

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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: 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. ▶

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

<p>1a Name of plan <u>OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO</u></p> <p><u>C/O ASSOCIATED ADMINISTRATORS</u> <u>911 RIDGEBROOK ROAD</u> <u>SPARKS, MD 21152-9459</u></p>	<p>1c Effective date of plan <u>11/30/1961</u></p> <p>2b Employer Identification Number (EIN) <u>52-6038506</u></p> <p>2c Plan Sponsor's telephone number <u>301-459-3020</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	JOSHUA VAN DYKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	JOHN KNOWLES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES, OPERATING ENGINE PENSION TRUST FUND OF WASHINGTON D C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS, MD 21152-9459		3b Administrator's EIN 52-6038506
		3c Administrator's telephone number 301-459-3020
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	2881
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1289
6a(2) Total number of active participants at the end of the plan year	6a(2)	1291
b Retired or separated participants receiving benefits.....	6b	684
c Other retired or separated participants entitled to future benefits	6c	597
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2572
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	324
f Total. Add lines 6d and 6e	6f	2896
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	148

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

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 checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>	
(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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO	D Employer Identification Number (EIN) 52-6038506	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4-46661		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO</p>	<p>D Employer Identification Number (EIN) 52-6038506</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02009		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 26732
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY **8403 COLEVILLE ROAD**
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	26732	ASSET MANAGEMENT FEE	0

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4962140

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <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>OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY</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>BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO</u>	D Employer Identification Number (EIN) <u>52-6038506</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>193916218</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>207953864</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>227263881</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>227263881</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>392643819</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>13542921</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>16438846</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>16876608</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>TIMOTHY D BOLES, ASA, EA</u> Type or print name of actuary <u>BOLTON PARTNERS, INC.</u> Firm name <u>1 W. PENNSYLVANIA AVENUE, SUITE 600</u> <u>TOWSON, MD 21204</u> Address of the firm	<u>10/08/2025</u> Date <u>23-08131</u> Most recent enrollment number <u>410-547-0500</u> Telephone number (including area code)
---	--

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	193916218
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1027	170655601
(2) For terminated vested participants	577	63290392
(3) For active participants:		
(a) Non-vested benefits		24270048
(b) Vested benefits		134427778
(c) Total active	1272	158697826
(4) Total	2876	392643819
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.39 %

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	11025325					
			Totals ▶	3(b)	11025325	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					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	91.5 %
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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
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 checked="" 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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8 %
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)	437762
(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	1371432	140725
4	6298271	646277

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 checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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	10948453

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	5968431

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)	89831498	16796367
9c(2)	0	0
9c(3)	0	0

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

9d	1593536
-----------	---------

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

9e	24358334
-----------	----------

Credits to funding standard account:

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

9f	47134389
-----------	----------

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

9g	11025325
-----------	----------

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

	Outstanding balance	
9h	23387092	5589801

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

9i	4076579
-----------	---------

j Full funding limitation (FFL) and credits:

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

9j(1)	92716010	
9j(2)	157528893	
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	67826094
-----------	----------

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

9m	43467760
-----------	----------

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

9n	
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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
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(3) Total as of valuation date.....

9o(3)	0
--------------	---

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

10	
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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 OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON	D Employer Identification Number (EIN) 52-6038506	

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

NEW TOWER TRUST COMPANY

20-1641876

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

EATON VANCE TRUST COMPANY

**TWO INTERNATIONAL PLACE
BOSTON, MA 02110**

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

GLOBAL TRUST COMPANY

26-3761443

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

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

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

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

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

ASSOCIATED ADMINISTRATORS LLC

65-1205077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	193365	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	154894	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)

WEDGE CAPITAL MGMT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	142659	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

INV PERFORMANCE SERVICE

58-2432390

(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 50	NONE	98308	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)

WASHINGTON CAPITAL MGMT

91-1042342

(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	NONE	83767	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)

GROSVENOR CAPITAL MANAGEMENT

36-4336976

(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	64176	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)

BOLTON PARTNERS

52-1231144

(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	56063	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)

TIMES SQUARE

20-1665304

(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?
51 68	NONE	53540	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49724	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)

JOHNSTON ASSET MANAGEMENT

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40293	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)

MCCHESENEY ET AL

52-1842141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	26223	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)

DOYLE PRINTING & OFFSET CO.

5206 46TH AVENUE
HYATTSVILLE, MD 20781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY</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>BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO</u>	D Employer Identification Number (EIN) <u>52-6038506</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</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>5079581</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL - U.S. PROPERTY SA-PG12</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6091154</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO SEPARATE ACCOUNT J</u>		
b Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4962140</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY TRIVALENT INTL SMALL CAP FU</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>83-1098532-126</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>10749562</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON CAPITAL JOINT MASTER TRU</u>		
b Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>		
c EIN-PN <u>91-1163419-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5582303</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTL EQUITY GR TR</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5514576</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE RUSSELL 1</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-007</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>20980405</u>

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.	OMB No. 1210-0110 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 OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO	D Employer Identification Number (EIN) 52-6038506

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
a Total noninterest-bearing cash	1a	1875976	1715483
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1148636	1502815
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62494	475267
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1539312	3195988
(2) U.S. Government securities	1c(2)	10605349	11851794
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	25650263	25713202
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	25928723	32297508
(5) Partnership/joint venture interests	1c(5)	59421327	63001385
(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)	41516514	36811673
(10) Value of interest in pooled separate accounts	1c(10)	11474776	16635597
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	10189065	9992076
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4718000	
(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	194130435	203192788
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	214217	223461
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	214217	223461
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	193916218	202969327

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)	11027539	
(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)		11027539
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	178412	
(B) U.S. Government securities.....	2b(1)(B)	220700	
(C) Corporate debt instruments.....	2b(1)(C)	2035324	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2434436
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	379203	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		379203
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	119221786	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	111266295	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7955491
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1311822	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1311822

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	5297134
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	66499
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	417590
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	3750
d Total income. Add all income amounts in column (b) and enter total.....	2d	26269820

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15860155
(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)	15860155
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)	
(2) Contract administrator fees	2i(2)	193365
(3) Recordkeeping fees	2i(3)	12749
(4) IQPA audit fees	2i(4)	36975
(5) Investment advisory and investment management fees	2i(5)	879828
(6) Bank or trust company trustee/custodial fees	2i(6)	2691
(7) Actuarial fees	2i(7)	56063
(8) Legal fees	2i(8)	26223
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	598
(11) Other expenses.....	2i(11)	148064
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1356556
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	17216711

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	9053109
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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		126440731
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.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561386.

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 01/01/2024 and ending 12/31/2024

A Name of plan <u>OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTO</u>	D Employer Identification Number (EIN) <u>52-6038506</u>	

Part I	Distributions
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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): 52-6038506

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 **CRANE SERVICE COMPANY**

b EIN **53-0053000**

c Dollar amount contributed by employer

907715

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 **CLARKE CONSTRUCTION**

b EIN **56-2447399**

c Dollar amount contributed by employer

562511

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 **WO GRUBB EQUIPMENT**

b EIN **54-0803694**

c Dollar amount contributed by employer

672116

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 **CAPITAL PAVING OF DC**

b EIN **52-1543117**

c Dollar amount contributed by employer

654520

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 **05** Day **31** Year **2026**

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 **EXTREME STEEL CRANE &**

b EIN **47-2203068**

c Dollar amount contributed by employer

617353

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 **FT MYER CONSTRUCTION**

b EIN **54-0956585**

c Dollar amount contributed by employer

740422

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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): _____

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 **MILLER PIPELINE CO.**

b EIN **35-1959522** **c** Dollar amount contributed by employer **331776**

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 **05** Day **31** Year **2026**

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 **FT MYER CONSTRUCTION**

b EIN **54-0956585** **c** Dollar amount contributed by employer **190480**

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 **05** Day **31** Year **2026**

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 **WILLIAMS EQUIPMENT**

b EIN **62-0639730** **c** Dollar amount contributed by employer **182699**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 **BERKEL & COMPANY**

b EIN **48-0650969** **c** Dollar amount contributed by employer **150320**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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 checked="" type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1281
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	1266
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	1240

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	101.18
b The corresponding number for the second preceding plan year	15b	103.31

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	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 35.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 11.0 %
 High-Yield Debt: 14.0 % Real Assets: 16.0 % Cash or Cash Equivalents: _____ % Other: 24.0 %

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 _____.



OPERATING ENGINEERS LOCAL 77 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Operating Engineers Local 77 Pension Fund

Opinion

We have audited the accompanying financial statements of Operating Engineers Local 77 Pension Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, 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 Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.


Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





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

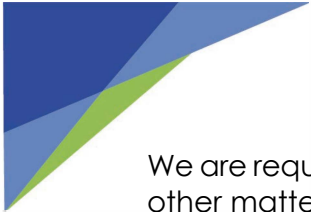
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedules Required by ERISA

Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental 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 GAAS.

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.

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses and investment fees are presented for purposes of additional analysis and are 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.

Calibre CPA Group, PLLC

Bethesda, MD
October 8, 2025



OPERATING ENGINEERS LOCAL 77 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Assets		
Investments - at fair value	\$ 199,499,223	\$ 191,043,329
Receivables		
Contributions	1,502,815	1,148,636
Interest and dividends	381,554	176,475
Reciprocity, other	116,171	115,452
Total receivables	<u>2,000,540</u>	<u>1,440,563</u>
Prepaid expenses	<u>7,157</u>	<u>5,654</u>
Cash		
General checking	<u>1,715,483</u>	<u>1,875,976</u>
Total assets	<u>203,222,403</u>	<u>194,365,522</u>
Liabilities and Net Assets		
Liabilities		
Due to broker	29,615	235,087
Accounts payable	<u>223,461</u>	<u>214,217</u>
Total liabilities	<u>253,076</u>	<u>449,304</u>
Net assets available for benefits	<u>\$ 202,969,327</u>	<u>\$ 193,916,218</u>

See accompanying notes to financial statements.

