088	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	579941	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1903029
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	126072464	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	119589203	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6483261
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	28566066	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		28566066

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13997
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1267585
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		46547310

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14321364	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14321364
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	126438	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	25200	
(4) IQPA audit fees	2i(4)	55850	
(5) Investment advisory and investment management fees	2i(5)	742223	
(6) Bank or trust company trustee/custodial fees	2i(6)	219145	
(7) Actuarial fees	2i(7)	57036	
(8) Legal fees	2i(8)	32767	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	154055	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1412714
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15734078

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30813232
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		8866891
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561180.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO</u>	D Employer Identification Number (EIN) <u>13-1825849</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

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

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **YONKERS CONTRACTING CO. INC.**

b EIN **13-2981331**

c Dollar amount contributed by employer

277530

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.15**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **PECKHAM MATERIALS CORP.**

b EIN **14-1470013**

c Dollar amount contributed by employer

268624

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **ELQ INDUSTRIES, INC.**

b EIN **13-1994798**

c Dollar amount contributed by employer

193433

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **RIGGS DISTLER & CO., INC**

b EIN **52-0294020**

c Dollar amount contributed by employer

193381

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.15**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **POSILLICO CIVIL, INC.**

b EIN **11-1529032**

c Dollar amount contributed by employer

191901

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.15**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **CHAMPIONS PAINTING SPECIALTY SERVICES**

b EIN **20-5168828**

c Dollar amount contributed by employer

184210

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **4.55**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MONTESANO CONTRACTING INC**

b EIN **13-2808671** **c** Dollar amount contributed by employer **167225**

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **GIANFIA CORP.**

b EIN **26-1730112** **c** Dollar amount contributed by employer **155384**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.15**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **ECCO III ENTERPRISES INC.**

b EIN **13-2754124** **c** Dollar amount contributed by employer **134137**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **02** Year **2025**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.15**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer **SHAWN'S LAWN INC**

b EIN **06-1509463** **c** Dollar amount contributed by employer **128874**

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 63.00 % Private Equity: 3.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.00 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: _____ %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



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Independent Auditor's Report

Board of Trustees

The Pension Plan of the International Union of Operating Engineers Local 137, 137A, 137B, 137C, 137R - AFL-CIO

Opinion

We have audited the accompanying financial statements of The Pension Plan of the International Union of Operating Engineers Local 137, 137A, 137B, 137C, 137R - AFL-CIO (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA


Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 32 through 33 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.


Schullhas & Perrotti LLP
Hauppauge, New York
July 9, 2025

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

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... 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 [] special extension... 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: PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/16/1951
2a Plan sponsor's name: BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO
2b Employer Identification Number (EIN): 13-1825849
2c Plan Sponsor's telephone number: (914) 762-1268
2d Business code: 237310

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. Row 1: Jeffrey Loughlin, 6-20-25. Row 2: Richard Lombardi, 6/20/24.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1,411
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	599
	6a(2)	608
	6b	495
	6c	148
	6d	1,251
	6e	171
	6f	1,422
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	178

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R AFL-CIO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R AFLCIO	D Employer Identification Number (EIN) 13-1825849

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


1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	239447314
(2) Actuarial value of assets for funding standard account	1b(2)	239447314
c (1) Accrued liability for plan using immediate gain methods	1c(1)	216526964
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	216526964
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	318581437
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	8134953
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13210019
(3) Expected plan disbursements for the plan year	1d(3)	13646052

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	07/17/2025 Date
	BRIAN J. THOMAS Type or print name of actuary	23-08107 Most recent enrollment number
	BASIL CASTROVINCI ASSOCIATES, INC. Firm name	973-601-3828 Telephone number (including area code)
	36 HOPATCHUNG ROAD, HOPATCONG, NJ 07843 Address of the firm	

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

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

**Schedule MB (Form 5500) 2024
v. 240311**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	239447314
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	728	159188079
(2) For terminated vested participants	147	19222985
(3) For active participants:		
(a) Non-vested benefits.....		2943214
(b) Vested benefits.....		137227159
(c) Total active.....	571	140170373
(4) Total	1446	318581437
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	5246122	0			
			Totals ▶	3(b)	5246122
					3(c)
					0
					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	110.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29%
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	14.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	436033
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	20379369	2035120

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	4708276

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	133255719	17469330
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....

e Total charges. Add lines 9a through 9d.....

9d	1427373
9e	23604979

Credits to funding standard account:

f Prior year credit balance, if any.....

g Employer contributions. Total from column (b) of line 3.....

9f	63795101
9g	5246122

h Amortization credits as of valuation date.....

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

	Outstanding balance	
9h	92380968	11570220
9i		5069245
9j(1)	48545924	
9j(2)	50251227	

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

m Credit balance: If line 9l is greater than line 9e, enter the difference

n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....

o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date.....

9j(3)	0
9k(1)	0
9k(2)	0
9l	85680688
9m	62075709
9n	
9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0
10	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
EIN: 13-1825849
PN: 001

**Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and
Withdrawal Liability Payments**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 5,362,605	\$ 0	\$ 5,362,605
2025	\$ 5,362,605	\$ 0	\$ 5,362,605
2026	\$ 5,362,605	\$ 0	\$ 5,362,605
2027	\$ 5,362,605	\$ 0	\$ 5,362,605
2028	\$ 5,362,605	\$ 0	\$ 5,362,605
2029	\$ 5,362,605	\$ 0	\$ 5,362,605
2030	\$ 5,362,605	\$ 0	\$ 5,362,605
2031	\$ 5,362,605	\$ 0	\$ 5,362,605
2032	\$ 5,362,605	\$ 0	\$ 5,362,605
2033	\$ 5,362,605	\$ 0	\$ 5,362,605

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
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Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

1) Rates of Termination prior to Retirement

Withdrawal *None Assumed*

Disability

<i>Age</i>	<i>Probability</i>
<i>22</i>	<i>.0017</i>
<i>32</i>	<i>.0024</i>
<i>42</i>	<i>.0037</i>
<i>52</i>	<i>.0098</i>

2) Mortality *Funding Pri-2012 BC Sex Distinct with MP-2021
(Prior to 2021 IRS 2017 Male Combined)
Current Liability: IRS 2024 Annuitant/Non-Annuitant*

3) Investment Return *6.50% per year for Funding
3.29% per year Current Liability*

4) Administrative Expenses *Last Year's Actual Expense*

5) Valuation Method *Unit Credit Funding Method*

6) Valuation of Assets *Market Value of Assets*

7) Retirement *The later of age 60 or the current age plus one with
5 years of service*

8) Disability Retirement *The Pri-2012 Disabled Table with MP-2021 was
used to value post-disability mortality. Prior to 2021,
retirees who are disabled were subject to a 20 year
setforward of the valuation mortality table.*

9) Terminated Vested Data *A retroactive increase was applied to reflect the
Terminated Vesteds over Normal Retirement Age*

10) Contributions and Work Patterns *The Trustees have informed us
that the work patterns used in the
latest actuarial valuation will be
approximately the same for
future years.*

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
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Schedule MB, Line 6 - Summary Provisions of the Plan

Participation

Immediately

Normal Pension

Eligibility:

Age 60 and 5 Years of Service
 Age 62 for service after 2012

Monthly Benefit Per Year

\$50 effective January 1, 2000
 \$55 effective July 1, 2001
 \$60 effective January 1, 2003
 \$66 effective January 1, 2005
 \$75 effective January 1, 2014
 \$85 effective January 1, 2016
 \$105 effective January 1, 2021

Credited Service

4/53-12/68
 1/69-12/82
 1/83-12/89
 1/90 12/99

Full Year

\$3,200
 \$5,000
 \$8,000
 \$16,000

Quarter

\$800 Earnings
 \$1,250
 \$2,000
 \$4,000

1/2000 thereafter

Hours

0-249
 250-499
 500-749
 750-999
 1000 or more

Credit

0
 1/4
 1/2
 3/4
 1

Early Pension

Eligibility:

Age 55 and 15 Years of Service

Benefit

Normal Pension reduced by 1/3 of 1% for each month before Normal Retirement (4% per year).

Disability Pension

Eligibility:

10 Years of Service in receipt of a Social Security Award

Benefit:

Normal Pension accrued to date of Disability

Vesting

100% after 5 years of service

Death Benefits

Eligibility

5 years of Service

Amount

60-month unreduced pension

Normal Form of Benefit

Benefits will be paid as 60-month period certain. Effective January 1, 2013 Subsidized 75% J&S if married 10 years.

Spouse's Benefit

QJSA in lieu of other death benefit

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
EIN: 13-1825849
PN: 001

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	60,608	267,822	12,881,589	13,210,019
2025	3,890,273	410,456	12,481,656	16,782,385
2026	4,433,248	470,333	12,059,981	16,963,562
2027	5,031,126	544,157	11,623,296	17,198,579
2028	5,560,352	628,148	11,205,310	17,393,810
2029	5,926,587	651,188	10,780,841	17,358,616
2030	6,100,737	691,821	10,363,550	17,156,108
2031	6,345,757	788,401	9,946,146	17,080,304
2032	6,644,481	824,291	9,529,677	16,998,449
2033	6,883,048	894,070	9,114,918	16,892,036
2034	6,957,185	927,479	8,702,495	16,587,159
2035	6,982,719	941,444	8,292,932	16,217,095
2036	7,155,793	969,660	7,886,652	16,012,105
2037	7,273,314	1,024,370	7,484,035	15,781,719
2038	7,426,075	1,031,209	7,085,403	15,542,687
2039	7,537,882	1,055,954	6,691,047	15,284,883
2040	7,622,518	1,068,061	6,301,299	14,991,878
2041	7,630,071	1,055,927	5,916,521	14,602,519
2042	7,536,742	1,079,406	5,537,107	14,153,255
2043	7,437,268	1,067,077	5,163,433	13,667,778
2044	7,286,660	1,078,757	4,795,892	13,161,309
2045	7,123,854	1,063,735	4,435,000	12,622,589
2046	6,962,314	1,045,775	4,081,423	12,089,512
2047	6,792,020	1,038,522	3,736,005	11,566,547
2048	6,687,167	1,013,518	3,399,823	11,100,508
2049	6,543,074	992,589	3,074,242	10,609,905

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2050	6,331,113	966,167	2,760,873	10,058,153
2051	6,133,931	942,565	2,461,458	9,537,954
2052	5,915,763	918,436	2,177,726	9,011,925
2053	5,639,114	885,784	1,911,268	8,436,166
2054	5,346,367	849,662	1,663,435	7,859,464
2055	5,086,611	806,447	1,435,223	7,328,281
2056	4,820,294	769,977	1,227,234	6,817,505
2057	4,565,275	731,585	1,039,640	6,336,500
2058	4,282,378	686,555	872,259	5,841,192
2059	4,003,847	641,708	724,558	5,370,113
2060	3,721,812	597,554	595,690	4,915,056
2061	3,455,429	553,940	484,582	4,493,951
2062	3,197,230	511,483	389,935	4,098,648
2063	2,951,110	470,643	310,307	3,732,060
2064	2,717,067	431,452	244,162	3,392,681
2065	2,498,474	394,109	189,915	3,082,498
2066	2,292,709	358,748	146,009	2,797,466
2067	2,100,432	325,463	110,944	2,536,839
2068	1,921,014	294,306	83,320	2,298,640
2069	1,753,815	265,283	61,861	2,080,959
2070	1,598,116	238,374	45,427	1,881,917
2071	1,453,416	213,530	33,023	1,699,969
2072	1,319,171	190,674	23,793	1,533,638
2073	1,194,872	169,721	17,020	1,381,613

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
 EIN: 13-1825849
 PN: 001

Schedule MB, Lines 8b(2) – Schedule of Active Participant Data

	Years of credited service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained										
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	5	9	1	0	0	0	0	0	0	0
25 to 29	7	16	25	0	0	0	0	0	0	0
30 to 34	2	19	29	4	0	0	0	0	0	0
35 to 39	2	6	22	12	7	0	0	0	0	0
40 to 44	0	11	15	6	19	6	2	0	0	0
45 to 49	3	5	17	8	15	10	6	0	0	0
50 to 54	1	5	16	7	13	22	12	4	2	0
55 to 59	0	2	9	13	18	24	16	6	13	0
60 to 64	3	2	8	4	9	16	13	5	16	5
65 to 69	0	1	3	0	0	3	3	1	1	2
70 & up	0	0	0	1	0	0	0	1	2	0

Pension Plan of the IUOE 137, 137A, 137B, 137C, 137R, AFL-CIO
EIN: 13-1825849
PN: 001

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

PENSION PLAN OF IUOE LOCAL 137						EXHIBIT B1
Amortization of Bases						
		Valuation Date	1/1/2024			
		Interest	6.50%			
<u>Description</u>	<u>Date of Base Creation</u>	<u>Initial Period</u>	<u>Initial Balance</u>	<u>Outstanding Balance</u>	<u>Period Remaining</u>	<u>Beginning Year Charge or Credit</u>
(1) Charges						
(a) Experience Loss 2012	1/1/2012	15	\$8,386,970	\$2,362,378	3	\$837,538
(b) Experience Loss 2013	1/1/2013	15	\$4,665,101	\$1,699,701	4	\$465,865
(c) Plan Change Loss (\$66 per year to \$75 per year)	1/1/2014	15	\$6,765,523	\$2,990,146	5	\$675,617
(d) Plan Change Loss (\$75 per year to \$85 per year)	1/1/2016	15	\$14,636,197	\$8,537,203	7	\$1,461,597
(e) Experience Loss 2016	1/1/2016	15	\$15,330,386	\$8,942,119	7	\$1,530,920
(f) Assumption Change Loss (GAM83 to IRS 2017 Male Combined)	1/1/2017	15	\$13,304,069	\$8,615,124	8	\$1,328,568
(g) Experience Loss 2019	1/1/2019	15	\$22,322,492	\$17,066,710	10	\$2,229,163
(h) Assumption Change (IRS 2017M to Pri-2012/MP-2021)	1/1/2021	15	\$3,704,149	\$3,214,101	12	\$369,903
(i) Amendment (\$21.25/qr to \$26.25/qr & 10% increase for pensioners)	1/1/2021	15	\$26,863,599	\$23,309,631	12	\$2,682,646
(j) Experience Loss 2023	1/1/2023	15	\$58,956,627	\$56,518,606	14	\$5,887,513
			Total Charges	\$133,255,719		\$17,469,330
(2) Credits						
(a) Plan Change	1/1/2013	15	\$1,760,272	\$641,342	4	\$175,784
(b) Experience Gain 2014	1/1/2014	15	\$16,047,137	\$7,092,322	5	\$1,602,496
(c) Experience Gain 2015	1/1/2015	15	\$1,552,373	\$799,248	6	\$155,022
(d) Experience Gain 2017	1/1/2017	15	\$1,218,381	\$788,970	8	\$121,669
(e) Experience Gain 2018	1/1/2018	15	\$10,940,464	\$7,744,702	9	\$1,092,534
(f) Experience Gain 2020	1/1/2020	15	\$28,805,698	\$23,555,889	11	\$2,876,588
(g) Experience Gain 2021	1/1/2021	15	\$16,570,813	\$14,378,548	12	\$1,654,790
(h) Experience Gain 2022	1/1/2022	15	\$18,587,861	\$17,000,578	13	\$1,856,217
(i) Current Year Gain	1/1/2024	15	\$20,379,369	\$20,379,369	15	\$2,035,120
			Total Credits	\$92,380,968		\$11,570,220
			GRAND TOTAL	\$40,874,751		\$5,899,110