OPERATING ENGINEERS LOCAL 77 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 12,424,892	\$ 13,396,602
Interest	2,434,436	1,281,732
Dividends	379,203	381,973
	15,238,531	15,060,307
Less: investment expenses	(879,828)	(801,291)
Net investment income (loss)	14,358,703	14,259,016
Contributions from contractors		
under union agreement	10,721,764	9,653,318
Reciprocity income	531,492	273,880
Investment commission recapture	2,214	3,562
	11,255,470	9,930,760
Less: reciprocity payments	(227,931)	(328,097)
Net contributions from contractors	11,027,539	9,602,663
Other income		
Litigation proceeds and claims settlements	3,750	16,289
Total additions	25,389,992	23,877,968
Deductions		
Benefits paid	15,860,155	15,460,430
Administration expenses	476,728	443,692
Total deductions	16,336,883	15,904,122
Net change	9,053,109	7,973,846
Net assets available for benefits		
Beginning of year	193,916,218	185,942,372
End of year	\$ 202,969,327	\$ 193,916,218

See accompanying notes to financial statements.



OPERATING ENGINEERS LOCAL 77 PENSION FUND

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits

Vested benefits	
Pensioners	\$ 122,963,596
Actives	<u>92,150,993</u>
	215,114,589
Terminated vested benefits	<u>12,149,292</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 227,263,881</u>

See accompanying notes to financial statements.



OPERATING ENGINEERS LOCAL 77 PENSION FUND

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 215,160,010
Changes during the year	
Interest	14,520,086
Benefits accumulated and plan experience	6,745,944
Actual benefits paid	(15,460,430)
Assumption change	<u>6,298,271</u>
Actuarial present value of accumulated plan benefits at the end of the year	<u>\$ 227,263,881</u>



OPERATING ENGINEERS LOCAL 77 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE FUND

The following description of the Operating Engineers Local 77 Pension Fund (the Fund) provides only general information. Participants should refer to the Fund agreement for a more complete description of the Fund's provisions.

General - The Fund is a defined benefit pension plan covering substantially all employees of Operating Engineers Local Union 77. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions to the Fund are made by individual employers under the provisions of a collective bargaining agreement.

Pension Benefits - Benefits are provided by contributions to the Fund and any income earned from the investment of contributions. All monies are used exclusively for providing benefits to eligible retirees, spouses or their named beneficiaries, and the paying of all expenses incurred with respect to the operation of the Fund.

Benefits include normal and early retirement pensions, disability pensions and death benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Fund's financial statements are presented on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Use of Estimates - The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires the Fund administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Contributions Receivable - Contributions receivable is stated at the amount management expects to collect from balances outstanding at year end. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Benefits Paid - Benefits paid are recorded when disbursements are made.

Funding - The Fund is financed by contributions made by the participating employers. The employers contribute amounts that will maintain the Fund in an actuarially sound position. The Fund's actuary has determined the Fund has met the minimum funding requirement of ERISA through December 31, 2023. The Fund is certified as neither endangered nor critical (green zone) status.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Fund's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Fund are based on credited benefit services, which consist of the sum of past credited service and future credited benefit service as defined in the plan document. The accumulated plan benefits for active employees are based on their credited benefit service. Benefits payable under all circumstances; retirement, death, disability and termination of participation are included to the extent they are deemed attributable to participant credited benefit service, to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Bolton Partners and is that amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuary used the traditional unit credit (accrued benefit) cost method. Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits at December 31, 2024 were:

Net investment return:	7.0%.
Retirement age:	Active participants are assumed to retire between the ages of 58 and 70. The weighted average retirement age is 64.9.
Administrative expenses:	The average of the two prior years' administrative expenses increased by 2% are assumed as a mid-year number for the current year. That mid-year number is then discounted to the beginning of the year and included in the normal cost.
Percent married:	85%.
Mortality:	For healthy participants, 110% of the Pri-2012 Amount-Weighted Employee Table with Blue Collar Adjustment for pre-commencement and Pri-2012 Amount-Weighted Retiree Table with Blue Collar Adjustment for post-commencement, projected generationally using scale MP-2021. For disabled participants, 110% Pri-2012 Amount-Weighted Disabled Table, projected generationally using scale MP-2021.

The foregoing actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

There were no changes to the actuarial methods or assumptions since the prior valuation.

Since information on the accumulated plan benefits at December 31, 2024, and the changes therein for the year then ended are not included above, the financial statements do not purport to present a complete presentation of the financial status of the Fund as of December 31, 2024, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Fund is presented as of December 31, 2023.



NOTE 4. INCOME TAX STATUS

The Fund is intended to qualify under Section 401 (a) of the Internal Revenue Code (IRC) and the Internal Revenue Service (IRS) has issued a favorable determination letter ruling that the Fund was designed in accordance with applicable IRC requirements as of February 4, 2016. The Fund administrator and the Fund's tax counsel believe that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Fund accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribed a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Fund performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023 and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Fund files returns.

NOTE 5. FUND CONTINUATION

It is intended for the Fund to continue indefinitely and meet any foreseeable situations that may occur. To protect against any unforeseen situations, the Board of Trustees reserve the right to change the Fund and, if necessary, discontinue it. If it becomes necessary to terminate the Fund, the assets of the Fund must be used to provide benefits according to the Fund document. The amounts which are eventually paid depend on the sufficiency of assets and if there is an insufficiency of assets, the extent to which benefits are guaranteed by the Pension Benefit Guaranty Corporation. A reduction in the amount of Fund benefits may also occur before Fund termination if the Fund is not sufficiently funded or if the Fund cannot pay the full amount of the benefits when due.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Short-term investments: Valued at amortized cost, which approximates fair value.

U.S. Government and agencies notes and bonds and mutual funds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and municipal notes and bonds: 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.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled separate accounts, common collective trusts and 103-12 investment entities: Valued based on the net asset value of shares held by the Fund at the end of the fiscal year.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Limited partnership and hedge funds: Valued based on unit value multiplied by the number of shares owned by the Fund; or based on the Fund's percentage of ownership multiplied by total limited partners' capital as disclosed in the partnerships' most recent audited financial statements.

The following tables set forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 3,195,988	\$ 3,195,988	\$ -	\$ -
U.S. Government and agencies notes and bonds	11,851,794	2,602,511	9,249,283	-
Corporate and municipal notes and bonds	25,713,202	-	25,713,202	-
Common stock	<u>32,297,508</u>	<u>32,297,508</u>	-	-
Total assets in the fair value hierarchy	73,058,492	<u>\$ 38,096,007</u>	<u>\$ 34,962,485</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>126,440,731</u>			
Investments at fair value	<u>\$ 199,499,223</u>			

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 1,539,312	\$ 1,539,312	\$ -	\$ -
U.S. Government and agencies notes and bonds	10,605,349	4,664,489	5,940,860	-
Corporate and municipal notes and bonds	25,650,263	-	25,650,263	-
Common stock	<u>25,928,723</u>	<u>25,928,723</u>	-	-
Total assets in the fair value hierarchy	63,723,647	<u>\$ 32,132,524</u>	<u>\$ 31,591,123</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>127,319,682</u>			
Investments at fair value	<u>\$ 191,043,329</u>			

*In accordance with Accounting Standards Codification, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value (NAV)

The following tables summarize investments measured at fair value based on NAVs per share as of December 31, 2024 and 2023:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 36,811,673	None	Daily	1 day to 30 days
Pooled separate accounts	16,635,597	None	Monthly	30 Days
Limited partnerships	41,887,315	\$ 9,786,961	N/A	N/A
Hedge funds	21,114,070	None	Daily	1 day to 30 days
103-12 investment entities	<u>9,992,076</u>	None	Daily	1 day to 30 days
	<u>\$ 126,440,731</u>			

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 41,516,514	None	Daily	1 day to 30 days
Pooled separate accounts	16,792,476	None	Monthly	30 Days
Limited partnerships	38,621,551	\$ 11,673,503	N/A	N/A
Hedge funds	20,799,776	None	Daily	1 day to 30 days
103-12 investment entities	<u>9,589,365</u>	None	Daily	1 day to 30 days
	<u>\$ 127,319,682</u>			

The Fund's investment in the common collective trust category is comprised of several investments, all of which are direct-filing entities (DFEs) with the Department of Labor. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their NAVs calculated by the fund sponsor and have daily or monthly liquidity.

The Fund's investment in the pooled separate account category consists of two individual investments, both of which are DFEs. One is a diversified real estate equity account consisting primarily of high quality, well leased real estate properties in the multifamily, industrial, office, retail and hotel sectors. The account has the ability to apply a contractual limitation which delays the payment of withdrawal requests. If the withdrawal limitation were applied, withdrawal requests included within the withdrawal limitation would be paid on a pro rata basis as cash becomes available for distribution. The other is designed to provide tax-exempt pension plans a specialized fixed income investment alternative that seeks to enhance performance returns, reduce portfolio volatility and stimulate the unionized construction industry.

The Fund's investment in the limited partnership category consists of numerous individual investments. These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The Fund's investment in the hedge fund category consists of two individual investments. These investments seek to achieve long-term growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

The Fund's investment in the 103-12 investment entities category consists of two investments, both of which file as DFEs. One investment originates mortgage and construction loans usually secured by first deeds of trust within the jurisdiction of sponsoring plans which are expected to produce a consistent level of interest income. The other investment invests in non-U.S. equities, diversified by industry and country.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Fund pays certain investment and administrative fees directly to service providers, including PNC, the investment custodian for the Fund. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions and deductions during 2024 per the financial statement to the income and expenses reported on Form 5500:

Additions per the financial statements	\$ 25,389,992
Add: investment expenses netted against revenue for financial statement purposes	<u>879,828</u>
Income per the Form 5500	<u>\$ 26,269,820</u>
Deductions per the financial statements	\$ 16,336,883
Add: investment expenses netted against revenue for financial statement purposes	<u>879,828</u>
Expenses per the Form 5500	<u>\$ 17,216,711</u>

NOTE 9. RISKS AND UNCERTAINTIES

The Fund 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



NOTE 9. RISKS AND UNCERTAINTIES (CONTINUED)

values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Fund 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 would be material to the financial statements.

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 8, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Schedule MB, Line 6 Summary of Plan Provisions

Effective Date November 30, 1961

Plan Year January 1 through December 31

Hour of Service A participant is credited with one hour of service for each hour for which he is paid for the performance of duties in covered employment. A participant is also credited with one hour of service for each hour for which he is paid for non-work, such as vacation, holiday, etc.

Pension Service

Past Service: A participant who is not an employee of a paving contractor receives one Past Benefit Unit for each calendar year prior to 1960, any part of which he worked under a collective bargaining agreement with the Union.

Future Service: A participant receives Future Benefit Units based upon service after December 31, 1959 (December 31, 1969 for employees of paving contractors) equal to the lesser of:

- i) Years and completed quarters of a year measured from the beginning of the first year with any hours to the end of the last year with at least 400 hours, or to the end of the last month with any hours, if later, or
- ii) Years and completed quarters of a year determined by dividing the participant's number of hours by 1,600.