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING
ENGINEERS LOCAL 137, 137A, 137B, 137C, 137R - AFL-CIO**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

YEARS ENDED DECEMBER 31, 2024 AND 2023

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 15
Supplemental Information	
Schedule of Interest Bearing Cash	16
Schedule of U.S. Government Securities	17 - 19
Schedule of Corporate Debt Instruments - Preferred	20
Schedule of Corporate Debt Instruments - Other	21 - 23
Schedule of Corporate Stock - Common	24 - 27
Schedule of Partnerships/Joint Venture Interests	28
Schedule of Common/Collective Trust Funds	29
Schedule of Registered Investment Companies	30
Schedule of Reportable Transactions	31
Schedules of Investment Expenses	32
Schedules of Administrative Expenses	33



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Independent Auditor's Report

Board of Trustees

The Pension Plan of the International Union of Operating Engineers Local 137, 137A, 137B, 137C, 137R - AFL-CIO

Opinion

We have audited the accompanying financial statements of The Pension Plan of the International Union of Operating Engineers Local 137, 137A, 137B, 137C, 137R - AFL-CIO (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA


Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 31 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 32 through 33 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.


Hauppauge, New York
July 9, 2025

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 1,452	\$ 1,439
U.S. government securities	52,253,487	44,583,348
Corporate debt instruments	36,067,625	31,972,780
Corporate stock	150,510,510	135,240,830
Partnership/joint venture interests	8,866,891	7,525,501
Common/collective trust funds	78,139	174,618
Registered investment companies	<u>20,949,006</u>	<u>20,310,066</u>
Total investments	268,727,110	239,808,582
Receivables		
Employers' contributions	690,000	805,000
Accrued interest/dividends	860,635	742,400
Related organizations - net	-	7,398
Cash	<u>1,606,242</u>	<u>1,346,551</u>
Total assets	<u>271,883,987</u>	<u>242,709,931</u>
Liabilities		
Accounts payable	327,172	260,761
Related organizations - net	24,826	-
Net trades pending settlement	<u>1,271,443</u>	<u>3,001,856</u>
Total liabilities	<u>1,623,441</u>	<u>3,262,617</u>
Net assets available for benefits	\$ <u><u>270,260,546</u></u>	\$ <u><u>239,447,314</u></u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation in fair value of investments	\$ 36,316,912	\$ 27,747,259
Interest/dividends	<u>4,984,276</u>	<u>4,625,612</u>
Total investment income	41,301,188	32,372,871
Less investment expenses	<u>(961,368)</u>	<u>(825,153)</u>
Net investment income	40,339,820	31,547,718
Contributions		
Employers'	<u>5,246,122</u>	<u>5,741,774</u>
Total additions	<u>45,585,942</u>	<u>37,289,492</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	14,321,364	14,273,647
Administrative expenses	<u>451,346</u>	<u>436,033</u>
Total deductions	<u>14,772,710</u>	<u>14,709,680</u>
Net increase	30,813,232	22,579,812
Net assets available for benefits		
Beginning of year	<u>239,447,314</u>	<u>216,867,502</u>
End of year	<u>\$ 270,260,546</u>	<u>\$ 239,447,314</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of The Pension Plan of the International Union of Operating Engineers Local 137, 137A, 137B, 137C, 137R - AFL-CIO (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective April 16, 1951 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Union of Operating Engineers Local 137, 137A, 137B, 137C and 137R (the "Union") and various employers and employer associations in the construction industry in the Westchester, Putnam and Dutchess Counties of New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual employed by an employer subject to a collective bargaining agreement with the Union.

Benefits

In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at normal retirement age 62. The Plan permits early retirement at ages 55 to 61 and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on hours worked in covered employment. A participant may accumulate up to a maximum of 4 credits per year at 1 credit increments.

Monthly pension benefits are based on \$105 for each full year of credited service subject to certain limitations described in the Plan.

During 2024, the Board of Trustees approved an additional payment equal to their monthly pension (13th check), for all participants in pay status as of December 1, 2024. The payout approximated \$1,088,000. During 2023, the Board of Trustees approved an additional payment equal to their monthly pension (13th check), for all participants in pay status as of December 1, 2023. The payout approximated \$1,093,000.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Reciprocal agreements

The Plan is a party to reciprocal agreements with other pension funds of the International Union of Operating Engineers.

Employers' contributions receivable

Employers' contributions receivable is estimated based on receipts in the subsequent plan year that pertain to prior plan years.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Leases

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

Administrative expense allocation

The administrative office is occupied by the Plan and its related Union, Welfare Fund, Retiree Welfare Fund, Annuity Fund, Apprentice Training Fund, Union Employees Pension Plan, Fund Employees Pension Plan, Scholarship Fund, and the Labor Management Cooperative Trust. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended December 31, 2024 and 2023 were \$184,452 and \$152,422, respectively.

Note 2 - Fair value measurements

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

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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.

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: The partnership/joint venture interest value and common/collective trust are estimated by the management of the trust.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2024, with fair value measurements on a recurring basis:

	2024	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	\$ 1,452	\$ 1,452	\$ -	\$ -
U.S. government securities	52,253,487	35,350,574	16,902,913	-
Corporate debt instruments	36,067,625	-	36,067,625	-
Corporate stock	150,510,510	150,510,510	-	-
Registered investment companies	20,949,006	20,949,006	-	-
Total assets in the fair value hierarchy	259,782,080	\$ <u>206,811,542</u>	\$ <u>52,970,538</u>	\$ <u>-</u>
Investments measured at net asset value	8,945,030			
Investments at fair value	\$ <u>268,727,110</u>			

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 1,439	\$ 1,439	\$ -	\$ -
U.S. government securities	44,583,348	31,309,775	13,273,573	-
Corporate debt instruments	31,972,780	-	31,972,780	-
Corporate stock	135,240,830	135,240,830	-	-
Registered investment companies	<u>20,310,066</u>	<u>20,310,066</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	232,108,463	<u>\$ 186,862,110</u>	<u>\$ 45,246,353</u>	<u>\$ -</u>
Investments measured at net asset value	<u>7,700,119</u>			
Investments at fair value	<u>\$ 239,808,582</u>			

Note 3 - Partnerships/joint venture interests

The Plan is a limited partner or investor in the Blackstone Infrastructure Partners - V Feeder L.P. (the "Blackstone Fund"). The Blackstone Fund invests in infrastructure assets through its investment in Blackstone Infrastructure Partners - V L.P. and its affiliated alternative investment vehicle. The limited partners shall not be entitled to withdraw any amount from the Blackstone Fund but may request a conversion of all or any portion of its interests in exchange for Blackstone Infrastructure Partners LP units or units in any other investment vehicle that is a parallel fund or affiliated alternative investment fund, subject to the lock-up period defined in the partnership agreement. The estimated fair value of the investment as of December 31, 2024 and 2023 were \$8,866,891 and \$7,525,501, respectively.

Note 4 - 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 financial statements.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 4 - Risks and uncertainties (cont'd)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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 could be material to the financial statements.

Note 5 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 6 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 7 - Employers' contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are based on hourly rates. Certain agreements are capped at 1,600 and 1,800 hours.

Note 8 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 8 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 40,339,820	\$ 961,368	\$ 41,301,188
Contributions	<u>5,246,122</u>	<u>-</u>	<u>5,246,122</u>
Total additions	<u>45,585,942</u>	<u>961,368</u>	<u>46,547,310</u>
Benefits paid directly to participants or beneficiaries	14,321,364	-	14,321,364
Administrative expenses	<u>451,346</u>	<u>961,368</u>	<u>1,412,714</u>
Total deductions	<u>14,772,710</u>	<u>961,368</u>	<u>15,734,078</u>
Net increase (decrease)	<u>\$ 30,813,232</u>	<u>\$ -</u>	<u>\$ 30,813,232</u>

Note 9 - Tax status

The Plan has received a determination letter from the IRS dated February 19, 2016, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 10 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of January 1, 2024 and 2023. Details of accumulated plan benefit information as of such dates are as follows:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 120,160,165	\$ 114,609,115
Other vested participants	<u>95,009,198</u>	<u>99,160,474</u>
Total vested benefits	215,169,363	213,769,589
Nonvested benefits	<u>1,357,601</u>	<u>1,501,256</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 216,526,964</u>	<u>\$ 215,270,845</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 215,270,845</u>	<u>\$ 213,611,624</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	2,001,055	697,408
Interest due to the decrease in the discount period	13,528,711	13,477,980
Benefits paid	<u>(14,273,647)</u>	<u>(12,516,167)</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>1,256,119</u>	<u>1,659,221</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 216,526,964</u>	<u>\$ 215,270,845</u>

Through January 1, 2024, the Plan met minimum funding standard requirements under ERISA.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 10 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method	Unit Credit Funding Method
Actuarial Value of Assets	Market Value
Investment Return	Funding Standard Account - 6.50% 2024 - Current Liabilities - 3.29% 2023 - Current Liabilities - 2.55%
Normal Retirement Age	The later of age 60 or current age plus one with 5 years of service
Mortality Tables	Funding Pri-2012 BC Sex Distinct with MP-2021 Current Liability: 2024 - IRS 2024 Annuitant/Non-Annuitant 2023 - IRS 2023 Annuitant/Non-Annuitant
Administrative Expenses	Prior year's actual expense

See Note 1 - Benefits for disclosure of benefit changes.

As of January 1, 2024 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE		
BNY MELLON CASH RESERVE	VARIABLE	ON DEMAND	\$ <u>1,452</u>	\$ <u>1,452</u>
			\$ <u>1,452</u>	\$ <u>1,452</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U S TREASURY NOTE	4.13%	01/31/2025	\$ 1,000,000	\$ 1,001,406	\$ 999,770
U S TREASURY NOTE	4.75%	07/31/2025	750,000	746,243	752,062
U S TREASURY NOTE	5.00%	08/31/2025	1,000,000	1,000,335	1,004,830
CHICAGO IL O'HARE INTERNATIONA	1.70%	01/01/2026	190,000	173,768	185,157
PHILADELPHIA PA AUTH FOR INDL	3.96%	04/15/2026	140,000	137,854	139,089
U S TREASURY NOTE	4.88%	05/31/2026	750,000	756,240	756,180
U S TREASURY NOTE	3.75%	08/31/2026	1,287,000	1,286,526	1,276,742
U S TREASURY NOTE	4.63%	09/15/2026	800,000	797,047	804,720
U S TREASURY NOTE	4.63%	09/15/2026	600,000	599,721	603,540
U S TREASURY NOTE	3.50%	09/30/2026	2,515,000	2,493,254	2,483,160
U S TREASURY NOTE	4.13%	10/31/2026	1,500,000	1,495,318	1,496,490
U S TREASURY NOTE	4.63%	11/15/2026	633,000	636,513	637,083
U S TREASURY NOTE	1.25%	12/31/2026	2,191,000	2,071,319	2,066,310
FHLMC POOL #C0-0492	7.50%	01/01/2027	259	259	262
U S TREASURY NOTE	4.25%	03/15/2027	400,000	398,477	399,860
U S TREASURY NOTE	4.38%	07/15/2027	310,000	312,314	310,763
U S TREASURY NOTE	3.38%	09/15/2027	800,000	783,952	781,688
U S TREASURY NOTE	4.13%	11/15/2027	1,030,000	1,031,854	1,025,334
U S TREASURY NOTE	4.00%	12/15/2027	1,250,000	1,240,518	1,240,237
FHLMC POOL #E0-9018	2.50%	01/01/2028	63,137	61,361	61,571
FHLMC POOL #D8-5515	6.50%	01/01/2028	257	242	263
FEDERAL HOME LN BK CONS BD	5.00%	02/09/2028	1,600,000	1,600,000	1,599,840
U S TREASURY NOTE	4.00%	02/29/2028	800,000	794,906	792,624
U S TREASURY NOTE	4.00%	06/30/2028	750,000	743,555	742,147
MIAMI-DADE CNTY FL AVIATION RE	3.76%	10/01/2028	245,000	230,900	237,327
U S TREASURY NOTE	4.88%	10/31/2028	750,000	755,156	763,387
U S TREASURY NOTE	4.00%	01/31/2029	271,000	268,111	267,252
U S TREASURY NOTE	4.25%	02/28/2029	800,000	806,047	796,160
U S TREASURY NOTE	4.13%	03/31/2029	394,000	390,315	390,076
U S TREASURY NOTE	4.63%	04/30/2029	578,000	577,346	583,462
U S TREASURY NOTE	4.50%	05/31/2029	500,000	504,442	502,325
FHLMC POOL #C2-9190	6.50%	07/01/2029	191	177	197
MASSACHUSETTS ST SPL OBLG REVE	3.77%	07/15/2029	290,000	281,732	280,874
FEDERAL HOME LN BK CONS BD	5.15%	08/08/2029	750,000	757,500	748,350
U S TREASURY NOTE	3.13%	08/31/2029	1,466,000	1,422,237	1,388,404
U S TREASURY NOTE	3.63%	08/31/2029	750,000	751,862	726,097
U S TREASURY NOTE	3.88%	09/30/2029	1,645,000	1,645,739	1,609,023
UNITED STATES INTERNATIONAL DE	1.79%	10/15/2029	239,676	239,676	222,369
FEDERAL NATL MTG ASSN	4.25%	10/22/2029	1,000,000	1,000,000	983,510
U S TREASURY NOTE	3.88%	11/30/2029	1,200,000	1,178,020	1,172,904
U S TREASURY NOTE	4.38%	12/31/2029	300,000	299,801	299,814
FHLMC POOL #C0-0967	8.50%	02/01/2030	641	654	669
U S TREASURY NOTE	4.00%	02/28/2030	750,000	739,321	736,027
U S TREASURY NOTE	3.75%	05/31/2030	468,000	449,900	452,916
U S TREASURY NOTE	4.38%	11/30/2030	315,000	314,085	313,818
US TREAS-CPI INFLAT	0.13%	01/15/2031	970,056	1,033,464	860,973
U S TREASURY NOTE	4.00%	01/31/2031	440,000	434,871	429,242
U S TREASURY NOTE	1.25%	08/15/2031	745,000	622,878	607,935
U S TREASURY NOTE	3.75%	08/31/2031	1,060,000	1,046,189	1,015,490
TENNESSEE VALLEY AUTH BD	1.50%	09/15/2031	350,000	349,937	286,374
U S TREASURY NOTE	4.13%	11/15/2032	285,000	285,637	277,974
U S TREASURY NOTE	3.88%	08/15/2033	15,000	14,666	14,277
U S TREASURY NOTE	4.38%	05/15/2034	265,000	269,489	260,982
U S TREASURY NOTE	4.38%	05/15/2034	450,000	459,971	443,178

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FNMA POOL #0FM3386	3.50%	07/01/2034	105,690	112,313	103,612
FHLMC MULTICLASS MTG 4980 DB	1.25%	10/25/2034	152,472	154,687	133,541
FHLMC MULTICLASS MTG 5000 CB	1.25%	01/25/2035	218,955	222,744	192,396
FNMA GTD REMIC P/T 20-37 AD	1.50%	06/25/2035	125,516	127,654	112,444
FNMA GTD REMIC P/T 12-33 PC	2.00%	05/25/2041	61,576	62,865	59,226
U S TREASURY BOND	2.00%	11/15/2041	537,000	377,851	360,988
U S TREASURY BOND	2.88%	05/15/2043	475,000	377,014	360,183
U S TREASURY BOND	1.25%	05/15/2050	2,020,000	961,393	959,500
FHLMC POOL #SD-8166	2.00%	08/01/2051	374,164	286,703	292,795
FHLMC POOL #SD-8169	3.50%	08/01/2051	35,391	31,756	31,428
FNMA POOL #0MA4438	2.50%	09/01/2051	294,316	235,235	240,545
FNMA POOL #0MA4492	2.00%	11/01/2051	557,134	425,860	435,016
FNMA POOL #0MA4512	2.50%	12/01/2051	493,925	394,002	403,601
FNMA POOL #0MA4511	2.00%	01/01/2052	759,405	591,173	592,199
U S TREASURY BOND	2.25%	02/15/2052	2,243,000	1,403,316	1,362,264
FNMA POOL #0CB3238	3.50%	03/01/2052	265,014	226,494	234,548
FNMA POOL #0MA4600	3.50%	03/01/2052	369,222	339,468	327,105
FHLMC POOL #SD-8213	3.00%	05/01/2052	486,603	410,196	413,306
FHLMC POOL #SD-8214	3.50%	05/01/2052	236,364	202,916	209,373
FNMA POOL #0CB3496	3.00%	05/01/2052	360,989	299,790	307,158
FHLMC POOL #SD-3097	3.50%	06/01/2052	716,957	618,488	635,095
FNMA POOL #0MA4654	3.50%	06/01/2052	93,046	80,041	82,433
FNMA POOL #0MA4655	4.00%	06/01/2052	413,081	368,868	378,064
FNMA POOL #0FS6761	3.00%	06/01/2052	207,352	185,547	179,330
FNMA POOL #0MA4700	4.00%	07/01/2052	413,138	368,467	378,302
FNMA POOL #0MA4701	4.50%	07/01/2052	396,971	365,461	374,002
FNMA POOL #0MA4737	5.00%	08/01/2052	112,904	112,240	109,302
FHLMC POOL #SD-8243	3.50%	09/01/2052	426,353	366,830	377,655
FHLMC POOL #SD-8245	4.50%	09/01/2052	396,699	365,552	373,746
FHLMC POOL #SD-8256	4.00%	10/01/2052	414,628	370,185	379,417
FHLMC POOL #SD-8265	4.00%	10/01/2052	165,571	157,053	151,592
FNMA POOL #0MA4806	5.00%	10/01/2052	451,622	428,176	437,107
FNMA POOL #0MA4838	3.50%	11/01/2052	349,369	313,283	309,411
FNMA POOL #0CB5525	6.00%	01/01/2053	107,952	107,328	108,528
FHLMC POOL #SD-2184	6.00%	01/01/2053	99,673	99,093	100,207
FNMA POOL #0CB5897	5.00%	03/01/2053	193,317	190,025	187,125
FHLMC POOL #SD-3977	5.00%	04/01/2053	250,558	245,292	242,154
FHLMC POOL #SD-8342	5.50%	06/01/2053	110,721	111,374	109,411
FNMA POOL #0MA5040	6.00%	06/01/2053	27,719	27,928	27,919
FNMA POOL #0MA5071	5.00%	06/01/2053	286,422	282,730	276,738
FHLMC POOL #SD-3392	5.50%	07/01/2053	187,251	182,314	185,728
FNMA POOL #0CB6841	5.00%	08/01/2053	113,095	111,182	109,815
FHLMC POOL #SD-3913	5.50%	09/01/2053	233,855	227,625	232,416
FHLMC POOL #SD-3823	5.50%	09/01/2053	51,063	50,744	50,874
FNMA POOL #0MA5166	6.00%	09/01/2053	158,424	157,192	159,338
FHLMC POOL #SD-4997	5.00%	10/01/2053	122,752	119,808	118,661
FNMA POOL #0MA5189	5.00%	10/01/2053	273,591	270,769	264,247
FNMA POOL #0MA5215	5.50%	12/01/2053	305,983	305,015	302,082
FNMA POOL #0MA5245	5.00%	12/01/2053	460,801	453,842	444,876
FHLMC POOL #SD-8394	5.00%	01/01/2054	142,660	139,919	137,696
FHLMC POOL #SD-8395	5.50%	01/01/2054	91,404	90,218	90,224
FNMA POOL #0CB8133	5.00%	03/01/2054	132,664	131,255	128,191
FHLMC POOL #SD-5132	5.50%	04/01/2054	215,593	212,595	215,879
FNMA POOL #0FS9717	6.00%	07/01/2054	50,530	51,240	51,081

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) <u>ISSUER</u>	(c) - DESCRIPTION <u>U.S. GOVERNMENT SECURITIES</u>			(d)	(e)
	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
FHLMC POOL #RJ-1975	6.00%	07/01/2054	22,675	23,063	22,936
FHLMC POOL #SD-5960	5.50%	07/01/2054	298,477	298,990	295,185
FNMA POOL #0CB8858	6.00%	07/01/2054	29,882	30,393	30,227
FNMA POOL #0FS9406	6.00%	08/01/2054	36,958	37,590	37,172
FNMA POOL #0FS8795	6.00%	08/01/2054	63,238	64,234	63,587
FHLMC POOL #SD-6767	6.00%	10/01/2054	132,362	134,327	133,398
			<u>\$ 56,581,264</u>	<u>\$ 52,792,811</u>	<u>\$ 52,253,487</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ELI LILLY & CO	3.90%	06/01/2025	\$ 750,000	\$ 742,327	\$ 743,977
PRECISION CASTPARTS CORP	3.25%	06/15/2025	1,000,000	1,002,460	994,290
LEGG MASON INC	4.75%	03/15/2026	1,000,000	1,165,720	999,830
JPMORGAN CHASE & CO	2.95%	10/01/2026	1,000,000	1,079,420	974,230
DUKE ENERGY FLORIDA LLC	3.20%	01/15/2027	155,000	158,353	150,884
FORD CREDIT AUTO OWNER TR B A4	3.93%	08/15/2027	466,000	450,728	463,759
BRISTOL-MYERS SQUIBB CO	3.25%	11/15/2027	800,000	896,568	777,568
JPMORGAN CHASE & CO	3.78%	02/01/2028	240,000	257,688	234,929
PUBLIC SERVICE ELECTRIC AND GA	3.70%	05/01/2028	125,000	126,820	120,816
CAPITAL ONE MULTI-ASSET E A1 A	4.42%	05/15/2028	225,000	222,064	225,015
COMMONWEALTH EDISON CO	3.70%	08/15/2028	191,000	200,150	184,320
GM FINANCIAL CONSUMER AUT 1 A3	4.85%	12/18/2028	22,000	21,995	22,112
VERIZON MASTER TRUST 1 A1A	5.00%	12/20/2028	44,000	43,998	44,223
PACIFICORP	2.75%	02/15/2029	750,000	748,020	755,280
TOYOTA AUTO RECEIVABLES 2 C A3	4.88%	03/15/2029	125,000	125,000	125,858
HYUNDAI AUTO RECEIVABLES B A3	4.84%	03/15/2029	85,000	84,987	85,430
AMERICAN EXPRESS CREDIT AC 3 A	4.65%	07/15/2029	300,000	302,143	300,591
JPMORGAN CHASE & CO	4.20%	07/23/2029	109,000	102,539	106,101
CAPITAL ONE MULTI-ASSET E A1 A	3.92%	09/15/2029	240,000	239,953	235,862
VERIZON MASTER TRUST 7 A1A	5.67%	11/20/2029	101,000	100,988	103,038
UNITEDHEALTH GROUP INC	2.00%	05/15/2030	125,000	124,796	107,773
VERIZON MASTER TRUST 6 A1A	4.17%	08/20/2030	500,000	500,524	495,140
ENTERGY TEXAS INC	1.75%	03/15/2031	50,000	42,134	41,218
US BANCORP	2.68%	01/27/2033	235,000	174,285	198,377
META PLATFORMS INC	4.95%	05/15/2033	130,000	136,306	130,215
CENTERPOINT ENERGY HOUSTON ELE	5.15%	03/01/2034	136,000	135,526	134,471
JPMORGAN CHASE & CO	5.35%	06/01/2034	101,000	96,938	101,044
JPMORGAN CHASE & CO	5.34%	01/23/2035	55,000	53,929	54,748
SAN DIEGO GAS & ELECTRIC CO	4.50%	08/15/2040	127,000	107,383	113,944
BENCHMARK 2024-V11 MORT V11 A2	5.42%	11/15/2057	65,651	66,305	66,256
BANK5 2024-5YR12 5YR12 A2	5.42%	12/15/2057	135,000	136,345	136,405
			\$ 9,387,651	\$ 9,646,392	\$ 9,227,704

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	CORPORATE DEBT INSTRUMENTS - OTHER	COST	CURRENT VALUE
			PAR OR MATURITY VALUE		
COCA-COLA CONSOLIDATED INC	3.80%	11/25/2025	\$ 1,000,000	\$ 1,003,270	\$ 992,460
GILEAD SCIENCES INC	3.65%	03/01/2026	175,000	169,006	172,900
JB HUNT TRANSPORT SERVICES INC	3.88%	03/01/2026	1,000,000	964,020	990,030
DELL INTERNATIONAL LLC / EMC C	6.02%	06/15/2026	40,000	40,305	40,577
MOLSON COORS BEVERAGE CO	3.70%	07/15/2026	1,250,000	1,313,125	1,217,550
AIR LEASE CORP	1.88%	08/15/2026	90,000	79,657	85,784
DELL INTERNATIONAL LLC / EMC C	4.90%	10/01/2026	48,000	47,088	48,140
SPECTRA ENERGY PARTNERS LP	3.38%	10/15/2026	243,000	245,330	237,231
PNC FINANCIAL SERVICES GROUP I	4.76%	01/26/2027	135,000	131,463	134,810
CITIGROUP INC	1.12%	01/28/2027	253,000	227,012	242,961
AMGEN INC	2.20%	02/21/2027	130,000	116,578	123,275
MONDELEZ INTERNATIONAL INC	2.63%	03/17/2027	155,000	144,159	148,293
PNC FINANCIAL SERVICES GROUP I	3.15%	05/19/2027	900,000	984,033	868,131
LPL HOLDINGS INC	5.70%	05/20/2027	65,000	65,170	65,796
SANTANDER HOLDINGS USA INC	6.12%	05/31/2027	37,000	37,000	37,546
TRUIST FINANCIAL CORP	6.05%	06/08/2027	170,000	170,318	172,819
CITIGROUP INC	1.46%	06/09/2027	139,000	123,552	132,343
SOUTHWEST AIRLINES CO	5.13%	06/15/2027	146,000	142,770	146,664
BANK OF AMERICA CORP	1.73%	07/22/2027	153,000	140,632	145,872
INTERNATIONAL BUSINESS MACHINE	2.50%	08/01/2027	750,000	775,785	778,065
AMERICAN EXPRESS CREDIT AC 3 A	3.75%	08/15/2027	475,000	460,082	472,810
VMWARE LLC	3.90%	08/21/2027	43,000	40,405	42,031
SOUTHERN CALIFORNIA EDISON CO	6.75%	11/01/2027	1,000,000	1,045,129	1,028,240
CAPITAL ONE FINANCIAL CORP	1.88%	11/02/2027	67,000	63,341	63,300
AT&T INC	4.10%	02/15/2028	220,000	243,405	215,338
BANK OF AMERICA CORP	6.75%	06/01/2028	640,000	682,170	677,325
EQUIFAX INC	5.10%	06/01/2028	93,000	90,765	93,345
WELLS FARGO & CO	2.39%	06/02/2028	181,000	160,279	170,471
GOLDMAN SACHS GROUP INC/THE	3.69%	06/05/2028	85,000	94,470	82,571
WELLS FARGO & CO	4.81%	07/25/2028	133,000	131,255	132,521
INTUIT INC	2.95%	09/15/2028	750,000	750,488	761,220
AIR LEASE CORP	4.63%	10/01/2028	158,000	149,095	155,311
GENERAL MOTORS FINANCIAL CO IN	2.40%	10/15/2028	70,000	58,261	63,460
CITIGROUP INC	3.52%	10/27/2028	82,000	74,905	78,914
AERCAP IRELAND CAPITAL DAC / A	3.00%	10/29/2028	150,000	129,203	138,861
ONEOK INC	5.65%	11/01/2028	100,000	100,026	102,037
AUTOZONE INC	3.15%	11/01/2028	1,000,000	1,043,266	1,046,490
ABBVIE INC	4.25%	11/14/2028	70,000	65,783	68,923
SPRINT CAPITAL CORP	6.88%	11/15/2028	85,000	90,268	90,271
WELLS FARGO & CO	4.15%	01/24/2029	250,000	227,813	242,355
MORGAN STANLEY	3.77%	01/24/2029	315,000	315,097	303,654
TRUIST FINANCIAL CORP	4.87%	01/26/2029	95,000	89,871	94,524
HCA INC	5.88%	02/01/2029	142,000	141,182	144,915
3M CO	3.20%	03/01/2029	665,000	744,281	627,248
STORE CAPITAL LLC	4.63%	03/15/2029	35,000	33,651	33,713
RADIAN GROUP INC	6.20%	05/15/2029	83,000	83,713	85,195
MCKESSON CORP	3.00%	05/30/2029	750,000	757,530	742,313
CNO FINANCIAL GROUP INC	5.25%	05/30/2029	132,000	125,363	131,067
GE HEALTHCARE TECHNOLOGIES INC	4.80%	08/14/2029	65,000	65,582	64,398
CVS HEALTH CORP	3.25%	08/15/2029	108,000	115,319	98,351
EPR PROPERTIES	3.75%	08/15/2029	103,000	85,446	95,403
SIMON PROPERTY GROUP LP	2.45%	09/13/2029	125,000	127,398	112,416
HEWLETT PACKARD ENTERPRISE CO	4.55%	10/15/2029	122,000	121,749	118,974
BAKER HUGHES HOLDINGS LLC / BA	3.14%	11/07/2029	189,000	179,592	174,551