Vesting Service 5 years required for vesting. A participant receives Years of Vesting Service based on his hours during the plan year, in accordance with the following table:

Hours	Years of Vesting Service
0 – 499	0.00
500 – 749	0.50
750 – 999	0.75
1,000 or more	1.00

Participation

- **Age Requirement:** none
- **Service Requirement:** Any employee covered by a collective bargaining agreement with the International Union of Operating Engineers, Local No. 77, is a participant in this plan.



Schedule MB, Line 6 Summary of Plan Provisions

Normal Pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of participation.

Amount: The monthly normal retirement benefit paid to a participant is the sum of:

- Benefit earned for service before 1/1/2008
 - All Past and Future Benefit Units for Participants with one or more breaks in service prior to 2008, and who have been credited with 25 years of Vesting Service, will be valued using the benefit unit rates in effect at the time their application for benefit is approved.
- Plus, for years from 2008 to 2010, 3.0% of employer contributions on behalf of that participant for the year
- Plus, for years from 2011 to 2014, 2.5% of employer contributions on behalf of that participant for the year
- Plus, for years from 2015 to 2019, 2.1% of employer contributions on behalf of that participant for the year.
- Plus, for years from 2020 to 2023, 1.75% of employer contributions on behalf of that participant for the year.
- Plus, for years after 12/31/2023, 1.5% of employer contributions on behalf of that participant for the year.

Deferred Vested Pension

- **Age Requirement:** 65
- **Service Requirement:** 5 years of vesting service
- **Amount:** same as normal

Early Pension

- **Age Requirement:** 55
 - **Service Requirement:** 5 years of vesting service
 - **Amount (less than 35 years of Vesting Service):** same as normal but reduced $\frac{1}{2}$ of 1% for each month prior to normal retirement eligibility
 - **Amount (more than 35 years of Vesting Service):** same as normal but reduced $\frac{1}{4}$ of 1% for each month prior to age 60
-



Schedule MB, Line 6 Summary of Plan Provisions

Disability Benefit	<ul style="list-style-type: none">• Age Requirement: none• Service Requirement: 15 years of vesting service upon total and permanent disability• Amount: same as normal with no reduction for early commencement
Pre-Retirement Death Benefit	<ul style="list-style-type: none">• Age Requirement: none• Service Requirement: vested• Amount: \$5,000
Post-Retirement Death Benefit	<ul style="list-style-type: none">• In addition to any survivor benefit payable under the annuity option elected by the participant, the beneficiary of a deceased retiree will receive a lump sum benefit of \$5,000.
Pre-Pension Surviving Spouse Pension	<ul style="list-style-type: none">• Age Requirement: none• Service Requirement: vested• Amount: 50% of the normal or early retirement benefit the participant would have received had he retired on the first day of the month in which he died but elected an actuarially reduced joint & 50% spouse annuity. The actuarial reduction cannot exceed 10%.• Duration: life of spouse
Vesting	<ul style="list-style-type: none">• Age Requirement: none• Service Requirement: 5 years of vesting service
Normal Form of Benefit	<ul style="list-style-type: none">• Unmarried Participant: Three-year certain and continuous annuity.• Married Participant: Actuarially reduced 50% Joint & Survivor Pop-up Annuity.
Optional Forms of Benefit	<ul style="list-style-type: none">• Three-year certain and continuous annuity• 75% Joint & Survivor Pop-up Annuity

Changes to Prior Year's Plan Provisions

Accrual rate lowered from 1.75% to 1.50% of contributions for hours worked on or after January 1, 2024.



OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	<u>Short-term investments</u>						
	Fed Hermes Gov Obligations Fund	Money Market	N/A	N/A	3,195,988	\$ 3,195,988	\$ 3,195,988
	<u>U.S. Government and agencies notes and bonds</u>						
	Fanniemae-Aces	Notes	6/25/2029	2.65%	476,098	441,154	441,034
	Fanniemae-Aces	Notes	6/25/2029	2.94%	290,076	272,672	270,508
	Fanniemae-Aces	Notes	1/25/2031	0.97%	550,278	484,073	476,013
	Fanniemae-Aces	Notes	10/25/2027	VAR	129,841	125,279	124,485
	Fanniemae-Aces	Notes	4/25/2032	VAR	425,000	330,612	352,759
	Fanniemae-Aces	Notes	7/25/2028	VAR	224,552	218,617	220,135
	Federal Home Loan Mtg Corp	Notes	10/1/2033	3.49%	90,711	89,328	87,359
	Federal Home Loan Mtg Corp	Notes	10/1/2033	3.42%	80,432	78,505	72,228
	Federal Home Loan Mtg Corp	Notes	1/1/2035	2.50%	182,068	169,311	167,195
	Federal Home Loan Mtg Corp	Notes	8/1/2045	3.50%	30,901	28,522	28,113
	Federal Home Loan Mtg Corp	Notes	12/1/2047	5.00%	119,577	120,822	118,979
	Federal Home Loan Mtg Corp	Notes	8/1/2032	3.45%	110,702	102,624	101,211
	Federal Home Loan Mtg Corp	Notes	12/1/2047	4.00%	48,630	48,266	46,030
	Federal Home Loan Mtg Corp	Notes	8/1/2045	3.50%	167,156	154,255	152,250
	Federal Natl Mtg Assn	Notes	12/1/2042	3.50%	50,194	50,241	45,734
	Federal Natl Mtg Assn	Notes	4/1/2028	VAR	133,432	129,519	128,309
	Federal Natl Mtg Assn	Notes	5/1/2028	3.47%	105,000	100,029	101,027
	Federal Natl Mtg Assn	Notes	3/1/2033	3.50%	31,547	32,080	30,576
	Federal Natl Mtg Assn	Notes	5/1/2032	3.59%	70,000	66,147	64,363
	Federal Natl Mtg Assn	Notes	7/1/2044	3.50%	24,005	26,235	21,964
	Federal Natl Mtg Assn	Notes	11/1/2038	4.50%	19,230	20,815	19,091
	Federal Natl Mtg Assn	Notes	9/1/2047	3.50%	95,032	94,696	86,568
	Federal Natl Mtg Assn	Notes	7/1/2045	5.00%	18,974	18,926	18,906
	Federal Natl Mtg Assn	Notes	7/1/2034	3.50%	22,980	24,553	22,447
	Federal Natl Mtg Assn	Notes	12/1/2047	5.00%	36,219	37,818	35,917
	Federal Natl Mtg Assn	Notes	9/1/2035	3.50%	42,555	40,737	41,277
	Federal Natl Mtg Assn	Notes	11/1/2046	3.00%	42,505	39,433	37,498
	Federal Natl Mtg Assn	Notes	9/1/2049	3.00%	44,387	40,491	38,822
	Federal Natl Mtg Assn	Notes	2/1/2049	6.00%	225,665	232,612	233,945
	Federal Natl Mtg Assn	Notes	11/1/2052	5.50%	216,601	221,576	219,462
	Federal Natl Mtg Assn	Notes	8/1/2035	2.50%	214,711	203,438	203,121
	Federal Natl Mtg Assn	Notes	7/1/2031	1.50%	265,125	244,251	244,283
	Federal Natl Mtg Assn	Notes	2/25/2033	2.00%	31,333	29,180	28,876
	Federal Natl Mtg Assn	Notes	9/25/2045	2.50%	32,201	29,926	28,702
	Fhlmc Multifamily Structured P	Notes	12/25/2025	3.00%	65,000	63,994	64,121
	Fhlmc Multifamily Structured P	Notes	1/25/2029	5.40%	250,000	259,688	255,940
	Fhlmc Multifamily Structured P	Notes	9/25/2027	1.47%	20,000	17,864	18,416
	Fhlmc Multifamily Structured P	Notes	11/25/2032	4.12%	25,000	23,301	23,960
	Fhlmc Multifamily Structured P	Notes	5/25/2025	2.77%	525,000	505,549	520,427
	Fhlmc Multifamily Structured P	Notes	4/25/2026	2.90%	7,146	6,944	7,061
	Fhlmc Multifamily Structured	Notes	11/25/2032	3.46%	195,000	173,430	176,456
	Fhlmc Multifamily Structured	Notes	3/25/2029	VAR	100,000	86,973	90,602
	Fhlmc Multifamily Structured	Notes	6/25/2026	0.68%	1,037	1,037	1,024
	Fhlmc Multifamily Structured	Notes	2/25/2031	3.47%	50,000	45,440	46,683
	Govt Natl Mtg Assn	Notes	11/15/2040	5.00%	137,572	140,734	136,971
	Govt Natl Mtg Assn	Notes	11/15/2045	5.50%	151,000	154,964	153,697
	Govt Natl Mtg Assn	Notes	6/15/2033	2.69%	90,353	87,956	83,424
	Govt Natl Mtg Assn	Notes	8/15/2026	1.66%	32,401	30,749	31,579
	Govt Natl Mtg Assn	Notes	5/15/2030	3.31%	281,888	276,381	273,231
	Govt Natl Mtg Assn	Notes	9/15/2041	3.02%	162,649	156,055	142,051
	Govt Natl Mtg Assn	Notes	9/15/2037	3.63%	76,538	78,230	71,190
	Govt Natl Mtg Assn	Notes	12/15/2034	3.60%	210,405	201,527	199,843
	Govt Natl Mtg Assn	Notes	9/15/2041	1.97%	130,941	114,915	104,045
	RFCSF Strip Principal	Notes	4/15/2030	0.00%	370,000	291,446	289,669
	USA Treasury Notes	Notes	8/15/2030	0.63%	605,000	478,531	491,314
	USA Treasury Notes	Notes	5/31/2026	0.75%	215,000	193,097	204,770