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
EDISON INTERNATIONAL	6.95%	11/15/2029	98,000	102,337	104,636
VERIZON COMMUNICATIONS INC	4.02%	12/03/2029	170,000	155,268	163,107
TORONTO-DOMINION BANK/THE	4.78%	12/17/2029	150,000	148,110	147,911
REALTY INCOME CORP	3.40%	01/15/2030	60,000	57,189	55,751
REALTY INCOME CORP	3.40%	01/15/2030	100,000	82,386	92,918
CITIZENS FINANCIAL GROUP INC	5.84%	01/23/2030	135,000	139,479	137,076
ENTERPRISE PRODUCTS OPERATING BOEING CO/THE	2.80%	01/31/2030	70,000	59,445	63,299
WASTE MANAGEMENT INC	2.95%	02/01/2030	50,000	41,278	44,632
BROADCOM INC	3.38%	02/15/2030	750,000	753,053	742,920
AMERICAN ELECTRIC POWER CO INC	4.35%	02/15/2030	183,000	181,683	178,061
CAPITAL ONE FINANCIAL CORP	2.30%	03/01/2030	220,000	173,481	191,275
GE HEALTHCARE TECHNOLOGIES INC	3.27%	03/01/2030	58,000	49,415	53,626
MARSH & MCLENNAN COS INC	5.86%	03/15/2030	100,000	97,902	103,597
GOLDMAN SACHS GROUP INC/THE	4.65%	03/15/2030	750,000	747,915	740,633
PNC FINANCIAL SERVICES GROUP I	3.80%	03/15/2030	235,000	220,533	220,543
VMWARE LLC	5.49%	05/14/2030	153,000	153,649	155,142
SABINE PASS LIQUEFACTION LLC	4.70%	05/15/2030	60,000	56,607	58,726
REGIONS FINANCIAL CORP	4.50%	05/15/2030	154,000	142,945	149,174
CAPITAL ONE FINANCIAL CORP	5.72%	06/06/2030	84,000	84,302	85,148
HCA INC	5.46%	07/26/2030	148,000	149,909	148,440
CROWN CASTLE INC	3.50%	09/01/2030	70,000	59,550	63,603
WILLIAMS COS INC/THE	2.25%	01/15/2031	80,000	68,865	67,256
COPT DEFENSE PROPERTIES LP	2.60%	03/15/2031	75,000	58,709	64,620
AIR LEASE CORP	2.75%	04/15/2031	157,000	128,678	134,004
KYNDRYL HOLDINGS INC	5.20%	07/15/2031	150,000	149,480	148,181
HOWMET AEROSPACE INC	3.15%	10/15/2031	89,000	73,584	77,128
VICI PROPERTIES LP	4.85%	10/15/2031	89,000	88,869	87,393
PRIMERICA INC	5.13%	11/15/2031	93,000	92,668	90,938
STORE CAPITAL LLC	2.80%	11/19/2031	156,000	124,829	133,559
KITE REALTY GROUP LP	2.70%	12/01/2031	20,000	16,475	16,461
KITE REALTY GROUP LP	4.95%	12/15/2031	27,000	26,819	26,274
JBS USA HOLDING LUX SARL/ JBS	4.95%	12/15/2031	125,000	121,978	121,638
TARGA RESOURCES PARTNERS LP /	3.63%	01/15/2032	110,000	96,820	97,074
AERCAP IRELAND CAPITAL DAC / A	4.00%	01/15/2032	96,000	82,396	87,347
COUSINS PROPERTIES LP	3.30%	01/30/2032	150,000	126,597	130,727
AMERICAN HOMES 4 RENT LP	5.38%	02/15/2032	30,000	29,886	29,475
BANK OF AMERICA CORP	3.63%	04/15/2032	100,000	82,704	89,461
O'REILLY AUTOMOTIVE INC	2.69%	04/22/2032	120,000	92,302	103,195
SOUTHERN CO GAS CAPITAL CORP	4.70%	06/15/2032	90,000	87,809	87,090
BROADCOM INC	5.15%	09/15/2032	95,000	95,034	94,852
T-MOBILE USA INC	4.30%	11/15/2032	185,000	174,409	174,523
AUTOZONE INC	5.20%	01/15/2033	175,000	161,721	173,269
DELL INTERNATIONAL LLC / EMC C	4.75%	02/01/2033	140,000	139,316	134,329
KIMCO REALTY OP LLC	5.75%	02/01/2033	110,000	105,498	113,024
AMERICAN TOWER CORP	4.60%	02/01/2033	140,000	127,056	133,301
CSX CORP	5.55%	07/15/2033	85,000	79,982	85,700
COPT DEFENSE PROPERTIES LP	5.20%	11/15/2033	95,000	91,154	95,188
GENERAL MOTORS FINANCIAL CO IN	2.90%	12/01/2033	158,000	123,033	127,021
COREBRIDGE FINANCIAL INC	6.10%	01/07/2034	146,000	146,769	148,184
CAPITAL ONE FINANCIAL CORP	5.75%	01/15/2034	125,000	126,701	127,279
KITE REALTY GROUP LP	5.82%	02/01/2034	144,000	132,257	144,713
WHIRLPOOL CORP	5.50%	03/01/2034	110,000	108,537	109,437
KITE REALTY GROUP LP	5.75%	03/01/2034	48,000	48,073	47,132
KITE REALTY GROUP LP	5.50%	03/01/2034	51,000	51,599	50,739

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CARRIER GLOBAL CORP	5.90%	03/15/2034	75,000	77,964	77,678
ALEXANDRIA REAL ESTATE EQUITIE	2.95%	03/15/2034	250,000	210,260	205,860
DIAMONDBACK ENERGY INC	5.40%	04/18/2034	18,000	17,942	17,715
ENERGY TRANSFER LP	5.55%	05/15/2034	90,000	92,215	89,539
CHARLES SCHWAB CORP/THE	5.85%	05/19/2034	136,000	131,251	140,118
CITIGROUP INC	6.17%	05/25/2034	93,000	95,524	94,819
DTE ENERGY CO	5.85%	06/01/2034	105,000	107,372	107,817
AGREE LP	5.63%	06/15/2034	62,000	61,656	62,197
CNO FINANCIAL GROUP INC	6.45%	06/15/2034	58,000	58,201	59,941
AGREE LP	5.63%	06/15/2034	29,000	28,660	29,092
ARCELORMITTAL SA	6.00%	06/17/2034	46,000	47,092	46,802
PHILLIPS EDISON GROCERY CENTER	5.75%	07/15/2034	68,000	69,362	68,141
PNC FINANCIAL SERVICES GROUP I	5.94%	08/18/2034	185,000	173,382	190,565
TORONTO-DOMINION BANK/THE	5.15%	09/10/2034	93,000	93,054	90,769
BUNGE LTD FINANCE CORP	4.65%	09/17/2034	116,000	115,464	109,575
FIRST AMERICAN FINANCIAL CORP	5.45%	09/30/2034	58,000	57,728	55,941
HEWLETT PACKARD ENTERPRISE CO	5.00%	10/15/2034	119,000	117,776	114,457
PHILLIPS 66	4.65%	11/15/2034	120,000	114,622	111,901
BLACK HILLS CORP	6.00%	01/15/2035	175,000	182,218	180,688
PHILLIPS EDISON GROCERY CENTER	4.95%	01/15/2035	37,000	36,429	34,803
DELL INTERNATIONAL LLC / EMC C	4.85%	02/01/2035	110,000	109,293	104,489
INVITATION HOMES OPERATING PAR	4.88%	02/01/2035	116,000	114,630	109,768
COTERRA ENERGY INC	5.40%	02/15/2035	67,000	66,690	65,488
BANK OF AMERICA CORP	5.43%	08/15/2035	84,000	84,180	81,982
BANK OF AMERICA CORP	5.52%	10/25/2035	200,000	200,698	195,250
BANK OF AMERICA CORP	5.52%	10/25/2035	255,000	252,935	248,944
US BANCORP	2.49%	11/03/2036	107,000	77,288	86,673
VALERO ENERGY CORP	6.63%	06/15/2037	175,000	180,623	183,573
GOLDMAN SACHS GROUP INC/THE	6.75%	10/01/2037	178,000	182,870	191,322
KINDER MORGAN ENERGY PARTNERS	6.95%	01/15/2038	141,000	154,262	152,910
HUNTINGTON BANCSHARES INC/OH	6.14%	11/18/2039	115,000	115,000	114,932
ENERGY TRANSFER LP	6.50%	02/01/2042	94,000	91,720	97,426
PRUDENTIAL FINANCIAL INC	5.38%	05/15/2045	77,000	76,313	76,479
DUKE ENERGY CORP	4.80%	12/15/2045	113,000	93,536	97,637
UTAH ACQUISITION SUB INC	5.25%	06/15/2046	140,000	104,513	118,000
SOUTHERN CO/THE	4.40%	07/01/2046	135,000	109,309	111,738
SELECTIVE INSURANCE GROUP INC	5.38%	03/01/2049	75,000	72,747	68,366
SOUTHERN CO/THE	3.75%	09/15/2051	73,000	64,268	69,906
DUKE ENERGY CORP	6.10%	09/15/2053	154,000	149,573	156,626
WILLIS NORTH AMERICA INC	5.90%	03/05/2054	61,000	64,032	60,212
HCA INC	6.00%	04/01/2054	75,000	76,287	71,552
KROGER CO/THE	5.50%	09/15/2054	110,000	109,728	103,737
			<u>\$ 27,410,000</u>	<u>\$ 26,962,166</u>	<u>\$ 26,839,921</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
3M CO	8,400	\$ 974,660	\$ 1,084,355
ABB LTD	4,875	88,872	261,835
ACCENTURE PLC	1,081	198,380	380,284
ADOBE INC	418	201,260	185,875
AIA GROUP LTD	2,921	101,691	84,682
ALPHABET INC	9,550	415,258	1,818,701
ALPHABET INC	13,075	1,025,442	2,475,097
AMAZON.COM INC	23,600	2,624,843	5,177,603
AMAZON.COM INC	3,391	422,473	743,950
AMEREN CORP	4,900	353,998	436,785
AMERICAN EAGLE OUTFITTERS INC	29,300	644,059	488,430
AMERICAN EXPRESS CO	4,700	861,380	1,394,912
AMGEN INC	1,750	505,794	456,120
AMPHENOL CORP	3,406	123,751	236,547
AON PLC	796	106,281	285,891
APPLE INC	28,975	2,499,372	7,255,920
APPLE INC	2,587	591,285	647,837
APPLOVIN CORP	4,300	233,973	1,392,469
APTARGROUP INC	3,825	609,762	600,908
ARCH CAPITAL GROUP LTD	10,800	700,114	997,380
ARGENX SE	184	109,227	113,160
ARISTA NETWORKS INC	14,000	464,235	1,547,420
ASM INTERNATIONAL NV	273	88,286	157,968
ASSA ABLOY AB	7,104	73,597	105,054
ASTRAZENECA PLC	2,908	228,456	190,532
AUTOZONE INC	340	856,671	1,088,680
AVERY DENNISON CORP	533	120,212	99,740
BANK OF AMERICA CORP	32,250	995,676	1,417,388
BANK OF AMERICA CORP	4,309	140,342	189,381
BELLRING BRANDS INC	17,400	1,028,850	1,310,916
BERKSHIRE HATHAWAY INC	3,375	800,775	1,529,820
BLACKROCK INC	1,185	721,430	1,214,755
BOOZ ALLEN HAMILTON HOLDING CO	5,725	428,205	736,808
BOOZ ALLEN HAMILTON HOLDING CO	1,757	151,090	226,126
BOSTON SCIENTIFIC CORP	14,700	1,013,627	1,313,004
BRISTOL-MYERS SQUIBB CO	14,300	832,904	808,808
BROADCOM INC	10,000	569,879	2,318,400
BROWN & BROWN INC	5,950	420,757	607,019
BRP INC	1,464	95,138	74,474
BUREAU VERITAS SA	1,868	125,193	113,505
CARLSBERG AS	5,102	166,761	97,765
CASEY'S GENERAL STORES INC	1,675	530,691	663,685
CATERPILLAR INC	1,900	662,046	689,244
CELSIUS HOLDINGS INC	27,000	1,108,319	711,180
CHARLES SCHWAB CORP/THE	2,584	101,231	191,242
CHART INDUSTRIES INC	3,400	677,276	648,856
CHURCH & DWIGHT CO INC	5,125	274,263	536,639
COCA-COLA CO/THE	3,000	196,063	186,780
COCA-COLA CO/THE	4,331	200,983	269,648
COCA-COLA EUROPACIFIC PARTNERS	2,256	89,093	173,283
COLGATE-PALMOLIVE CO	11,700	1,169,973	1,063,647
COMPUTERSHARE LTD	6,504	110,699	136,714
CONOCOPHILLIPS	7,400	658,067	733,858
COOPER COS INC/THE	6,425	419,426	590,650