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	USA Treasury Notes	Notes	3/31/2028	1.25%	150,000	\$ 136,879	\$ 136,232
	USA Treasury Notes	Notes	8/31/2026	1.38%	295,000	281,218	281,521
	USA Treasury Notes	Notes	11/15/2031	1.38%	665,000	540,756	543,411
	USA Treasury Notes	Notes	2/15/2026	1.63%	190,000	176,054	184,572
	USA Treasury Notes	Notes	2/15/2027	2.25%	405,000	383,371	388,662
	USA Treasury Notes	Notes	8/15/2027	2.25%	235,000	215,759	223,377
	USA Treasury Notes	Notes	3/31/2029	2.38%	575,000	521,787	530,668
	USA Treasury Notes	Notes	8/15/2033	3.88%	330,000	328,124	314,068
	Alabama St Public Sch & Cl Capital Im	Notes	9/1/2027	5.15%	195,000	215,038	197,906
	Chicago Il Sales Tax	Notes	1/1/2032	N/A	155,000	113,684	107,271
	Chicago Il Sales Tax	Notes	1/1/2033	N/A	90,000	63,931	58,748
	Massachusetts St Sch Bldg Auth Ref-Social	Notes	8/15/2030	1.75%	190,000	160,301	166,374
	Metro Wstwtr Reclamation Distc Ref-Ser B	Notes	4/1/2028	2.41%	105,000	103,326	98,745
	Metro Wstwtr Reclamation Distc Ref-Ser B	Notes	4/1/2029	2.46%	40,000	35,476	36,906
	New York St Dorm Auth St Perso State Pers	Notes	3/15/2027	1.54%	5,000	4,446	4,694
	New York St Urban Dev Corp Sal Ref-Biddin	Notes	3/15/2026	1.31%	125,000	113,589	120,504
	Norfolk VA	Notes	10/1/2030	1.70%	120,000	99,189	102,005
	Oklahoma St Dev Fin Auth Ok Natural	Notes	11/1/2045	4.38%	260,000	247,653	236,623
	Oregon Cmnty College Distc	Notes	6/30/2026	5.68%	10,000	10,109	10,188
	Saint Johns Cnty Fl Inal Dev A Ref	Notes	8/15/2047	5.00%	120,000	135,123	121,070
	Texas Natural Gas Securitized Finance Co	Notes	4/1/2035	5.10%	291,975	294,064	292,588
	Total U.S. Government and agencies notes and bonds					11,915,425	11,851,794

Corporate and municipal notes and bonds

	Adobe Inc	Notes	4/4/2029	4.80%	120,000	123,098	120,606
	Albertsons Cos/Safeway Ser 144A	Notes	3/15/2026	3.25%	565,000	545,624	551,203
	American Airlines/Aadvar	Notes	4/20/2026	5.50%	400,000	394,074	398,708
	American Airlines/Aadvar	Notes	4/20/2029	5.75%	140,000	137,803	138,837
	At&T Inc Ser *	Notes	6/1/2027	2.30%	65,000	59,734	61,351
	At&T Inc Ser Wi	Notes	2/15/2028	4.10%	255,000	258,961	249,469
	Bank Of America Corp	Notes	4/23/2027	VAR	415,000	421,746	408,335
	Blackrock Inc	Notes	4/30/2030	2.40%	140,000	127,960	124,345
	Boyd Gaming Corp	Notes	12/1/2027	4.75%	560,000	531,486	541,402
	Brinks Co/The Ser 144A	Notes	6/15/2029	6.50%	305,000	308,370	309,093
	Brinks Co/The Ser 144A	Notes	10/15/2027	4.63%	65,000	63,206	63,066
	Caterpillar Finl Service	Notes	11/15/2029	4.70%	125,000	124,881	124,536
	Centene Corp Ser Wi	Notes	12/15/2027	4.25%	560,000	525,903	542,472
	Charter Comm Opt Llc/Cap Ser Wi	Notes	7/23/2025	4.91%	540,000	538,017	539,357
	Citigroup Inc Ser Var	Notes	2/24/2028	VAR	340,000	328,321	327,039
	Clearway Energy Op Llc Ser 144A	Notes	3/15/2028	4.75%	215,000	208,956	205,611
	Cleveland-Cliffs Inc Ser 144A	Notes	11/1/2029	6.88%	50,000	50,000	49,465
	Conocophillips Company	Notes	1/15/2030	4.70%	210,000	209,639	207,686
	Crown Amer/Cap Corp Vi	Notes	2/1/2026	4.75%	550,000	538,009	543,989
	Duke Energy Carolinas	Notes	11/15/2028	3.95%	230,000	240,678	223,335
	Esab Corp Ser 144A	Notes	4/15/2029	6.25%	540,000	543,796	546,718
	Fortress Trans & Infracst Ser 144A	Notes	5/1/2028	5.50%	540,000	523,773	528,142
	Genting Ny Llc/Genny Cap Ser 144A	Notes	10/1/2029	7.25%	195,000	195,905	200,920
	Gfl Environmental Inc	Notes	8/1/2025	3.75%	415,000	411,873	410,908
	Ggam Finance Ltd Ser 144A	Notes	5/15/2026	7.75%	210,000	210,000	212,911
	Ggam Finance Ltd Series 144A	Notes	2/15/2027	8.00%	300,000	301,065	309,438
	Glp Capital Lp / Fin Ii	Notes	4/15/2026	5.38%	530,000	518,020	530,011
	Hat Holdings I Llc/Hat Ser 144A	Notes	6/15/2026	3.38%	405,000	378,861	392,437
	Hat Holdings I Llc/Hat Ser 144A	Notes	6/15/2027	8.00%	140,000	146,063	145,869
	Herc Holdings Inc Ser 144A	Notes	6/15/2029	6.63%	225,000	226,231	227,851
	Herc Holdings Inc Ser 144A	Notes	7/15/2027	5.50%	295,000	293,385	291,230
	Hilton Domestic Operatin Ser 144A	Notes	5/1/2025	5.38%	535,000	534,724	532,421
	Home Depot Inc	Notes	6/15/2029	2.95%	90,000	80,995	83,462
	Home Depot Inc	Notes	6/25/2031	4.85%	165,000	164,083	164,937
	Icahn Enterprises/Fin	Notes	5/15/2026	6.25%	156,000	152,458	154,672
	Icahn Enterprises/Fin	Notes	5/15/2027	5.25%	290,000	268,988	274,566
	International Game Tech	Notes	1/15/2027	6.25%	525,000	528,325	528,318

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value	
	Jazz Securities Dac	Notes	1/15/2029	4.38%	580,000	\$ 537,931	\$ 546,865	
	John Deere Capital Corp Ser Mtn	Notes	3/7/2029	3.45%	100,000	101,038	95,145	
	John Deere Capital Corp	Notes	9/8/2031	4.40%	165,000	165,228	160,095	
	Jpmorgan Chase & Co Sr Unsec	Notes	4/23/2029	VAR	420,000	425,201	407,207	
	Kinetik Holdings Lp Ser 144A	Notes	12/15/2028	6.63%	515,000	519,331	526,850	
	Macquarie Airfinance Hld 144A	Notes	5/1/2028	8.38%	275,000	278,697	288,247	
	Macquarie Airfinance Hld 144A	Notes	3/26/2029	6.40%	40,000	40,800	41,157	
	Marsh & McLennan Cos Inc	Notes	3/15/2034	5.15%	120,000	119,906	119,399	
	Midamerican Energy Co	Notes	4/15/2029	3.65%	105,000	107,377	100,140	
	Onemain Finance Corp	Notes	1/15/2027	3.50%	295,000	279,041	281,395	
	Onemain Finance Corp	Notes	9/15/2028	3.88%	235,000	217,642	216,562	
	Park Intermed Holdings Ser 144A	Notes	5/15/2029	4.88%	320,000	300,331	301,133	
	Park Intermed Holdings Ser 144A	Notes	10/1/2028	5.88%	235,000	231,175	229,405	
	Phinia Inc Ser 144A	Notes	4/15/2029	6.75%	355,000	360,301	362,100	
	Prime Secsrvc Brw/Financ Ser 144A	Notes	4/15/2026	5.75%	535,000	528,875	534,700	
	Sba Communications Corp	Notes	2/15/2027	3.88%	575,000	557,553	550,459	
	Sirius Xm Radio Inc Ser 144A	Notes	9/1/2026	3.13%	590,000	558,455	566,730	
	Slm Corp	Notes	10/29/2025	4.20%	350,000	349,701	346,871	
	Slm Corp	Notes	11/2/2026	3.13%	225,000	201,273	214,634	
	Springleaf Finance Corp	Notes	3/15/2026	7.13%	40,000	40,700	40,718	
	Starwood Property Trust	Notes	3/15/2025	4.75%	90,000	85,711	89,953	
	Starwood Property Trust Ser 144A	Notes	7/15/2026	3.63%	390,000	367,556	376,393	
	Starwood Property Trust Ser 144A	Notes	1/15/2027	4.38%	85,000	82,825	82,181	
	State Street Corp	Notes	11/21/2029	VAR	195,000	194,915	200,429	
	Sunoco Lp/Finance Corp Ser Wi	Notes	3/15/2028	5.88%	335,000	328,307	333,633	
	Sunoco Lp/Finance Corp Ser Wi	Notes	4/15/2027	6.00%	195,000	194,163	194,614	
	Tallgrass Nrg Prtnr/Fin Ser 144A	Notes	1/15/2028	5.50%	190,000	182,293	182,729	
	Tallgrass Nrg Prtnr/Fin Ser 144A	Notes	2/15/2029	7.38%	220,000	220,000	220,697	
	Tallgrass Nrg Prtnr/Fin Ser 144A	Notes	3/1/2027	6.00%	125,000	122,556	123,850	
	Tegna Inc Ser 144A	Notes	3/15/2026	4.75%	545,000	542,658	537,517	
	Tenet Healthcare Corp Sr Glbl Nf27	Notes	11/1/2027	5.13%	260,000	255,556	254,636	
	Tenet Healthcare Corp Sr Sec Glbl Nf29	Notes	6/1/2029	4.25%	315,000	291,414	295,722	
	Teva Pharmaceutical Indu	Notes	5/9/2027	4.75%	65,000	62,340	63,428	
	Teva Pharmaceuticals Ne	Notes	3/1/2028	6.75%	20,000	20,150	20,421	
	Teva Pharmaceuticals Ne	Notes	10/1/2026	3.15%	470,000	423,221	451,623	
	Texas Childrens Hospital	Notes	10/1/2029	3.37%	95,000	90,715	91,597	
	Toyota Motor Credit Corp Ser Mtn	Notes	10/16/2025	0.80%	85,000	77,650	82,564	
	Toyota Motor Credit Corp	Notes	5/16/2029	5.05%	240,000	239,608	241,730	
	Transdigm Inc Ser 144A	Notes	8/15/2028	6.75%	285,000	288,763	287,485	
	Transdigm Inc Ser 144A	Notes	3/1/2029	6.38%	235,000	235,075	235,522	
	Travel + Leisure Co Ser 144A	Notes	7/31/2026	6.63%	485,000	483,726	490,185	
	Truist Bank Ser Bknt	Notes	3/11/2030	2.25%	245,000	203,280	210,389	
	Verizon Communications	Notes	9/21/2028	4.33%	330,000	354,866	323,218	
	Vici Properties / Note Ser 144A	Notes	12/1/2026	4.25%	560,000	552,516	550,710	
	Virginia Power Fuel Sec	Notes	5/1/2033	4.88%	240,000	246,822	239,832	
	Vistra Operations Co Llc Ser 144A	Notes	9/1/2026	5.50%	530,000	519,224	528,330	
	Waste Management Inc	Notes	3/15/2028	1.15%	250,000	225,784	223,722	
	Wesco Distribution Inc Ser 144A	Notes	3/15/2029	6.38%	280,000	281,575	283,744	
	Western Digital Corp	Notes	2/15/2026	4.75%	555,000	565,707	549,650	
	Western Midstream Operat	Notes	2/1/2025	3.10%	265,000	269,291	264,332	
	Wyndham Worldwide Corp	Notes	10/1/2025	5.10%	35,000	37,188	35,089	
	Xpo Inc Ser 144A	Notes	6/1/2028	6.25%	450,000	451,099	452,749	
	Total corporate and municipal notes and bonds						25,632,121	25,713,202