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
COPART INC	17,700	192,381	1,015,803
CORCEPT THERAPEUTICS INC	12,000	629,872	604,680
CORPAY INC	291	109,102	98,480
COSTCO WHOLESALE CORP	1,725	680,493	1,580,566
CRANE CO	6,350	558,004	963,613
CURTISS-WRIGHT CORP	1,850	514,526	656,510
DANAHER CORP	4,000	720,182	918,200
DANAHER CORP	1,001	206,498	229,780
DECKERS OUTDOOR CORP	3,950	180,004	802,206
DESCARTES SYSTEMS GROUP INC/TH	4,875	459,143	553,800
DEXCOM INC	5,325	428,556	414,125
DIAGEO PLC	2,148	289,501	273,075
DRAFTKINGS INC	11,000	472,802	409,200
DYCOM INDUSTRIES INC	3,500	691,942	609,210
DYNATRACE INC	9,125	519,483	495,944
EATON CORP PLC	2,550	746,103	846,269
ELI LILLY & CO	2,100	552,041	1,621,200
EMCOR GROUP INC	2,075	318,300	941,843
ENCOMPASS HEALTH CORP	5,900	572,290	544,865
ENTERGY CORP	18,300	960,406	1,387,506
EQUIFAX INC	628	170,036	160,046
ESSILORLUXOTTICA SA	899	103,857	109,662
EVERCORE INC	6,150	1,153,989	1,704,719
EXXON MOBIL CORP	16,000	1,158,400	1,721,120
FACTSET RESEARCH SYSTEMS INC	1,200	508,274	576,336
FANUC CORP	8,518	125,138	113,145
GE HEALTHCARE TECHNOLOGIES INC	7,000	547,273	547,260
GE VERNOVA INC	2,200	340,707	723,646
GODADDY INC	3,175	631,173	626,650
HALOZYME THERAPEUTICS INC	9,875	585,010	472,124
HDFC BANK LTD	1,985	101,226	126,762
HEXAGON AB	12,206	87,622	116,653
HOME DEPOT INC/THE	1,500	426,449	583,485
HOWMET AEROSPACE INC	12,800	441,973	1,399,936
INDUSTRIA DE DISENO TEXTIL SA	6,557	108,543	168,521
INTERCONTINENTAL EXCHANGE INC	1,686	118,319	251,231
IQVIA HOLDINGS INC	1,078	107,018	211,838
ITRON INC	7,500	496,582	814,350
JPMORGAN CHASE & CO	7,600	630,570	1,821,796
KONE OYJ	4,477	116,467	108,943
LAM RESEARCH CORP	12,250	485,696	884,818
LEGRAND SA	5,217	113,093	101,606
LEIDOS HOLDINGS INC	7,700	868,838	1,109,262
LIBERTY MEDIA CORP-LIBERTY FOR	17,200	1,239,525	1,593,752
LIFE TIME GROUP HOLDINGS INC	49,850	999,957	1,102,682
LINDE PLC	1,175	473,621	491,937
LVMH MOET HENNESSY LOUIS VUITT	1,012	103,446	133,191
MANHATTAN ASSOCIATES INC	4,700	693,845	1,270,128
MARKETAXESS HOLDINGS INC	1,400	389,578	316,456
MARRIOTT INTERNATIONAL INC/MD	2,800	535,224	781,032
MARVELL TECHNOLOGY INC	12,700	937,808	1,402,715
MARVELL TECHNOLOGY INC	1,281	95,156	141,486
MASTERCARD INC	2,625	577,015	1,382,246
MCDONALD'S CORP	675	127,518	195,676

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SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

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(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
MCKESSON CORP	1,150	297,462	655,397
META PLATFORMS INC	6,105	1,778,232	3,574,539
MICRON TECHNOLOGY INC	9,300	711,637	782,688
MICROSOFT CORP	12,825	1,745,198	5,405,738
MICROSOFT CORP	1,550	133,336	653,325
MIZUHO FINANCIAL GROUP INC	40,770	171,577	199,365
MONOLITHIC POWER SYSTEMS INC	665	80,721	393,481
MOTOROLA SOLUTIONS INC	424	45,333	195,986
NASDAQ INC	16,200	880,991	1,252,422
NEW YORK TIMES CO/THE	2,300	126,310	119,715
NIKE INC	1,207	201,647	91,334
NINTENDO CO LTD	10,191	96,915	150,185
NUCOR CORP	4,800	327,853	560,208
NVENT ELECTRIC PLC	9,950	573,781	678,192
NVIDIA CORP	56,800	1,221,046	7,627,672
NXP SEMICONDUCTORS NV	851	92,827	176,880
OLLIE'S BARGAIN OUTLET HOLDING	5,825	546,619	639,177
ONTO INNOVATION INC	2,525	582,063	420,842
ONTO INNOVATION INC	4,950	1,086,710	825,017
PALO ALTO NETWORKS INC	6,000	619,291	1,091,760
PENUMBRA INC	3,075	595,858	730,251
PERNOD RICARD SA	3,100	104,592	69,979
POST HOLDINGS INC	8,800	990,513	1,007,248
PROCTER & GAMBLE CO/THE	3,900	408,350	653,835
PROCTER & GAMBLE CO/THE	1,580	117,621	264,887
PTC INC	3,175	583,443	583,787
PTC INC	1,112	76,778	204,463
PURE STORAGE INC	8,250	435,738	506,798
QUALYS INC	3,800	389,661	532,836
QUANTA SERVICES INC	4,150	500,662	1,311,608
RAYMOND JAMES FINANCIAL INC	4,900	257,094	761,117
REGENERON PHARMACEUTICALS INC	950	627,160	676,714
RELX PLC	6,079	137,594	276,108
RESMED INC	2,100	211,533	480,249
ROCKWELL AUTOMATION INC	527	93,876	150,611
S&P GLOBAL INC	515	87,129	256,485
SAIA INC	1,350	388,081	615,236
SALESFORCE INC	1,048	251,240	350,378
SAREPTA THERAPEUTICS INC	5,000	646,795	607,950
SERVICENOW INC	1,410	611,146	1,494,769
SHARKNINJA INC	5,600	590,460	545,216
SHIMANO INC	4,868	86,285	66,253
SPROUTS FARMERS MARKET INC	3,850	588,903	489,220
SPS COMMERCE INC	4,325	647,899	795,757
SYSCO CORP	1,260	103,683	96,340
TAIWAN SEMICONDUCTOR MANUFACTU	1,959	79,990	386,883
TAKE-TWO INTERACTIVE SOFTWARE	2,575	361,295	474,006
TARGA RESOURCES CORP	6,750	1,049,943	1,204,875
TECHTRONIC INDUSTRIES CO LTD	3,130	197,394	206,505
TECK RESOURCES LTD	22,300	957,460	903,819
TELEDYNE TECHNOLOGIES INC	1,435	432,996	666,027
TENCENT HOLDINGS LTD	2,841	140,954	152,511
TEXAS INSTRUMENTS INC	1,054	122,296	197,636
TEXAS ROADHOUSE INC	7,300	697,859	1,317,139

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SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

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(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
TG THERAPEUTICS INC	21,000	668,255	632,100
THERMO FISHER SCIENTIFIC INC	1,150	577,048	598,265
THERMO FISHER SCIENTIFIC INC	445	89,944	231,502
TJX COS INC/THE	11,700	1,131,486	1,413,477
T-MOBILE US INC	6,600	927,308	1,456,818
TRADE DESK INC/THE	11,100	792,137	1,304,583
TRAVELERS COS INC/THE	5,400	982,393	1,300,806
UNILEVER PLC	3,952	218,178	224,078
UNITEDHEALTH GROUP INC	1,500	299,767	758,790
UNITEDHEALTH GROUP INC	430	204,870	217,520
US FOODS HOLDING CORP	10,300	584,269	694,838
VALVOLINE INC	12,400	463,453	448,632
VERRA MOBILITY CORP	35,300	1,031,995	853,554
VERTEX PHARMACEUTICALS INC	1,915	578,684	771,171
VERTIV HOLDINGS CO	13,200	435,928	1,499,652
VICI PROPERTIES INC	27,820	930,239	812,622
VISA INC	1,038	118,758	328,050
WARNER MUSIC GROUP CORP	2,035	64,410	63,085
WATTS WATER TECHNOLOGIES INC	3,050	548,493	620,065
WEATHERFORD INTERNATIONAL PLC	5,025	568,645	359,941
WEC ENERGY GROUP INC	9,200	762,695	865,168
WELLS FARGO & CO	19,300	1,097,438	1,355,632
WELLTOWER INC	13,100	1,332,935	1,650,993
WEST PHARMACEUTICAL SERVICES I	1,800	405,487	589,608
WOLTERS KLUWER NV	1,685	87,898	279,868
ZOETIS INC	948	68,193	154,458
		<u>\$ 94,175,400</u>	<u>\$ 150,510,510</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	<u>BLACKSTONE INFRASTRUCTURE PARTNERS - V FEEDER L.P.</u>		\$ <u>7,500,000</u>	\$ <u>8,866,891</u>
			\$ <u>7,500,000</u>	\$ <u>8,866,891</u>

* PARTY-IN-INTEREST

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	EB TEMP INV FD	78,139	\$ <u>78,139</u>	\$ <u>78,139</u>
			\$ <u>78,139</u>	\$ <u>78,139</u>

* PARTY-IN-INTEREST

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQ TREAS TR INSTL	836,996	\$ 836,996	\$ 836,996
INVESCO TREASURY-INST	1,385,861	1,385,861	1,385,861
INVESCO TREASURY-INST	126,610	126,610	126,610
INVESCO TREASURY-INST	959,890	959,890	959,890
INVESCO TREASURY-INST	336,508	336,508	336,508
JPMORGAN SMALL CAP GROW-R6	143,022	4,343,715	3,192,260
VANGUARD VALUE INDEX-INST	213,704	<u>10,556,857</u>	<u>14,110,881</u>
		<u>\$ 18,546,437</u>	<u>\$ 20,949,006</u>

THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A, 137B, 137C, 137R - AFL-CIO

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	BLACKROCK LIQ TREAS TR INSTL	\$ 10,494,950	\$ -	\$ -	\$ -	\$ -	\$ 10,494,950	\$ -
N/A	BLACKROCK LIQ TREAS TR INSTL	-	10,097,182	-	-	10,097,182	10,097,182	-
N/A	EB TEMPORARY INVESTMENT FUND	9,470,355	-	-	-	-	9,470,355	-
N/A	EB TEMPORARY INVESTMENT FUND	-	9,566,835	-	-	9,566,835	9,566,835	-
N/A	INVESCO TREASURY-INST	42,456,384	-	-	-	-	42,456,384	-
N/A	INVESCO TREASURY-INST	-	40,148,455	-	-	40,148,455	40,148,455	-

THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Bank of New York Mellon	\$ 219,145	\$ 150,266
Congress Asset Management Company, LLP	92,676	90,960
Insight North America LLC	46,402	80,114
Lazard Asset Management LLC	68,399	70,946
Pinnacle Associates Ltd.	84,978	94,772
Sage Advisory Services, Ltd. Co.	52,534	17,862
Stacey Braun Associates, Inc.	359,234	287,233
Wells Fargo Advisors, LLC	<u>38,000</u>	<u>33,000</u>
Total investment expenses	<u>\$ 961,368</u>	<u>\$ 825,153</u>

THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll	\$ 63,777	\$ 68,332
Payroll taxes	5,243	5,469
Employee benefits	57,418	61,181
Occupancy	21,686	20,654
Office	12,378	11,095
Printing and postage	6,484	3,416
Legal and collection	32,767	31,724
Accounting	55,850	48,000
Payroll audits	25,200	25,200
Actuarial consulting	57,036	57,036
Consulting	375	3,870
Computer	19,642	11,270
Insurance	<u>93,490</u>	<u>88,786</u>
Total administrative expenses	<u>\$ 451,346</u>	<u>\$ 436,033</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
BNY MELLON CASH RESERVE	VARIABLE	ON DEMAND	\$ <u>1,452</u>	\$ <u>1,452</u>
			\$ <u>1,452</u>	\$ <u>1,452</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U S TREASURY NOTE	4.13%	01/31/2025	\$ 1,000,000	\$ 1,001,406	\$ 999,770
U S TREASURY NOTE	4.75%	07/31/2025	750,000	746,243	752,062
U S TREASURY NOTE	5.00%	08/31/2025	1,000,000	1,000,335	1,004,830
CHICAGO IL O'HARE INTERNATIONA	1.70%	01/01/2026	190,000	173,768	185,157
PHILADELPHIA PA AUTH FOR INDL	3.96%	04/15/2026	140,000	137,854	139,089
U S TREASURY NOTE	4.88%	05/31/2026	750,000	756,240	756,180
U S TREASURY NOTE	3.75%	08/31/2026	1,287,000	1,286,526	1,276,742
U S TREASURY NOTE	4.63%	09/15/2026	800,000	797,047	804,720
U S TREASURY NOTE	4.63%	09/15/2026	600,000	599,721	603,540
U S TREASURY NOTE	3.50%	09/30/2026	2,515,000	2,493,254	2,483,160
U S TREASURY NOTE	4.13%	10/31/2026	1,500,000	1,495,318	1,496,490
U S TREASURY NOTE	4.63%	11/15/2026	633,000	636,513	637,083
U S TREASURY NOTE	1.25%	12/31/2026	2,191,000	2,071,319	2,066,310
FHLMC POOL #C0-0492	7.50%	01/01/2027	259	259	262
U S TREASURY NOTE	4.25%	03/15/2027	400,000	398,477	399,860
U S TREASURY NOTE	4.38%	07/15/2027	310,000	312,314	310,763
U S TREASURY NOTE	3.38%	09/15/2027	800,000	783,952	781,688
U S TREASURY NOTE	4.13%	11/15/2027	1,030,000	1,031,854	1,025,334
U S TREASURY NOTE	4.00%	12/15/2027	1,250,000	1,240,518	1,240,237
FHLMC POOL #E0-9018	2.50%	01/01/2028	63,137	61,361	61,571
FHLMC POOL #D8-5515	6.50%	01/01/2028	257	242	263
FEDERAL HOME LN BK CONS BD	5.00%	02/09/2028	1,600,000	1,600,000	1,599,840
U S TREASURY NOTE	4.00%	02/29/2028	800,000	794,906	792,624
U S TREASURY NOTE	4.00%	06/30/2028	750,000	743,555	742,147
MIAMI-DADE CNTY FL AVIATION RE	3.76%	10/01/2028	245,000	230,900	237,327
U S TREASURY NOTE	4.88%	10/31/2028	750,000	755,156	763,387
U S TREASURY NOTE	4.00%	01/31/2029	271,000	268,111	267,252
U S TREASURY NOTE	4.25%	02/28/2029	800,000	806,047	796,160
U S TREASURY NOTE	4.13%	03/31/2029	394,000	390,315	390,076
U S TREASURY NOTE	4.63%	04/30/2029	578,000	577,346	583,462
U S TREASURY NOTE	4.50%	05/31/2029	500,000	504,442	502,325
FHLMC POOL #C2-9190	6.50%	07/01/2029	191	177	197
MASSACHUSETTS ST SPL OBLG REVE	3.77%	07/15/2029	290,000	281,732	280,874
FEDERAL HOME LN BK CONS BD	5.15%	08/08/2029	750,000	757,500	748,350
U S TREASURY NOTE	3.13%	08/31/2029	1,466,000	1,422,237	1,388,404
U S TREASURY NOTE	3.63%	08/31/2029	750,000	751,862	726,097
U S TREASURY NOTE	3.88%	09/30/2029	1,645,000	1,645,739	1,609,023
UNITED STATES INTERNATIONAL DE	1.79%	10/15/2029	239,676	239,676	222,369
FEDERAL NATL MTG ASSN	4.25%	10/22/2029	1,000,000	1,000,000	983,510
U S TREASURY NOTE	3.88%	11/30/2029	1,200,000	1,178,020	1,172,904
U S TREASURY NOTE	4.38%	12/31/2029	300,000	299,801	299,814
FHLMC POOL #C0-0967	8.50%	02/01/2030	641	654	669
U S TREASURY NOTE	4.00%	02/28/2030	750,000	739,321	736,027
U S TREASURY NOTE	3.75%	05/31/2030	468,000	449,900	452,916
U S TREASURY NOTE	4.38%	11/30/2030	315,000	314,085	313,818
US TREAS-CPI INFLAT	0.13%	01/15/2031	970,056	1,033,464	860,973
U S TREASURY NOTE	4.00%	01/31/2031	440,000	434,871	429,242
U S TREASURY NOTE	1.25%	08/15/2031	745,000	622,878	607,935
U S TREASURY NOTE	3.75%	08/31/2031	1,060,000	1,046,189	1,015,490
TENNESSEE VALLEY AUTH BD	1.50%	09/15/2031	350,000	349,937	286,374
U S TREASURY NOTE	4.13%	11/15/2032	285,000	285,637	277,974
U S TREASURY NOTE	3.88%	08/15/2033	15,000	14,666	14,277
U S TREASURY NOTE	4.38%	05/15/2034	265,000	269,489	260,982
U S TREASURY NOTE	4.38%	05/15/2034	450,000	459,971	443,178

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FNMA POOL #0FM3386	3.50%	07/01/2034	105,690	112,313	103,612
FHLMC MULTICLASS MTG 4980 DB	1.25%	10/25/2034	152,472	154,687	133,541
FHLMC MULTICLASS MTG 5000 CB	1.25%	01/25/2035	218,955	222,744	192,396
FNMA GTD REMIC P/T 20-37 AD	1.50%	06/25/2035	125,516	127,654	112,444
FNMA GTD REMIC P/T 12-33 PC	2.00%	05/25/2041	61,576	62,865	59,226
U S TREASURY BOND	2.00%	11/15/2041	537,000	377,851	360,988
U S TREASURY BOND	2.88%	05/15/2043	475,000	377,014	360,183
U S TREASURY BOND	1.25%	05/15/2050	2,020,000	961,393	959,500
FHLMC POOL #SD-8166	2.00%	08/01/2051	374,164	286,703	292,795
FHLMC POOL #SD-8169	3.50%	08/01/2051	35,391	31,756	31,428
FNMA POOL #0MA4438	2.50%	09/01/2051	294,316	235,235	240,545
FNMA POOL #0MA4492	2.00%	11/01/2051	557,134	425,860	435,016
FNMA POOL #0MA4512	2.50%	12/01/2051	493,925	394,002	403,601
FNMA POOL #0MA4511	2.00%	01/01/2052	759,405	591,173	592,199
U S TREASURY BOND	2.25%	02/15/2052	2,243,000	1,403,316	1,362,264
FNMA POOL #0CB3238	3.50%	03/01/2052	265,014	226,494	234,548
FNMA POOL #0MA4600	3.50%	03/01/2052	369,222	339,468	327,105
FHLMC POOL #SD-8213	3.00%	05/01/2052	486,603	410,196	413,306
FHLMC POOL #SD-8214	3.50%	05/01/2052	236,364	202,916	209,373
FNMA POOL #0CB3496	3.00%	05/01/2052	360,989	299,790	307,158
FHLMC POOL #SD-3097	3.50%	06/01/2052	716,957	618,488	635,095
FNMA POOL #0MA4654	3.50%	06/01/2052	93,046	80,041	82,433
FNMA POOL #0MA4655	4.00%	06/01/2052	413,081	368,868	378,064
FNMA POOL #0FS6761	3.00%	06/01/2052	207,352	185,547	179,330
FNMA POOL #0MA4700	4.00%	07/01/2052	413,138	368,467	378,302
FNMA POOL #0MA4701	4.50%	07/01/2052	396,971	365,461	374,002
FNMA POOL #0MA4737	5.00%	08/01/2052	112,904	112,240	109,302
FHLMC POOL #SD-8243	3.50%	09/01/2052	426,353	366,830	377,655
FHLMC POOL #SD-8245	4.50%	09/01/2052	396,699	365,552	373,746
FHLMC POOL #SD-8256	4.00%	10/01/2052	414,628	370,185	379,417
FHLMC POOL #SD-8265	4.00%	10/01/2052	165,571	157,053	151,592
FNMA POOL #0MA4806	5.00%	10/01/2052	451,622	428,176	437,107
FNMA POOL #0MA4838	3.50%	11/01/2052	349,369	313,283	309,411
FNMA POOL #0CB5525	6.00%	01/01/2053	107,952	107,328	108,528
FHLMC POOL #SD-2184	6.00%	01/01/2053	99,673	99,093	100,207
FNMA POOL #0CB5897	5.00%	03/01/2053	193,317	190,025	187,125
FHLMC POOL #SD-3977	5.00%	04/01/2053	250,558	245,292	242,154
FHLMC POOL #SD-8342	5.50%	06/01/2053	110,721	111,374	109,411
FNMA POOL #0MA5040	6.00%	06/01/2053	27,719	27,928	27,919
FNMA POOL #0MA5071	5.00%	06/01/2053	286,422	282,730	276,738
FHLMC POOL #SD-3392	5.50%	07/01/2053	187,251	182,314	185,728
FNMA POOL #0CB6841	5.00%	08/01/2053	113,095	111,182	109,815
FHLMC POOL #SD-3913	5.50%	09/01/2053	233,855	227,625	232,416
FHLMC POOL #SD-3823	5.50%	09/01/2053	51,063	50,744	50,874
FNMA POOL #0MA5166	6.00%	09/01/2053	158,424	157,192	159,338
FHLMC POOL #SD-4997	5.00%	10/01/2053	122,752	119,808	118,661
FNMA POOL #0MA5189	5.00%	10/01/2053	273,591	270,769	264,247
FNMA POOL #0MA5215	5.50%	12/01/2053	305,983	305,015	302,082
FNMA POOL #0MA5245	5.00%	12/01/2053	460,801	453,842	444,876
FHLMC POOL #SD-8394	5.00%	01/01/2054	142,660	139,919	137,696
FHLMC POOL #SD-8395	5.50%	01/01/2054	91,404	90,218	90,224
FNMA POOL #0CB8133	5.00%	03/01/2054	132,664	131,255	128,191
FHLMC POOL #SD-5132	5.50%	04/01/2054	215,593	212,595	215,879
FNMA POOL #0FS9717	6.00%	07/01/2054	50,530	51,240	51,081

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FHLMC POOL #RJ-1975	6.00%	07/01/2054	22,675	23,063	22,936
FHLMC POOL #SD-5960	5.50%	07/01/2054	298,477	298,990	295,185
FNMA POOL #0CB8858	6.00%	07/01/2054	29,882	30,393	30,227
FNMA POOL #0FS9406	6.00%	08/01/2054	36,958	37,590	37,172
FNMA POOL #0FS8795	6.00%	08/01/2054	63,238	64,234	63,587
FHLMC POOL #SD-6767	6.00%	10/01/2054	132,362	134,327	133,398
			<u>\$ 56,581,264</u>	<u>\$ 52,792,811</u>	<u>\$ 52,253,487</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ELI LILLY & CO	3.90%	06/01/2025	\$ 750,000	\$ 742,327	\$ 743,977
PRECISION CASTPARTS CORP	3.25%	06/15/2025	1,000,000	1,002,460	994,290
LEGG MASON INC	4.75%	03/15/2026	1,000,000	1,165,720	999,830
JPMORGAN CHASE & CO	2.95%	10/01/2026	1,000,000	1,079,420	974,230
DUKE ENERGY FLORIDA LLC	3.20%	01/15/2027	155,000	158,353	150,884
FORD CREDIT AUTO OWNER TR B A4	3.93%	08/15/2027	466,000	450,728	463,759
BRISTOL-MYERS SQUIBB CO	3.25%	11/15/2027	800,000	896,568	777,568
JPMORGAN CHASE & CO	3.78%	02/01/2028	240,000	257,688	234,929
PUBLIC SERVICE ELECTRIC AND GA	3.70%	05/01/2028	125,000	126,820	120,816
CAPITAL ONE MULTI-ASSET E A1 A	4.42%	05/15/2028	225,000	222,064	225,015
COMMONWEALTH EDISON CO	3.70%	08/15/2028	191,000	200,150	184,320
GM FINANCIAL CONSUMER AUT 1 A3	4.85%	12/18/2028	22,000	21,995	22,112
VERIZON MASTER TRUST 1 A1A	5.00%	12/20/2028	44,000	43,998	44,223
PACIFICORP	2.75%	02/15/2029	750,000	748,020	755,280
TOYOTA AUTO RECEIVABLES 2 C A3	4.88%	03/15/2029	125,000	125,000	125,858
HYUNDAI AUTO RECEIVABLES B A3	4.84%	03/15/2029	85,000	84,987	85,430
AMERICAN EXPRESS CREDIT AC 3 A	4.65%	07/15/2029	300,000	302,143	300,591
JPMORGAN CHASE & CO	4.20%	07/23/2029	109,000	102,539	106,101
CAPITAL ONE MULTI-ASSET E A1 A	3.92%	09/15/2029	240,000	239,953	235,862
VERIZON MASTER TRUST 7 A1A	5.67%	11/20/2029	101,000	100,988	103,038
UNITEDHEALTH GROUP INC	2.00%	05/15/2030	125,000	124,796	107,773
VERIZON MASTER TRUST 6 A1A	4.17%	08/20/2030	500,000	500,524	495,140
ENTERGY TEXAS INC	1.75%	03/15/2031	50,000	42,134	41,218
US BANCORP	2.68%	01/27/2033	235,000	174,285	198,377
META PLATFORMS INC	4.95%	05/15/2033	130,000	136,306	130,215
CENTERPOINT ENERGY HOUSTON ELE	5.15%	03/01/2034	136,000	135,526	134,471
JPMORGAN CHASE & CO	5.35%	06/01/2034	101,000	96,938	101,044
JPMORGAN CHASE & CO	5.34%	01/23/2035	55,000	53,929	54,748
SAN DIEGO GAS & ELECTRIC CO	4.50%	08/15/2040	127,000	107,383	113,944
BENCHMARK 2024-V11 MORT V11 A2	5.42%	11/15/2057	65,651	66,305	66,256
BANK5 2024-5YR12 5YR12 A2	5.42%	12/15/2057	135,000	136,345	136,405
			\$ 9,387,651	\$ 9,646,392	\$ 9,227,704