Common stock

3M Company	Equity	N/A	N/A	364	45,988	46,989
Aar Corp	Equity	N/A	N/A	1,896	122,775	116,187
Abbvie Inc	Equity	N/A	N/A	644	77,756	114,439
Abercrombie & Fitch Co	Equity	N/A	N/A	1,519	179,934	227,045
Acuity Inc	Equity	N/A	N/A	161	19,622	47,033
Aecom	Equity	N/A	N/A	1,843	174,354	196,869
Aercap Holdings	Equity	N/A	N/A	1,543	148,537	147,665

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Agco Corp	Equity	N/A	N/A	489	\$ 40,263	\$ 45,712
	Agree Rlty Corp Reit	Equity	N/A	N/A	1,729	129,133	121,808
	Air Lease Corp	Equity	N/A	N/A	3,193	142,346	153,934
	Alight Inc	Equity	N/A	N/A	10,282	73,734	71,151
	Allison Transmission Holding	Equity	N/A	N/A	410	17,211	44,305
	Ally Financial Inc	Equity	N/A	N/A	4,118	172,332	148,289
	Alphabet Inc	Equity	N/A	N/A	1,580	277,229	299,094
	Amcor Plc	Equity	N/A	N/A	2,510	27,546	23,619
	Amdocs Limited	Equity	N/A	N/A	3,294	277,934	280,451
	Ameriprise Financial Inc	Equity	N/A	N/A	290	59,805	154,405
	Amphenol Corp New	Equity	N/A	N/A	3,706	234,984	257,382
	Antero Resources Corp	Equity	N/A	N/A	2,401	75,919	84,155
	Api Group Corp	Equity	N/A	N/A	6,214	205,027	223,518
	Apple Inc	Equity	N/A	N/A	1,079	123,195	270,203
	Arcosa Inc	Equity	N/A	N/A	2,351	195,021	227,436
	Arista Networks Inc	Equity	N/A	N/A	2,528	77,834	279,420
	Atkore Inc	Equity	N/A	N/A	553	63,209	46,148
	Autoliv Inc	Equity	N/A	N/A	481	36,451	45,113
	Avantor Inc	Equity	N/A	N/A	6,787	171,239	143,002
	Baker Hughes Company	Equity	N/A	N/A	2,066	54,899	84,747
	Beacon Roofing Supply Inc	Equity	N/A	N/A	2,401	199,693	243,894
	Berry Global Group Inc	Equity	N/A	N/A	440	21,533	28,455
	Bio Rad Laboratories Inc	Equity	N/A	N/A	366	119,557	120,235
	Biogen Inc	Equity	N/A	N/A	728	179,570	111,326
	Block H & R Inc	Equity	N/A	N/A	3,401	218,819	179,709
	Boise Cascade Co	Equity	N/A	N/A	347	37,744	41,244
	Boof Barn Holdings Inc	Equity	N/A	N/A	1,034	135,078	156,982
	Booz Allen Hamilton Holding	Equity	N/A	N/A	2,126	245,309	273,616
	Borg Warner Inc.	Equity	N/A	N/A	1,500	51,178	47,685
	Bp Plc Sponsored Adr	Equity	N/A	N/A	2,750	96,299	81,290
	Brinker International Inc	Equity	N/A	N/A	1,637	202,073	216,559
	Bristol Myers Squibb Co	Equity	N/A	N/A	2,043	95,684	115,552
	Builders Firstsource Inc	Equity	N/A	N/A	168	17,462	24,012
	Cadence Design Systems Inc	Equity	N/A	N/A	891	97,509	267,710
	Cardinal Health Inc	Equity	N/A	N/A	985	110,414	116,496
	Carlisle Companies Inc	Equity	N/A	N/A	104	14,259	38,359
	Carnival Corp	Equity	N/A	N/A	8,207	204,131	204,518
	Caseys General Stores Inc	Equity	N/A	N/A	527	125,051	208,813
	Cencora Inc	Equity	N/A	N/A	535	59,016	120,204
	Centene Corp	Equity	N/A	N/A	1,943	147,672	117,707
	Cf Industries Holdings Inc	Equity	N/A	N/A	304	24,690	25,937
	Chart Industries Inc	Equity	N/A	N/A	931	104,644	177,672
	Check Point Software Tech	Equity	N/A	N/A	775	145,663	144,692
	Chemed Corp	Equity	N/A	N/A	421	238,590	223,046
	Churchill Downs Inc	Equity	N/A	N/A	1,669	228,503	222,878
	Cisco Systems Inc	Equity	N/A	N/A	4,604	261,404	272,557
	Citigroup Inc	Equity	N/A	N/A	2,424	120,441	170,625
	Clean Harbors Inc	Equity	N/A	N/A	899	208,335	206,896
	Colliers International Group	Equity	N/A	N/A	1,502	207,682	204,227
	Commercial Metals Co	Equity	N/A	N/A	475	20,222	23,560
	Concentrix Corp	Equity	N/A	N/A	2,162	139,410	93,550
	Core & Main Inc	Equity	N/A	N/A	3,377	130,886	171,923
	Crane Nxt Co.	Equity	N/A	N/A	2,206	124,098	128,433
	Csx Corp	Equity	N/A	N/A	1,492	50,911	48,147
	Cummins Inc	Equity	N/A	N/A	132	16,977	46,015
	Dana Incorporated	Equity	N/A	N/A	10,448	128,258	120,779
	Davita Inc	Equity	N/A	N/A	765	73,947	114,406
	Deckers Outdoor Corp	Equity	N/A	N/A	952	86,037	193,342
	Dick'S Sporting Goods Inc.	Equity	N/A	N/A	975	159,980	223,119
	Dominion Energy Inc	Equity	N/A	N/A	956	50,326	51,490
	Dover Corp	Equity	N/A	N/A	240	17,333	45,024
	Eagle Materials Inc	Equity	N/A	N/A	926	223,486	228,500

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Eastman Chem Co	Equity	N/A	N/A	292	\$ 22,684	\$ 26,665
	Emcor Group Inc	Equity	N/A	N/A	96	5,104	43,574
	Emerson Electric Co	Equity	N/A	N/A	373	22,511	46,226
	Equitable Holdings Inc	Equity	N/A	N/A	3,321	152,381	156,652
	Evergy Inc	Equity	N/A	N/A	825	51,655	50,779
	Expand Energy Corp	Equity	N/A	N/A	819	67,293	81,531
	Expedia Group Inc	Equity	N/A	N/A	913	120,519	170,119
	F5 Inc	Equity	N/A	N/A	1,121	242,174	281,898
	Fabrinet	Equity	N/A	N/A	1,195	289,451	262,757
	Federal Agric Mtg Corp	Equity	N/A	N/A	719	133,216	141,607
	Fidelis Insurance Holdings	Equity	N/A	N/A	8,287	150,438	150,243
	First American Financial	Equity	N/A	N/A	3,120	202,794	194,813
	Firstenergy Corp	Equity	N/A	N/A	1,264	52,401	50,282
	Five9 Inc	Equity	N/A	N/A	3,734	116,003	151,750
	Fluor Corp	Equity	N/A	N/A	1,986	110,473	97,949
	Fnf Group	Equity	N/A	N/A	2,412	102,450	135,410
	Fortinet Inc	Equity	N/A	N/A	2,944	165,581	278,149
	Fox Corp- Class B	Equity	N/A	N/A	4,385	191,966	200,570
	Garmin Ltd	Equity	N/A	N/A	961	168,884	198,216
	Gartner Inc	Equity	N/A	N/A	553	174,307	267,912
	Gentex Corp	Equity	N/A	N/A	1,643	37,470	47,203
	Genuine Parts Co	Equity	N/A	N/A	341	43,399	39,815
	Gfl Environmental Inc	Equity	N/A	N/A	3,728	147,615	166,045
	Gilead Sciences Inc	Equity	N/A	N/A	1,253	93,417	115,740
	Godaddy Inc - Class A	Equity	N/A	N/A	1,378	212,250	271,976
	Goldman Sachs Group Inc	Equity	N/A	N/A	272	100,778	155,753
	Halliburton Co	Equity	N/A	N/A	2,907	110,164	79,041
	Hartford Insurance Group Inc	Equity	N/A	N/A	1,354	97,305	148,128
	Hca Healthcare Inc	Equity	N/A	N/A	367	103,000	110,155
	Healthequity Inc	Equity	N/A	N/A	1,959	151,958	187,966
	Herc Holdings Inc	Equity	N/A	N/A	881	117,549	166,800
	Hologic Inc	Equity	N/A	N/A	1,581	116,332	113,974
	Home Bancshares Inc	Equity	N/A	N/A	6,263	168,401	177,243
	Hunt J B Transport Services Inc	Equity	N/A	N/A	853	143,669	145,573
	Icon Plc	Equity	N/A	N/A	822	248,004	172,382
	Ingersoll Rand Inc	Equity	N/A	N/A	1,259	109,301	113,889
	Ingredion Inc	Equity	N/A	N/A	211	20,750	29,025
	Infapp Inc	Equity	N/A	N/A	2,612	112,619	167,403
	International Seaways Inc	Equity	N/A	N/A	2,348	117,076	84,387
	Intuit Software	Equity	N/A	N/A	423	193,182	265,855
	Iit Inc	Equity	N/A	N/A	1,902	246,532	271,758
	Jackson Financial Inc-A W/I	Equity	N/A	N/A	1,746	147,179	152,042
	Jacobs Solutions Inc	Equity	N/A	N/A	343	21,800	45,832
	Jazz Pharmaceuticals Plc	Equity	N/A	N/A	1,015	114,073	124,997
	Jazz Pharmaceuticals Plc Sedol	Equity	N/A	N/A	2,031	226,979	250,118
	Kadant Inc	Equity	N/A	N/A	613	184,576	211,479
	Kb Home	Equity	N/A	N/A	2,805	184,878	184,345
	Kbr Inc	Equity	N/A	N/A	2,107	131,705	122,058
	Kla Corp	Equity	N/A	N/A	442	211,522	278,513
	Knight Swift Transportation Holdings Inc	Equity	N/A	N/A	911	50,869	48,319
	Korn Ferry	Equity	N/A	N/A	2,559	172,498	172,605
	L Brands Inc - W/I	Equity	N/A	N/A	4,489	136,777	174,038
	Labcorp Holdings Inc	Equity	N/A	N/A	500	97,695	114,660
	Lantheus Holdings Inc	Equity	N/A	N/A	1,935	200,604	173,105
	Lear Corp- W/I	Equity	N/A	N/A	505	56,753	47,823
	Leidos Holdings Inc-W/I	Equity	N/A	N/A	1,661	246,873	239,284
	Lithia Mtrs Inc Cl A	Equity	N/A	N/A	539	196,517	192,655
	Lithia Mtrs Inc Cl A	Equity	N/A	N/A	416	130,159	148,691
	Littelfuse Inc	Equity	N/A	N/A	586	148,163	138,091
	Live Oak Bancshares Inc	Equity	N/A	N/A	2,527	105,169	99,943
	Lockheed Martin Corp	Equity	N/A	N/A	569	296,241	276,500
	Louisiana Pacific Corp	Equity	N/A	N/A	246	21,062	25,473