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	CORPORATE DEBT INSTRUMENTS - OTHER	COST	CURRENT VALUE
			PAR OR MATURITY VALUE		
COCA-COLA CONSOLIDATED INC	3.80%	11/25/2025	\$ 1,000,000	\$ 1,003,270	\$ 992,460
GILEAD SCIENCES INC	3.65%	03/01/2026	175,000	169,006	172,900
JB HUNT TRANSPORT SERVICES INC	3.88%	03/01/2026	1,000,000	964,020	990,030
DELL INTERNATIONAL LLC / EMC C	6.02%	06/15/2026	40,000	40,305	40,577
MOLSON COORS BEVERAGE CO	3.70%	07/15/2026	1,250,000	1,313,125	1,217,550
AIR LEASE CORP	1.88%	08/15/2026	90,000	79,657	85,784
DELL INTERNATIONAL LLC / EMC C	4.90%	10/01/2026	48,000	47,088	48,140
SPECTRA ENERGY PARTNERS LP	3.38%	10/15/2026	243,000	245,330	237,231
PNC FINANCIAL SERVICES GROUP I	4.76%	01/26/2027	135,000	131,463	134,810
CITIGROUP INC	1.12%	01/28/2027	253,000	227,012	242,961
AMGEN INC	2.20%	02/21/2027	130,000	116,578	123,275
MONDELEZ INTERNATIONAL INC	2.63%	03/17/2027	155,000	144,159	148,293
PNC FINANCIAL SERVICES GROUP I	3.15%	05/19/2027	900,000	984,033	868,131
LPL HOLDINGS INC	5.70%	05/20/2027	65,000	65,170	65,796
SANTANDER HOLDINGS USA INC	6.12%	05/31/2027	37,000	37,000	37,546
TRUIST FINANCIAL CORP	6.05%	06/08/2027	170,000	170,318	172,819
CITIGROUP INC	1.46%	06/09/2027	139,000	123,552	132,343
SOUTHWEST AIRLINES CO	5.13%	06/15/2027	146,000	142,770	146,664
BANK OF AMERICA CORP	1.73%	07/22/2027	153,000	140,632	145,872
INTERNATIONAL BUSINESS MACHINE	2.50%	08/01/2027	750,000	775,785	778,065
AMERICAN EXPRESS CREDIT AC 3 A	3.75%	08/15/2027	475,000	460,082	472,810
VMWARE LLC	3.90%	08/21/2027	43,000	40,405	42,031
SOUTHERN CALIFORNIA EDISON CO	6.75%	11/01/2027	1,000,000	1,045,129	1,028,240
CAPITAL ONE FINANCIAL CORP	1.88%	11/02/2027	67,000	63,341	63,300
AT&T INC	4.10%	02/15/2028	220,000	243,405	215,338
BANK OF AMERICA CORP	6.75%	06/01/2028	640,000	682,170	677,325
EQUIFAX INC	5.10%	06/01/2028	93,000	90,765	93,345
WELLS FARGO & CO	2.39%	06/02/2028	181,000	160,279	170,471
GOLDMAN SACHS GROUP INC/THE	3.69%	06/05/2028	85,000	94,470	82,571
WELLS FARGO & CO	4.81%	07/25/2028	133,000	131,255	132,521
INTUIT INC	2.95%	09/15/2028	750,000	750,488	761,220
AIR LEASE CORP	4.63%	10/01/2028	158,000	149,095	155,311
GENERAL MOTORS FINANCIAL CO IN	2.40%	10/15/2028	70,000	58,261	63,460
CITIGROUP INC	3.52%	10/27/2028	82,000	74,905	78,914
AERCAP IRELAND CAPITAL DAC / A	3.00%	10/29/2028	150,000	129,203	138,861
ONEOK INC	5.65%	11/01/2028	100,000	100,026	102,037
AUTOZONE INC	3.15%	11/01/2028	1,000,000	1,043,266	1,046,490
ABBVIE INC	4.25%	11/14/2028	70,000	65,783	68,923
SPRINT CAPITAL CORP	6.88%	11/15/2028	85,000	90,268	90,271
WELLS FARGO & CO	4.15%	01/24/2029	250,000	227,813	242,355
MORGAN STANLEY	3.77%	01/24/2029	315,000	315,097	303,654
TRUIST FINANCIAL CORP	4.87%	01/26/2029	95,000	89,871	94,524
HCA INC	5.88%	02/01/2029	142,000	141,182	144,915
3M CO	3.20%	03/01/2029	665,000	744,281	627,248
STORE CAPITAL LLC	4.63%	03/15/2029	35,000	33,651	33,713
RADIAN GROUP INC	6.20%	05/15/2029	83,000	83,713	85,195
MCKESSON CORP	3.00%	05/30/2029	750,000	757,530	742,313
CNO FINANCIAL GROUP INC	5.25%	05/30/2029	132,000	125,363	131,067
GE HEALTHCARE TECHNOLOGIES INC	4.80%	08/14/2029	65,000	65,582	64,398
CVS HEALTH CORP	3.25%	08/15/2029	108,000	115,319	98,351
EPR PROPERTIES	3.75%	08/15/2029	103,000	85,446	95,403
SIMON PROPERTY GROUP LP	2.45%	09/13/2029	125,000	127,398	112,416
HEWLETT PACKARD ENTERPRISE CO	4.55%	10/15/2029	122,000	121,749	118,974
BAKER HUGHES HOLDINGS LLC / BA	3.14%	11/07/2029	189,000	179,592	174,551

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
EDISON INTERNATIONAL	6.95%	11/15/2029	98,000	102,337	104,636
VERIZON COMMUNICATIONS INC	4.02%	12/03/2029	170,000	155,268	163,107
TORONTO-DOMINION BANK/THE	4.78%	12/17/2029	150,000	148,110	147,911
REALTY INCOME CORP	3.40%	01/15/2030	60,000	57,189	55,751
REALTY INCOME CORP	3.40%	01/15/2030	100,000	82,386	92,918
CITIZENS FINANCIAL GROUP INC	5.84%	01/23/2030	135,000	139,479	137,076
ENTERPRISE PRODUCTS OPERATING BOEING CO/THE	2.80%	01/31/2030	70,000	59,445	63,299
WASTE MANAGEMENT INC	2.95%	02/01/2030	50,000	41,278	44,632
BROADCOM INC	3.38%	02/15/2030	750,000	753,053	742,920
AMERICAN ELECTRIC POWER CO INC	4.35%	02/15/2030	183,000	181,683	178,061
CAPITAL ONE FINANCIAL CORP	2.30%	03/01/2030	220,000	173,481	191,275
GE HEALTHCARE TECHNOLOGIES INC	3.27%	03/01/2030	58,000	49,415	53,626
MARSH & MCLENNAN COS INC	5.86%	03/15/2030	100,000	97,902	103,597
GOLDMAN SACHS GROUP INC/THE	4.65%	03/15/2030	750,000	747,915	740,633
PNC FINANCIAL SERVICES GROUP I	3.80%	03/15/2030	235,000	220,533	220,543
VMWARE LLC	5.49%	05/14/2030	153,000	153,649	155,142
SABINE PASS LIQUEFACTION LLC	4.70%	05/15/2030	60,000	56,607	58,726
REGIONS FINANCIAL CORP	4.50%	05/15/2030	154,000	142,945	149,174
CAPITAL ONE FINANCIAL CORP	5.72%	06/06/2030	84,000	84,302	85,148
HCA INC	5.46%	07/26/2030	148,000	149,909	148,440
CROWN CASTLE INC	3.50%	09/01/2030	70,000	59,550	63,603
WILLIAMS COS INC/THE	2.25%	01/15/2031	80,000	68,865	67,256
COPT DEFENSE PROPERTIES LP	2.60%	03/15/2031	75,000	58,709	64,620
AIR LEASE CORP	2.75%	04/15/2031	157,000	128,678	134,004
KYNDRYL HOLDINGS INC	5.20%	07/15/2031	150,000	149,480	148,181
HOWMET AEROSPACE INC	3.15%	10/15/2031	89,000	73,584	77,128
VICI PROPERTIES LP	4.85%	10/15/2031	89,000	88,869	87,393
PRIMERICA INC	5.13%	11/15/2031	93,000	92,668	90,938
STORE CAPITAL LLC	2.80%	11/19/2031	156,000	124,829	133,559
KITE REALTY GROUP LP	2.70%	12/01/2031	20,000	16,475	16,461
KITE REALTY GROUP LP	4.95%	12/15/2031	27,000	26,819	26,274
JBS USA HOLDING LUX SARL/ JBS	4.95%	12/15/2031	125,000	121,978	121,638
TARGA RESOURCES PARTNERS LP /	3.63%	01/15/2032	110,000	96,820	97,074
AERCAP IRELAND CAPITAL DAC / A	4.00%	01/15/2032	96,000	82,396	87,347
COUSINS PROPERTIES LP	3.30%	01/30/2032	150,000	126,597	130,727
AMERICAN HOMES 4 RENT LP	5.38%	02/15/2032	30,000	29,886	29,475
BANK OF AMERICA CORP	3.63%	04/15/2032	100,000	82,704	89,461
O'REILLY AUTOMOTIVE INC	2.69%	04/22/2032	120,000	92,302	103,195
SOUTHERN CO GAS CAPITAL CORP	4.70%	06/15/2032	90,000	87,809	87,090
BROADCOM INC	5.15%	09/15/2032	95,000	95,034	94,852
T-MOBILE USA INC	4.30%	11/15/2032	185,000	174,409	174,523
AUTOZONE INC	5.20%	01/15/2033	175,000	161,721	173,269
DELL INTERNATIONAL LLC / EMC C	4.75%	02/01/2033	140,000	139,316	134,329
KIMCO REALTY OP LLC	5.75%	02/01/2033	110,000	105,498	113,024
AMERICAN TOWER CORP	4.60%	02/01/2033	140,000	127,056	133,301
CSX CORP	5.55%	07/15/2033	85,000	79,982	85,700
COPT DEFENSE PROPERTIES LP	5.20%	11/15/2033	95,000	91,154	95,188
GENERAL MOTORS FINANCIAL CO IN	2.90%	12/01/2033	158,000	123,033	127,021
COREBRIDGE FINANCIAL INC	6.10%	01/07/2034	146,000	146,769	148,184
CAPITAL ONE FINANCIAL CORP	5.75%	01/15/2034	125,000	126,701	127,279
KITE REALTY GROUP LP	5.82%	02/01/2034	144,000	132,257	144,713
WHIRLPOOL CORP	5.50%	03/01/2034	110,000	108,537	109,437
KITE REALTY GROUP LP	5.75%	03/01/2034	48,000	48,073	47,132
KITE REALTY GROUP LP	5.50%	03/01/2034	51,000	51,599	50,739

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CARRIER GLOBAL CORP	5.90%	03/15/2034	75,000	77,964	77,678
ALEXANDRIA REAL ESTATE EQUITIE	2.95%	03/15/2034	250,000	210,260	205,860
DIAMONDBACK ENERGY INC	5.40%	04/18/2034	18,000	17,942	17,715
ENERGY TRANSFER LP	5.55%	05/15/2034	90,000	92,215	89,539
CHARLES SCHWAB CORP/THE	5.85%	05/19/2034	136,000	131,251	140,118
CITIGROUP INC	6.17%	05/25/2034	93,000	95,524	94,819
DTE ENERGY CO	5.85%	06/01/2034	105,000	107,372	107,817
AGREE LP	5.63%	06/15/2034	62,000	61,656	62,197
CNO FINANCIAL GROUP INC	6.45%	06/15/2034	58,000	58,201	59,941
AGREE LP	5.63%	06/15/2034	29,000	28,660	29,092
ARCELORMITTAL SA	6.00%	06/17/2034	46,000	47,092	46,802
PHILLIPS EDISON GROCERY CENTER	5.75%	07/15/2034	68,000	69,362	68,141
PNC FINANCIAL SERVICES GROUP I	5.94%	08/18/2034	185,000	173,382	190,565
TORONTO-DOMINION BANK/THE	5.15%	09/10/2034	93,000	93,054	90,769
BUNGE LTD FINANCE CORP	4.65%	09/17/2034	116,000	115,464	109,575
FIRST AMERICAN FINANCIAL CORP	5.45%	09/30/2034	58,000	57,728	55,941
HEWLETT PACKARD ENTERPRISE CO	5.00%	10/15/2034	119,000	117,776	114,457
PHILLIPS 66	4.65%	11/15/2034	120,000	114,622	111,901
BLACK HILLS CORP	6.00%	01/15/2035	175,000	182,218	180,688
PHILLIPS EDISON GROCERY CENTER	4.95%	01/15/2035	37,000	36,429	34,803
DELL INTERNATIONAL LLC / EMC C	4.85%	02/01/2035	110,000	109,293	104,489
INVITATION HOMES OPERATING PAR	4.88%	02/01/2035	116,000	114,630	109,768
COTERRA ENERGY INC	5.40%	02/15/2035	67,000	66,690	65,488
BANK OF AMERICA CORP	5.43%	08/15/2035	84,000	84,180	81,982
BANK OF AMERICA CORP	5.52%	10/25/2035	200,000	200,698	195,250
BANK OF AMERICA CORP	5.52%	10/25/2035	255,000	252,935	248,944
US BANCORP	2.49%	11/03/2036	107,000	77,288	86,673
VALERO ENERGY CORP	6.63%	06/15/2037	175,000	180,623	183,573
GOLDMAN SACHS GROUP INC/THE	6.75%	10/01/2037	178,000	182,870	191,322
KINDER MORGAN ENERGY PARTNERS	6.95%	01/15/2038	141,000	154,262	152,910
HUNTINGTON BANCSHARES INC/OH	6.14%	11/18/2039	115,000	115,000	114,932
ENERGY TRANSFER LP	6.50%	02/01/2042	94,000	91,720	97,426
PRUDENTIAL FINANCIAL INC	5.38%	05/15/2045	77,000	76,313	76,479
DUKE ENERGY CORP	4.80%	12/15/2045	113,000	93,536	97,637
UTAH ACQUISITION SUB INC	5.25%	06/15/2046	140,000	104,513	118,000
SOUTHERN CO/THE	4.40%	07/01/2046	135,000	109,309	111,738
SELECTIVE INSURANCE GROUP INC	5.38%	03/01/2049	75,000	72,747	68,366
SOUTHERN CO/THE	3.75%	09/15/2051	73,000	64,268	69,906
DUKE ENERGY CORP	6.10%	09/15/2053	154,000	149,573	156,626
WILLIS NORTH AMERICA INC	5.90%	03/05/2054	61,000	64,032	60,212
HCA INC	6.00%	04/01/2054	75,000	76,287	71,552
KROGER CO/THE	5.50%	09/15/2054	110,000	109,728	103,737
			<u>\$ 27,410,000</u>	<u>\$ 26,962,166</u>	<u>\$ 26,839,921</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
3M CO	8,400	\$ 974,660	\$ 1,084,355
ABB LTD	4,875	88,872	261,835
ACCENTURE PLC	1,081	198,380	380,284
ADOBE INC	418	201,260	185,875
AIA GROUP LTD	2,921	101,691	84,682
ALPHABET INC	9,550	415,258	1,818,701
ALPHABET INC	13,075	1,025,442	2,475,097
AMAZON.COM INC	23,600	2,624,843	5,177,603
AMAZON.COM INC	3,391	422,473	743,950
AMEREN CORP	4,900	353,998	436,785
AMERICAN EAGLE OUTFITTERS INC	29,300	644,059	488,430
AMERICAN EXPRESS CO	4,700	861,380	1,394,912
AMGEN INC	1,750	505,794	456,120
AMPHENOL CORP	3,406	123,751	236,547
AON PLC	796	106,281	285,891
APPLE INC	28,975	2,499,372	7,255,920
APPLE INC	2,587	591,285	647,837
APPLOVIN CORP	4,300	233,973	1,392,469
APTARGROUP INC	3,825	609,762	600,908
ARCH CAPITAL GROUP LTD	10,800	700,114	997,380
ARGENX SE	184	109,227	113,160
ARISTA NETWORKS INC	14,000	464,235	1,547,420
ASM INTERNATIONAL NV	273	88,286	157,968
ASSA ABLOY AB	7,104	73,597	105,054
ASTRAZENECA PLC	2,908	228,456	190,532
AUTOZONE INC	340	856,671	1,088,680
AVERY DENNISON CORP	533	120,212	99,740
BANK OF AMERICA CORP	32,250	995,676	1,417,388
BANK OF AMERICA CORP	4,309	140,342	189,381
BELLRING BRANDS INC	17,400	1,028,850	1,310,916
BERKSHIRE HATHAWAY INC	3,375	800,775	1,529,820
BLACKROCK INC	1,185	721,430	1,214,755
BOOZ ALLEN HAMILTON HOLDING CO	5,725	428,205	736,808
BOOZ ALLEN HAMILTON HOLDING CO	1,757	151,090	226,126
BOSTON SCIENTIFIC CORP	14,700	1,013,627	1,313,004
BRISTOL-MYERS SQUIBB CO	14,300	832,904	808,808
BROADCOM INC	10,000	569,879	2,318,400
BROWN & BROWN INC	5,950	420,757	607,019
BRP INC	1,464	95,138	74,474
BUREAU VERITAS SA	1,868	125,193	113,505
CARLSBERG AS	5,102	166,761	97,765
CASEY'S GENERAL STORES INC	1,675	530,691	663,685
CATERPILLAR INC	1,900	662,046	689,244
CELSIUS HOLDINGS INC	27,000	1,108,319	711,180
CHARLES SCHWAB CORP/THE	2,584	101,231	191,242
CHART INDUSTRIES INC	3,400	677,276	648,856
CHURCH & DWIGHT CO INC	5,125	274,263	536,639
COCA-COLA CO/THE	3,000	196,063	186,780
COCA-COLA CO/THE	4,331	200,983	269,648
COCA-COLA EUROPACIFIC PARTNERS	2,256	89,093	173,283
COLGATE-PALMOLIVE CO	11,700	1,169,973	1,063,647
COMPUTERSHARE LTD	6,504	110,699	136,714
CONOCOPHILLIPS	7,400	658,067	733,858
COOPER COS INC/THE	6,425	419,426	590,650

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
COPART INC	17,700	192,381	1,015,803
CORCEPT THERAPEUTICS INC	12,000	629,872	604,680
CORPAY INC	291	109,102	98,480
COSTCO WHOLESALE CORP	1,725	680,493	1,580,566
CRANE CO	6,350	558,004	963,613
CURTISS-WRIGHT CORP	1,850	514,526	656,510
DANAHER CORP	4,000	720,182	918,200
DANAHER CORP	1,001	206,498	229,780
DECKERS OUTDOOR CORP	3,950	180,004	802,206
DESCARTES SYSTEMS GROUP INC/TH	4,875	459,143	553,800
DEXCOM INC	5,325	428,556	414,125
DIAGEO PLC	2,148	289,501	273,075
DRAFTKINGS INC	11,000	472,802	409,200
DYCOM INDUSTRIES INC	3,500	691,942	609,210
DYNATRACE INC	9,125	519,483	495,944
EATON CORP PLC	2,550	746,103	846,269
ELI LILLY & CO	2,100	552,041	1,621,200
EMCOR GROUP INC	2,075	318,300	941,843
ENCOMPASS HEALTH CORP	5,900	572,290	544,865
ENTERGY CORP	18,300	960,406	1,387,506
EQUIFAX INC	628	170,036	160,046
ESSILORLUXOTTICA SA	899	103,857	109,662
EVERCORE INC	6,150	1,153,989	1,704,719
EXXON MOBIL CORP	16,000	1,158,400	1,721,120
FACTSET RESEARCH SYSTEMS INC	1,200	508,274	576,336
FANUC CORP	8,518	125,138	113,145
GE HEALTHCARE TECHNOLOGIES INC	7,000	547,273	547,260
GE VERNOVA INC	2,200	340,707	723,646
GODADDY INC	3,175	631,173	626,650
HALOZYME THERAPEUTICS INC	9,875	585,010	472,124
HDFC BANK LTD	1,985	101,226	126,762
HEXAGON AB	12,206	87,622	116,653
HOME DEPOT INC/THE	1,500	426,449	583,485
HOWMET AEROSPACE INC	12,800	441,973	1,399,936
INDUSTRIA DE DISENO TEXTIL SA	6,557	108,543	168,521
INTERCONTINENTAL EXCHANGE INC	1,686	118,319	251,231
IQVIA HOLDINGS INC	1,078	107,018	211,838
ITRON INC	7,500	496,582	814,350
JPMORGAN CHASE & CO	7,600	630,570	1,821,796
KONE OYJ	4,477	116,467	108,943
LAM RESEARCH CORP	12,250	485,696	884,818
LEGRAND SA	5,217	113,093	101,606
LEIDOS HOLDINGS INC	7,700	868,838	1,109,262
LIBERTY MEDIA CORP-LIBERTY FOR	17,200	1,239,525	1,593,752
LIFE TIME GROUP HOLDINGS INC	49,850	999,957	1,102,682
LINDE PLC	1,175	473,621	491,937
LVMH MOET HENNESSY LOUIS VUITT	1,012	103,446	133,191
MANHATTAN ASSOCIATES INC	4,700	693,845	1,270,128
MARKETAXESS HOLDINGS INC	1,400	389,578	316,456
MARRIOTT INTERNATIONAL INC/MD	2,800	535,224	781,032
MARVELL TECHNOLOGY INC	12,700	937,808	1,402,715
MARVELL TECHNOLOGY INC	1,281	95,156	141,486
MASTERCARD INC	2,625	577,015	1,382,246
MCDONALD'S CORP	675	127,518	195,676

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
MCKESSON CORP	1,150	297,462	655,397
META PLATFORMS INC	6,105	1,778,232	3,574,539
MICRON TECHNOLOGY INC	9,300	711,637	782,688
MICROSOFT CORP	12,825	1,745,198	5,405,738
MICROSOFT CORP	1,550	133,336	653,325
MIZUHO FINANCIAL GROUP INC	40,770	171,577	199,365
MONOLITHIC POWER SYSTEMS INC	665	80,721	393,481
MOTOROLA SOLUTIONS INC	424	45,333	195,986
NASDAQ INC	16,200	880,991	1,252,422
NEW YORK TIMES CO/THE	2,300	126,310	119,715
NIKE INC	1,207	201,647	91,334
NINTENDO CO LTD	10,191	96,915	150,185
NUCOR CORP	4,800	327,853	560,208
NVENT ELECTRIC PLC	9,950	573,781	678,192
NVIDIA CORP	56,800	1,221,046	7,627,672
NXP SEMICONDUCTORS NV	851	92,827	176,880
OLLIE'S BARGAIN OUTLET HOLDING	5,825	546,619	639,177
ONTO INNOVATION INC	2,525	582,063	420,842
ONTO INNOVATION INC	4,950	1,086,710	825,017
PALO ALTO NETWORKS INC	6,000	619,291	1,091,760
PENUMBRA INC	3,075	595,858	730,251
PERNOD RICARD SA	3,100	104,592	69,979
POST HOLDINGS INC	8,800	990,513	1,007,248
PROCTER & GAMBLE CO/THE	3,900	408,350	653,835
PROCTER & GAMBLE CO/THE	1,580	117,621	264,887
PTC INC	3,175	583,443	583,787
PTC INC	1,112	76,778	204,463
PURE STORAGE INC	8,250	435,738	506,798
QUALYS INC	3,800	389,661	532,836
QUANTA SERVICES INC	4,150	500,662	1,311,608
RAYMOND JAMES FINANCIAL INC	4,900	257,094	761,117
REGENERON PHARMACEUTICALS INC	950	627,160	676,714
RELX PLC	6,079	137,594	276,108
RESMED INC	2,100	211,533	480,249
ROCKWELL AUTOMATION INC	527	93,876	150,611
S&P GLOBAL INC	515	87,129	256,485
SAIA INC	1,350	388,081	615,236
SALESFORCE INC	1,048	251,240	350,378
SAREPTA THERAPEUTICS INC	5,000	646,795	607,950
SERVICENOW INC	1,410	611,146	1,494,769
SHARKNINJA INC	5,600	590,460	545,216
SHIMANO INC	4,868	86,285	66,253
SPROUTS FARMERS MARKET INC	3,850	588,903	489,220
SPS COMMERCE INC	4,325	647,899	795,757
SYSCO CORP	1,260	103,683	96,340
TAIWAN SEMICONDUCTOR MANUFACTU	1,959	79,990	386,883
TAKE-TWO INTERACTIVE SOFTWARE	2,575	361,295	474,006
TARGA RESOURCES CORP	6,750	1,049,943	1,204,875
TECHTRONIC INDUSTRIES CO LTD	3,130	197,394	206,505
TECK RESOURCES LTD	22,300	957,460	903,819
TELEDYNE TECHNOLOGIES INC	1,435	432,996	666,027
TENCENT HOLDINGS LTD	2,841	140,954	152,511
TEXAS INSTRUMENTS INC	1,054	122,296	197,636
TEXAS ROADHOUSE INC	7,300	697,859	1,317,139

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
TG THERAPEUTICS INC	21,000	668,255	632,100
THERMO FISHER SCIENTIFIC INC	1,150	577,048	598,265
THERMO FISHER SCIENTIFIC INC	445	89,944	231,502
TJX COS INC/THE	11,700	1,131,486	1,413,477
T-MOBILE US INC	6,600	927,308	1,456,818
TRADE DESK INC/THE	11,100	792,137	1,304,583
TRAVELERS COS INC/THE	5,400	982,393	1,300,806
UNILEVER PLC	3,952	218,178	224,078
UNITEDHEALTH GROUP INC	1,500	299,767	758,790
UNITEDHEALTH GROUP INC	430	204,870	217,520
US FOODS HOLDING CORP	10,300	584,269	694,838
VALVOLINE INC	12,400	463,453	448,632
VERRA MOBILITY CORP	35,300	1,031,995	853,554
VERTEX PHARMACEUTICALS INC	1,915	578,684	771,171
VERTIV HOLDINGS CO	13,200	435,928	1,499,652
VICI PROPERTIES INC	27,820	930,239	812,622
VISA INC	1,038	118,758	328,050
WARNER MUSIC GROUP CORP	2,035	64,410	63,085
WATTS WATER TECHNOLOGIES INC	3,050	548,493	620,065
WEATHERFORD INTERNATIONAL PLC	5,025	568,645	359,941
WEC ENERGY GROUP INC	9,200	762,695	865,168
WELLS FARGO & CO	19,300	1,097,438	1,355,632
WELLTOWER INC	13,100	1,332,935	1,650,993
WEST PHARMACEUTICAL SERVICES I	1,800	405,487	589,608
WOLTERS KLUWER NV	1,685	87,898	279,868
ZOETIS INC	948	68,193	154,458
		<u>\$ 94,175,400</u>	<u>\$ 150,510,510</u>

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
	ISSUER		COST	CURRENT VALUE
	<u>BLACKSTONE INFRASTRUCTURE PARTNERS - V FEEDER L.P.</u>		\$ <u>7,500,000</u>	\$ <u>8,866,891</u>
			\$ <u>7,500,000</u>	\$ <u>8,866,891</u>

* PARTY-IN-INTEREST

**THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO**

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	EB TEMP INV FD	78,139	\$ <u>78,139</u>	\$ <u>78,139</u>
			\$ <u>78,139</u>	\$ <u>78,139</u>

* PARTY-IN-INTEREST

THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A,
137B, 137C, 137R - AFL-CIO

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQ TREAS TR INSTL	836,996	\$ 836,996	\$ 836,996
INVESCO TREASURY-INST	1,385,861	1,385,861	1,385,861
INVESCO TREASURY-INST	126,610	126,610	126,610
INVESCO TREASURY-INST	959,890	959,890	959,890
INVESCO TREASURY-INST	336,508	336,508	336,508
JPMORGAN SMALL CAP GROW-R6	143,022	4,343,715	3,192,260
VANGUARD VALUE INDEX-INST	213,704	<u>10,556,857</u>	<u>14,110,881</u>
		<u>\$ 18,546,437</u>	<u>\$ 20,949,006</u>

THE PENSION PLAN OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 137, 137A, 137B, 137C, 137R - AFL-CIO

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

EIN 13-1825849, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	BLACKROCK LIQ TREAS TR INSTL	\$ 10,494,950	\$ -	\$ -	\$ -	\$ -	\$ 10,494,950	\$ -
N/A	BLACKROCK LIQ TREAS TR INSTL	-	10,097,182	-	-	10,097,182	10,097,182	-
N/A	EB TEMPORARY INVESTMENT FUND	9,470,355	-	-	-	-	9,470,355	-
N/A	EB TEMPORARY INVESTMENT FUND	-	9,566,835	-	-	9,566,835	9,566,835	-
N/A	INVESCO TREASURY-INST	42,456,384	-	-	-	-	42,456,384	-
N/A	INVESCO TREASURY-INST	-	40,148,455	-	-	40,148,455	40,148,455	-

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A Name of plan	B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part III	Amendments
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No	

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A Name of plan	B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

Part I	Distributions
All references to distributions relate only to payments of benefits during the plan year.	
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part III	Amendments
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No	

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Attachment to 2024 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name PENSION PLAN OF THE IUOE LOCAL 137 137A 137B 137C 137R, AFL-CIO **EIN:** 13-1825849
Plan Sponsor's Name BD OF TRUSTEES PENSION PLAN OF THE IUOE 137 137A 137B 137C 137R, AFL-CIO **PN:** 001

Contribution rate (in dollars and cents)	5.50
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	4.25
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	4.25
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	5.15
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	3.60
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	5.15
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	1.23
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	5.15
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	3.60
Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
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Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
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Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
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Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
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Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____
Contribution rate (in dollars and cents)	
Base unit measure:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____