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Lyondellbasell Industries N.V.\	Equity	N/A	N/A	329	\$ 26,910	\$ 24,435
	Masco Corp	Equity	N/A	N/A	616	24,986	44,703
	Matson Inc W/I	Equity	N/A	N/A	298	48,380	40,182
	Mckesson Corporation	Equity	N/A	N/A	194	49,306	110,563
	Meritage Homes Corporation	Equity	N/A	N/A	1,045	197,844	160,742
	Meta Platforms Inc	Equity	N/A	N/A	459	225,743	268,749
	Metlife Inc.	Equity	N/A	N/A	1,764	105,702	144,436
	Microsoft Corp	Equity	N/A	N/A	618	250,661	260,487
	Molina Healthcare Inc	Equity	N/A	N/A	423	135,008	123,114
	Molson Coors Beverage Company	Equity	N/A	N/A	1,929	119,400	110,570
	Moog Inc Class A	Equity	N/A	N/A	1,047	192,771	206,091
	Mueller Industries Inc	Equity	N/A	N/A	560	21,865	44,442
	Murphy Oil Corp	Equity	N/A	N/A	2,599	96,250	78,646
	Murphy Usa Inc-W/I	Equity	N/A	N/A	357	110,562	179,125
	Netapp Inc	Equity	N/A	N/A	2,211	207,236	256,653
	Nexstar Media Group Inc	Equity	N/A	N/A	854	138,287	134,906
	Nomad Foods Ltd	Equity	N/A	N/A	10,708	201,361	179,680
	Northern Oil And Gas Inc	Equity	N/A	N/A	2,733	96,119	101,558
	Northrop Grumman Corporation	Equity	N/A	N/A	603	308,115	282,982
	Norwegian Cruise Line Hldgs Ltd	Equity	N/A	N/A	7,054	194,321	181,499
	Nrg Energy Inc.	Equity	N/A	N/A	565	29,993	50,974
	Nucor Corp	Equity	N/A	N/A	194	19,694	22,642
	Oge Energy Corp	Equity	N/A	N/A	1,223	43,896	50,449
	Option Care Health Inc	Equity	N/A	N/A	6,484	208,114	150,429
	Oshkosh Corporation Class B	Equity	N/A	N/A	476	50,606	45,253
	Ovintiv Inc	Equity	N/A	N/A	2,039	98,412	82,579
	Owens Corning Inc	Equity	N/A	N/A	145	11,873	24,696
	Packging Corp Pkg	Equity	N/A	N/A	119	13,551	26,790
	Packging Corp Pkg	Equity	N/A	N/A	709	143,552	159,617
	Pagerduty Inc	Equity	N/A	N/A	3,327	60,075	60,751
	Parker Hannifin Corp	Equity	N/A	N/A	70	8,811	44,522
	Parsons Corp	Equity	N/A	N/A	2,796	257,982	257,931
	Paychex Inc	Equity	N/A	N/A	1,812	208,606	254,079
	Pfizer Inc	Equity	N/A	N/A	4,499	127,184	119,358
	Pg&E Corp	Equity	N/A	N/A	2,504	52,745	50,531
	Philip Morris Internat-W/I	Equity	N/A	N/A	1,001	91,372	120,470
	Pinnacle West Capital Corp	Equity	N/A	N/A	575	43,281	48,743
	Pinterest Inc- Class A	Equity	N/A	N/A	4,474	135,190	129,746
	Post Holdings Inc-W Class I	Equity	N/A	N/A	2,115	246,614	242,083
	Post Holdings Inc-W Class I	Equity	N/A	N/A	1,072	96,074	122,701
	Ppl Corporation	Equity	N/A	N/A	1,550	44,738	50,313
	Prosperity Bancshares Inc	Equity	N/A	N/A	2,100	151,848	158,235
	Prudential Financial Inc.	Equity	N/A	N/A	1,283	139,162	152,074
	Pulte Group Inc	Equity	N/A	N/A	1,438	188,897	156,598
	Quest Diagnostics Inc	Equity	N/A	N/A	736	104,626	111,033
	Regions Financial Corp	Equity	N/A	N/A	6,065	108,607	142,649
	Reinsurance Group Of America	Equity	N/A	N/A	906	191,775	193,549
	Reliance Inc	Equity	N/A	N/A	541	148,063	145,670
	Reliance Inc	Equity	N/A	N/A	99	12,074	26,657
	Roivant Sciences Ltd	Equity	N/A	N/A	14,742	178,054	174,398
	Royal Caribbean Cruises Ltd	Equity	N/A	N/A	868	77,192	200,239
	Ryder System Inc	Equity	N/A	N/A	299	27,321	46,901
	Sensata Technologies Holding Sedol	Equity	N/A	N/A	3,618	128,852	99,133
	Shell Plc-W/I-Adr Sedol	Equity	N/A	N/A	1,260	70,799	78,939
	Skechers U S A Inc Cl A	Equity	N/A	N/A	2,799	185,255	188,205
	Sm Energy Company	Equity	N/A	N/A	2,081	80,952	80,660
	Snap On Inc	Equity	N/A	N/A	133	27,351	45,151
	Somnigroup International Inc.	Equity	N/A	N/A	2,093	103,414	118,652
	Sonoco Products Co	Equity	N/A	N/A	548	30,669	26,770
	Ss&C Technologies Holdings	Equity	N/A	N/A	2,979	217,669	225,749
	State Str Corp	Equity	N/A	N/A	1,633	119,909	160,279
	Steel Dynamics Inc	Equity	N/A	N/A	223	14,165	25,438

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Synchrony Financial	Equity	N/A	N/A	2,309	\$ 75,584	\$ 150,085
	Synovus Financial Corp	Equity	N/A	N/A	2,973	108,188	152,307
	Talen Energy Corp	Equity	N/A	N/A	1,153	162,368	232,295
	Taylor Morrison Home Corp	Equity	N/A	N/A	3,052	176,594	186,813
	Td Synnex Corp	Equity	N/A	N/A	2,075	230,241	243,356
	Technipfmc Ltd	Equity	N/A	N/A	5,134	158,133	148,578
	Telephone And Data Systems Inc	Equity	N/A	N/A	6,456	151,141	220,214
	Tenet Healthcare Corp	Equity	N/A	N/A	1,135	173,101	143,271
	Tenet Healthcare Corp	Equity	N/A	N/A	813	74,336	102,625
	The Cigna Group	Equity	N/A	N/A	394	100,868	108,799
	Tidewater Inc	Equity	N/A	N/A	1,789	135,650	97,876
	Timken Co	Equity	N/A	N/A	571	46,481	40,752
	T-Mobile Us Inc	Equity	N/A	N/A	222	22,218	49,002
	Totalenergies Se	Equity	N/A	N/A	1,278	70,118	69,651
	Transunion	Equity	N/A	N/A	1,902	178,984	176,334
	Travel + Leisure Co	Equity	N/A	N/A	3,386	144,969	170,824
	Trinet Group Inc	Equity	N/A	N/A	488	52,065	44,296
	Ttm Technologies	Equity	N/A	N/A	5,502	99,399	136,174
	Ufp Industries Inc	Equity	N/A	N/A	1,529	173,650	172,242
	Ufp Industries Inc	Equity	N/A	N/A	207	18,394	23,319
	Ufp Technologies Inc	Equity	N/A	N/A	427	136,873	104,406
	Ugi Holding Corp New	Equity	N/A	N/A	2,672	72,729	75,431
	Ugi Holding Corp New	Equity	N/A	N/A	1,834	49,778	51,774
	United Parcel Service Cl B	Equity	N/A	N/A	376	48,543	47,414
	United Rentals Inc	Equity	N/A	N/A	62	11,188	43,675
	United States Cellular Corp	Equity	N/A	N/A	3,006	164,779	188,536
	United Therapeutics Corp Del	Equity	N/A	N/A	545	189,958	192,298
	United Therapeutics Corp Del	Equity	N/A	N/A	320	77,645	112,909
	Unum Group	Equity	N/A	N/A	2,354	97,244	171,913
	Verizon Communications Inc	Equity	N/A	N/A	1,201	52,043	48,028
	Vistra Corp	Equity	N/A	N/A	359	13,467	49,495
	Vistra Corp	Equity	N/A	N/A	2,013	148,365	277,532
	Vontier Corp-W/I	Equity	N/A	N/A	1,255	39,317	45,770
	Vontier Corp-W/I	Equity	N/A	N/A	5,298	175,009	193,218
	Weatherford Intl Ltd	Equity	N/A	N/A	2,756	245,566	197,412
	Wells Fargo & Company	Equity	N/A	N/A	2,348	93,400	164,923
	Western Alliance Bancorp	Equity	N/A	N/A	2,599	209,410	217,120
	Western Digital Corp	Equity	N/A	N/A	3,297	206,428	196,600
	Western Union Co - W/I	Equity	N/A	N/A	10,367	126,942	109,890
	Westlake Corporation	Equity	N/A	N/A	207	18,634	23,733
	Wex Inc	Equity	N/A	N/A	1,035	193,413	181,456
	Wr Berkley Corp	Equity	N/A	N/A	2,455	144,741	143,667
	Xcel Energy Inc	Equity	N/A	N/A	753	47,804	50,843
	Zions Bancorporation N.A.	Equity	N/A	N/A	2,698	108,464	146,366
	Total common stock					<u>28,753,365</u>	<u>32,297,508</u>
	<u>Pooled separate accounts</u>						
	PRINCIPAL FINANCIAL GROUP - US PROP SEP	PSA	N/A	N/A	96,615	6,729,796	6,091,154
	ULLICO - SEPARATE ACCOUNT	PSA	N/A	N/A	265,251	6,943,529	4,962,140
	WASHINGTON CAPITAL MORTGAGE INCOME FUND	PSA	N/A	N/A	56,533	2,070,419	5,582,303
	Total pooled separate accounts					<u>15,743,744</u>	<u>16,635,597</u>
	<u>Common collective trusts</u>						
	NEW TOWER MULTI-EMPLOYER PROP TRUST	CCT	N/A	N/A	404	2,003,258	5,079,581
	NT COLLECTIVE RUSSELL 1000 GROWTH LENDING	CCT	N/A	N/A	2,204	12,733,843	20,980,405
	NT COLLECTIVE SHORT TERM INVT FD	CCT	N/A	N/A	10	2,125	2,125
	VICTORY TRIVALENT INTL SMALL CAP COLLECTIVE FU	CCT	N/A	N/A	584,896	8,500,000	10,749,562
	Total common collective trusts					<u>23,239,226</u>	<u>36,811,673</u>

OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038506
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares			(d)	(e)
	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	<u>103-12 investment entities</u>					
	BARROW HANLEY NON-US VALUE CIT FDRS CL	103-12 IE	N/A	450,000	\$ 4,500,000	\$ 4,477,500
	JOHNSTON ASSET INSTITUTIONAL EQUITY GROUF	103-12 IE	N/A	130,145	<u>2,131,585</u>	<u>5,514,576</u>
	Total 103-12 investment entities				<u>6,631,585</u>	<u>9,992,076</u>
	<u>Hedge funds</u>					
	CORBIN ERISA OPPORTUNITY FUND, LP	Hedge fund	N/A	N/A	7,500,000	10,208,920
	GROSVENOR OPPORTUNISTIC CREDIT FUND LP	Hedge fund	N/A	N/A	6,984,622	10,879,455
	GROSVENOR OPPORTUNISTIC CREDIT FUND V LP	Hedge fund	N/A	N/A	<u>25,695</u>	<u>25,695</u>
	Total hedge funds				<u>14,510,317</u>	<u>21,114,070</u>
	<u>Limited partnerships</u>					
	ARENA SHORT DURATION HIGH YIELD FUND, LP	LP	N/A	N/A	5,000,000	5,212,114
	BOYD WATTERSON GSA FUND LP	LP	N/A	N/A	3,203,402	5,550,295
	BOYD WATTERSON STATE GOV FUND LP	LP	N/A	N/A	16,150,226	15,983,784
	GROSVENOR OPPORTUNISTIC CREDIT FUND III, LP	LP	N/A	N/A	1	87,409
	GROSVENOR OPPORTUNISTIC CREDIT FUND IV, LP	LP	N/A	N/A	734,356	136,011
	GROSVENOR OPPORTUNISTIC FEEDER FUND II, LP	LP	N/A	N/A	4,315,684	6,764,446
	GROSVENOR OPPORTUNISTIC FEEDER FUND III, LP	LP	N/A	N/A	3,936,577	4,794,935
	WASHINGTON CAPITAL LP	LP	N/A	N/A	<u>2,808,755</u>	<u>3,358,321</u>
	Total limited partnerships				<u>36,149,001</u>	<u>41,887,315</u>
	Total assets (held at end of year)				<u>\$ 165,770,772</u>	<u>\$ 199,499,223</u>

Operating Engineers Pension Trust Fund of
Washington DC and Vicinity
EIN/PN: 52-6038506/001

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

Plan Year	Expected Annual Benefit Payments			Total
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	
2024	\$ 553,318	\$ 579,078	\$ 15,299,714	\$ 16,432,110
2025	1,083,263	748,386	14,682,155	16,513,804
2026	1,629,873	913,329	14,017,812	16,561,015
2027	2,184,555	1,026,201	13,380,720	16,591,477
2028	2,754,665	1,126,505	12,769,178	16,650,348
2029	3,331,809	1,419,590	12,150,634	16,902,033
2030	3,869,834	1,548,635	11,526,677	16,945,146
2031	4,376,029	1,708,298	10,899,160	16,983,487
2032	4,870,208	1,970,115	10,270,225	17,110,548
2033	5,367,678	2,271,143	9,642,289	17,281,110
2034	5,821,555	2,425,358	9,017,924	17,264,837
2035	6,254,978	2,707,482	8,399,810	17,362,270
2036	6,644,753	2,892,365	7,790,637	17,327,756
2037	7,019,468	3,077,712	7,193,099	17,290,279
2038	7,320,771	3,187,060	6,609,885	17,117,716
2039	7,611,002	3,283,285	6,043,624	16,937,911
2040	7,887,296	3,371,389	5,496,996	16,755,681
2041	8,131,987	3,517,666	4,972,545	16,622,198
2042	8,344,830	3,560,857	4,472,663	16,378,350
2043	8,530,637	3,662,137	3,999,449	16,192,222
2044	8,664,793	3,706,215	3,554,598	15,925,606
2045	8,775,826	3,815,167	3,139,407	15,730,400
2046	8,856,523	3,781,363	2,754,795	15,392,681
2047	8,921,521	3,765,118	2,401,286	15,087,924
2048	8,933,939	3,789,137	2,078,981	14,802,057
2049	8,920,278	3,756,463	1,787,568	14,464,309
2050	8,886,976	3,780,184	1,526,365	14,193,526
2051	8,819,035	3,748,753	1,294,359	13,862,147
2052	8,728,092	3,641,789	1,090,210	13,460,091
2053	8,607,419	3,539,424	912,268	13,059,111
2054	8,466,572	3,468,640	758,666	12,693,878
2055	8,309,098	3,411,942	627,337	12,348,377
2056	8,128,616	3,258,427	516,106	11,903,150
2057	7,898,303	3,115,103	422,743	11,436,149
2058	7,644,347	2,954,763	345,008	10,944,117
2059	7,373,310	2,835,645	280,762	10,489,717
2060	7,090,427	2,681,875	227,990	10,000,292
2061	6,798,870	2,519,346	184,858	9,503,075
2062	6,480,794	2,371,741	149,743	9,002,279
2063	6,157,156	2,212,751	121,236	8,491,142
2064	5,833,510	2,057,170	98,145	7,988,825
2065	5,523,804	1,905,784	79,486	7,509,074
2066	5,203,898	1,759,435	64,441	7,027,774
2067	4,885,378	1,618,663	52,334	6,556,375
2068	4,574,007	1,483,898	42,609	6,100,513
2069	4,272,488	1,355,471	34,808	5,662,768
2070	3,979,399	1,233,558	28,560	5,241,517
2071	3,695,855	1,118,272	23,556	4,837,683
2072	3,422,989	1,009,640	19,544	4,452,173
2073	3,160,967	907,648	16,318	4,084,933



Schedule MB, Lines 9c Schedule of Funding Standard Account Bases

Schedule of Amortization Bases as of January 1, 2024

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Combined Charges	01/01/09	2.371	\$18,318,075	\$8,085,876
(2) Recognized Investment Loss (2008)	01/01/09	14	13,347,690	1,426,392
(3) Recognized Investment Loss (2008)	01/01/10	14	5,739,323	613,331
(4) Recognized Investment Loss (2009)	01/01/10	15	888,899	91,212
(5) Recognized Investment Loss (2008)	01/01/11	14	10,260,897	1,096,526
(6) Recognized Investment Loss (2008)	01/01/12	14	10,324,796	1,103,352
(7) Change in Assumptions	01/01/12	3	46,619	16,601
(8) Actuarial Loss	01/01/13	4	171,503	47,319
(9) Actuarial Loss	01/01/14	5	1,062,401	242,157
(10) Change in Assumptions	01/01/14	5	1,253,149	285,635
(11) Actuarial Loss	01/01/15	6	1,031,804	202,307
(12) Actuarial Loss	01/01/16	7	3,246,093	562,918
(13) Actuarial Loss	01/01/17	8	1,922,095	300,831
(14) Actuarial Loss	01/01/18	9	1,318,495	189,131
(15) Actuarial Loss	01/01/19	10	2,837,485	377,565
(16) Assumption Change	01/01/19	10	8,655,587	1,151,740
(17) Actuarial Loss	01/01/20	11	1,736,884	216,472
(18) Actuarial Loss	01/01/24	15	1,371,432	140,725
(19) Assumption Change	01/01/24	15	6,298,271	646,277
Total Charges			89,831,498	16,796,367



Operating Engineers Pension Trust Fund of
Washington DC and Vicinity
EIN/PN: 52-6038506/001

Schedule MB, Lines 9h Schedule of Funding Standard Account Bases

Schedule of Amortization Bases as of January 1, 2024

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Actuarial Gain (Net of Investment Loss)	01/01/10	1	\$1,053,602	\$1,053,602
(2) Actuarial Gain (Net of Investment Loss)	01/01/11	2	2,766,762	1,430,166
(3) Actuarial Gain (Net of Investment Loss)	01/01/12	3	3,460,679	1,232,430
(4) Assumption Change	01/01/20	11	4,159,639	518,427
(5) Actuarial Gain	01/01/21	12	3,654,632	430,024
(6) Actuarial Gain	01/01/22	13	7,876,007	880,721
(8) Actuarial Gain	01/01/23	14	415,771	44,431
Total Credits			23,387,092	5,589,801



Operating Engineers Pension Trust Fund of
Washington DC and Vicinity
EIN/PN: 52-6038506/001

Schedule MB, Lines 9h Justification for Change in Assumptions

The mortality and retirement rates were updated based on a study of the Plan's recent experience.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

Asset Valuation Method

The actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year market value) during each of the last five years at the rate of 20% per year. The actuarial value is subject to a restriction that it cannot be less than 80% nor more than 120% of market value.

Mortality

Funding

Healthy: 110% of PRI-2012 Amount-Weighted Employee Table with Blue Collar Adjustment for pre-commencement and Pri-2012 Amount-Weighted Retiree Table with Blue Collar Adjustment for post-commencement, projected generationally using scale MP-2021. For the prior valuation, 130% of the RP-2014 Blue Collar Mortality, projected generationally using scale MP-2018.

Disabled: 110% of Pri-2012 Amount-Weighted Disabled Table, projected generationally using scale MP-2021. For the prior valuation, 140% of the RP-2014 Disabled Retiree Mortality, projected generationally using scale MP-2018.

The mortality assumption was selected based on a mortality experience study conducted in 2023.

Current Liability:
2024 IRS Static Mortality Table.

Interest Rate

Valuation:
7.00% annual compound interest in the future, based on expected earnings from portfolio analysis.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Interest Rate (cont.)

Withdrawal Liability:

Starting with this valuation, PBGC interest rates as of December of the prior year for withdrawals after December 31, 2022. For this valuation, 4.86% for the first 20 years, then 4.70% thereafter. For prior valuations, the PPA corporate bond spot-rate yield curve for December prior to the valuation date.

Current Liability

3.29% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law

Termination & Disability

Termination

We have assumed that terminations of employment, other than death, disability, or pension will occur in the future at a moderate rate.

Age	Rate
25	4.93%
30	3.41%
35	2.37%
40	1.31%
45	0.67%

Disability

Based on 1965 to 1982 Social Security experience with adjustment for occupational class.

Age	Rate
25	0.20%
30	0.30%
35	0.42%
40	0.59%
45	0.82%
50	1.22%
55	2.09%



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Age at Pension

Active participants are assumed to retire at the following sample rates:

Age	Rate
<58	0.0%
58 - 61	2.5%
62 – 64	10.0%
65	25.0%
66	60.0%
67 – 69	20.0%
70	100.0%

For the prior valuation:

Age	Service	
	5-34	35+
<55	0.0%	0.0%
55	2.5%	2.5%
60	2.5%	20.0%
64	10.0%	100.0%
65	40.0%	100.0%
70	100.0%	100.0%

Terminated vested participants are assumed to retire at age 65.

The weighted average retirement age as of the valuation date is 64.9. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

The retirement age assumption used was reviewed and determined to be reasonable taking into account the following factors:

- The Plan's early retirement provisions,
- A review of the Plan's retirement experience during the 2020 – 2023 plan years,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Administration Expenses

The prior year's administrative expenses increased 2% are assumed as a mid-year number for the current year. That mid-year number is then discounted to the beginning of the year and included in the normal cost. For projections, administrative expenses are assumed to increase 2% annually.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Assumed Hours Worked

Each active participant will work the same hours in each year in the future that were worked in the Plan Year ended immediately prior to the valuation date.

The future hours assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual hours over the past several years.

Active Participants

For the purpose of projecting future contributions only, we have assumed that the number of active participants will remain constant with replacements being made immediately upon pension, death, or disability. Participants who worked zero hours in the prior plan year are assumed to be separated participants.

Marital Status

85% of all participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

Forms of Benefit

Single participants are assumed to elect a three-year certain and continuous annuity at retirement. Married participants are assumed to elect a 50% Joint and Survivor pop-up annuity at retirement. Because all optional forms of benefit are actuarially equivalent, the net impact on the valuation results is immaterial.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

Changes to Prior Year's Valuation

Mortality and retirement rates were updated based on a study of the Plan's recent experience. All other methods and assumptions remain the same as those used in the prior valuation.



Operating Engineers Pension Trust Fund of
Washington DC and Vicinity
EIN/PN: 52-6038506/001

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

Plan Year	Expected Annual Benefit Payments			Total
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	
2024	\$ 553,318	\$ 579,078	\$ 15,299,714	\$ 16,432,110
2025	1,083,263	748,386	14,682,155	16,513,804
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2046	8,856,523	3,781,363	2,754,795	15,392,681
2047	8,921,521	3,765,118	2,401,286	15,087,924
2048	8,933,939	3,789,137	2,078,981	14,802,057
2049	8,920,278	3,756,463	1,787,568	14,464,309
2050	8,886,976	3,780,184	1,526,365	14,193,526
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2055	8,309,098	3,411,942	627,337	12,348,377
2056	8,128,616	3,258,427	516,106	11,903,150
2057	7,898,303	3,115,103	422,743	11,436,149
2058	7,644,347	2,954,763	345,008	10,944,117
2059	7,373,310	2,835,645	280,762	10,489,717
2060	7,090,427	2,681,875	227,990	10,000,292
2061	6,798,870	2,519,346	184,858	9,503,075
2062	6,480,794	2,371,741	149,743	9,002,279
2063	6,157,156	2,212,751	121,236	8,491,142
2064	5,833,510	2,057,170	98,145	7,988,825
2065	5,523,804	1,905,784	79,486	7,509,074
2066	5,203,898	1,759,435	64,441	7,027,774
2067	4,885,378	1,618,663	52,334	6,556,375
2068	4,574,007	1,483,898	42,609	6,100,513
2069	4,272,488	1,355,471	34,808	5,662,768
2070	3,979,399	1,233,558	28,560	5,241,517
2071	3,695,855	1,118,272	23,556	4,837,683
2072	3,422,989	1,009,640	19,544	4,452,173
2073	3,160,967	907,648	16,318	4,084,933



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

Attained Age	YEARS OF SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.
Under 25	7	N/A	27	187	6	N/A	0	N/A	0	N/A
25 to 29	11	N/A	61	242	23	793	1	N/A	0	N/A
30 to 34	6	N/A	69	270	58	848	17	N/A	2	N/A
35 to 39	13	N/A	62	273	54	817	28	1,480	12	N/A
40 to 44	7	N/A	62	293	59	811	26	1,458	16	N/A
45 to 49	6	N/A	50	311	45	918	17	N/A	18	N/A
50 to 54	5	N/A	50	338	37	859	19	N/A	27	1,923
55 to 59	2	N/A	28	286	27	839	30	1,403	24	1,965
60 to 64	3	N/A	17	N/A	19	N/A	15	N/A	14	N/A
65 to 69	0	N/A	8	N/A	9	N/A	4	N/A	3	N/A
70 & up	0	N/A	2	N/A	2	N/A	3	N/A	0	N/A

Attained Age	YEARS OF SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.	No	Average Accrued Mon. Ben.
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	4	N/A	1	N/A	0	N/A	0	N/A	0	N/A
45 to 49	19	N/A	8	N/A	0	N/A	0	N/A	0	N/A
50 to 54	19	N/A	11	N/A	5	N/A	0	N/A	0	N/A
55 to 59	26	2,255	10	N/A	3	N/A	5	N/A	1	N/A
60 to 64	16	N/A	12	N/A	3	N/A	5	N/A	1	N/A
65 to 69	3	N/A	3	N/A	1	N/A	0	N/A	2	N/A
70 & up	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A



Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II	Basic Plan Information - enter all requested information
1a Name of plan OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUS C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS MD 21152-9459	1c Effective date of plan 11/30/1961 2b Employer Identification Number (EIN) 52-6038506 2c Plan Sponsor's telephone number 301-459-3020 2d Business code (see instructions) 525100

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

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

SIGN HERE		10/1/25	JOSHUA VAN DYKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/25	JOHN KNOWLES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES, OPERATING ENGINE PENSION TRUST FUND OF WASHINGTON D. C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS MD 21152-9459	3b Administrator's EIN 52-6038506 <hr/> 3c Administrator's telephone number 301-459-3020
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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
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5 Total number of participants at the beginning of the plan year	5	2,881
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1,289
a (2) Total number of active participants at the end of the plan year	6a(2)	1,291
b Retired or separated participants receiving benefits	6b	684
c Other retired or separated participants entitled to future benefits	6c	597
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,572
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	324
f Total. Add lines 6d and 6e	6f	2,896
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	148

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

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

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

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

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 _____



OPERATING ENGINEERS LOCAL 77 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 52-6038506
Plan No. 001

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(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	Fed Hermes Gov Obligations Fund	\$ 51,377,882	N/A	N/A	N/A	\$ 51,377,882	\$ 51,377,882	N/A
N/A	Fed Hermes Gov Obligations Fund	N/A	\$ 49,721,206	N/A	N/A	49,721,206	49,721,206	N/A

**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 OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON D.C. AND VICINITY		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, OPERATING ENGINEERS PENSION TRUST FUND OF WASHINGTON		D Employer Identification Number (EIN) 52-6038506	

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

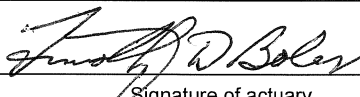
1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	193,916,218
(2) Actuarial value of assets for funding standard account.....	1b(2)	207,953,864
c (1) Accrued liability for plan using immediate gain methods	1c(1)	227,263,881
(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)	227,263,881
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)	392,643,819
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	13,542,921
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	16,438,846
(3) Expected plan disbursements for the plan year.....	1d(3)	16,876,608

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>10-8-2025</u>
	Signature of actuary	Date
Timothy D. Boles, ASA, EA		2308131
Type or print name of actuary		Most recent enrollment number
Bolton Partners, Inc.		410-547-0500
Firm name		Telephone number (including area code)
1 W. Pennsylvania Avenue Suite 600		
Towson MD 21204		
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

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.29%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<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) A	A
(2) Females	6c(2) A	A
d Valuation liability interest rate	6d 7.00%	7.00%
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 checked="" 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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.6%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.8%
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)	437,762
(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	1,371,432	140,725
4	6,298,271	646,277

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2) 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or 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	10,948,453
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	5,968,431
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)	89,831,498
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	1,593,536
e Total charges. Add lines 9a through 9d	9e	24,358,334
Credits to funding standard account:		
f Prior year credit balance, if any	9f	47,134,389
g Employer contributions. Total from column (b) of line 3	9g	11,025,325
	Outstanding balance	
h Amortization credits as of valuation date	9h	23,387,092
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4,076,579
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	92,716,010
(2) "RPA '94" override (90% current liability FFL)	9j(2)	157,528,893
(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	67,826,094
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	43,467,760
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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No