

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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 TRUST FUND OF WASHINGTON D.C. AND VICINITY</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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 TRUST FUND OF WASH DC AND VICIN</u></p> <p><u>C/O ASSOCIATED ADMINISTRATORS</u> <u>911 RIDGEBROOK ROAD</u> <u>SPARKS, MD 21152</u></p>	<p>1c Effective date of plan <u>01/01/1953</u></p> <p>2b Employer Identification Number (EIN) <u>52-6038508</u></p> <p>2c Plan Sponsor's telephone number <u>410-683-7721</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.	10/03/2025	JOSHUA VANDYKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2025	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BOARD OF TRUSTEES, OPERATING ENGINE TRUST FUND OF WASH DC AND VICINITY C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS, MD 21152</p>	<p>3b Administrator's EIN 52-6038508</p> <p>3c Administrator's telephone number 410-683-7721</p>
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 1600</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 1216</p> <p>6a(2) 1230</p> <p>6b 373</p> <p>6c</p> <p>6d 1603</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 143</p>

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

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

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS TRUST FUND OF WASH DC AND VICIN	D Employer Identification Number (EIN) 52-6038508

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
DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	06847	1588	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 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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:				
	7e(1)			
	7e(2)			
	7e(3)			
	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)		627430
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	627430
	(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)		70646
	(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)	70646
	(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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS TRUST FUND OF WASH DC AND VICIN	D Employer Identification Number (EIN) 52-6038508

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
CARE FIRST BLUE CROSS BLUE SHIELD

(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
52-1385894	47058	66881	1264	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 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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:				
	7e(1)			
	7e(2)			
	7e(3)			
	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)	5965372
	(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)	5965372
b	Benefit charges (1) Claims paid	9b(1)	5821298
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	5821298
	(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)	143948
	(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)	143948
	(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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C. AND VICINITY

B Three-digit plan number (PN) ▶ **501**

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES, OPERATING ENGINEERS TRUST FUND OF WASH DC AND VICIN

D Employer Identification Number (EIN)
52-6038508

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
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	30020243	1577	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 **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

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	(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:				
	7e(1)			
	7e(2)			
	7e(3)			
	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)		113100
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	113100
	(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)		14623
	(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)	14623
	(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 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 TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS TRUST FUND OF WASH DC AND VICIN	D Employer Identification Number (EIN) 52-6038508	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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, INC

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	532266	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)

CONIFER VALUE BASED CARE

52-1964905

(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?
50 99	NONE	245630	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)

CAREFIRST

52-1385894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	143026	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)

DELTA DENTAL OF PENNSYLVANIA

23-1667011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	71729	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?
28 51	NONE	64683	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 68	NONE	51908	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)

NCAS

52-1330940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	44080	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)

TELEMEDICINE MANAGEMENT INC

26-1306606

(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 12 50	NONE	41313	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)

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	33609	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)

AMERICAN CORE REALTY

30-0872552

(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	32300	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 & DALE, P.C.

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	31820	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)

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	25200	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)

INVESTMENT 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	18852	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)

VISION SERVICE PLAN

23-7089668

(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	14607	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)

CVS

ONE CVS DRIVE
WOONSOCKET, RI 02895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	14213	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)

DOYLE PRINTING & OFFSET COMPANY 5206 46TH AVE
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?
36 50	NONE	10509	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)

PART D ADVISORS, INC. 17199 N LAUREL PARK DR 400
LIVONIA, MI 48152

94-2541328

(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?
16 50	NONE	5928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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 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 TRUST FUND OF WASHINGTON D.C. AND VICINITY	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPERATING ENGINEERS TRUST FUND OF WASH DC AND VICIN	D Employer Identification Number (EIN) 52-6038508

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1963121	1674294
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2015660	1671933
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	238245	356044
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2319464	1511560
(2) U.S. Government securities	1c(2)	7524997	8640086
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15438360	17815865
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2194609	2332388
(5) Partnership/joint venture interests	1c(5)	6304981	5749820
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2376582	2325090
(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	40376019	42077080
Liabilities			
g Benefit claims payable.....	1g	553423	2168908
h Operating payables.....	1h	261165	346806
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3012	3421
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	817600	2519135
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39558419	39557945

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)	16445588	
(B) Participants.....	2a(1)(B)	781845	
(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)		17227433
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	102976	
(B) U.S. Government securities.....	2b(1)(B)	197269	
(C) Corporate debt instruments.....	2b(1)(C)	802060	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	103324	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1205629
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	55671	
(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)		55671
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	29284239	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29184240	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		99999
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	219959	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		689691
c Other income	2c		21918
d Total income. Add all income amounts in column (b) and enter total.....	2d		19520300

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18096376	
(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)		18096376
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)	532266	
(3) Recordkeeping fees	2i(3)	12749	
(4) IQPA audit fees	2i(4)	20860	
(5) Investment advisory and investment management fees	2i(5)	171425	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	25200	
(8) Legal fees	2i(8)	31820	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	630078	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1424398
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19520774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-474
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 LLC

(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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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		5749820
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 _____.



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





INDEPENDENT AUDITOR'S REPORT

The Board of Trustees of
Operating Engineers Local No. 77
Health & Welfare Fund

Opinion

We have audited the accompanying financial statements of Operating Engineers Local 77 Health & Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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


Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





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

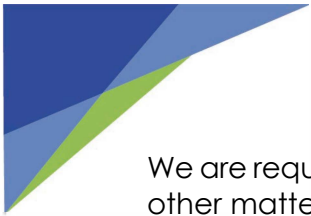
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the 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 supplemental schedules of administrative expenses 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 14, 2025



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value	\$ 38,374,809	\$ 36,158,993
Cash	1,674,294	1,963,121
Receivables		
Contributions	1,412,327	1,820,802
Interest and dividends	225,429	221,609
Other	259,606	194,858
Total receivables	1,897,362	2,237,269
Prepaid expenses	130,615	16,636
Total assets	42,077,080	40,376,019
Liabilities and Net Assets		
Liabilities		
Expenses payable	207,816	180,448
Due to Operating Engineers Local Union No. 77	138,990	80,717
Employer cash deposits	3,421	3,012
Total liabilities	350,227	264,177
Net assets available for benefits	\$ 41,726,853	\$ 40,111,842

See accompanying notes to financial statements.



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contributions from contractors under union agreement	\$ 15,846,334	\$ 15,938,732
Retired self-pay contributions	739,252	787,309
Self-pay contributions	42,593	24,171
Reciprocity income	1,050,025	732,233
Liquidated damages and interest on delinquency	2,602	10,847
Other income	1,954	448,283
	17,682,760	17,941,575
Deduct: reciprocity payments	(455,327)	(460,902)
Net total	17,227,433	17,480,673
 Investment income		
Net appreciation in fair value of investments	1,112,973	986,723
Interest and dividends	1,157,976	1,050,089
	2,270,949	2,036,812
Less: investment expenses	(152,573)	(110,469)
Net investment income	2,118,376	1,926,343
 Other income		
Prescription rebates	21,918	110,715
	21,918	110,715
Total additions	19,367,727	19,517,731

See accompanying notes to financial statements.



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS (CONTINUED)

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Deductions		
Medical, dental, vision and disability benefits paid	\$ 13,241,153	\$ 12,483,072
Prescription benefits paid	3,239,738	2,241,117
Administration expenses	<u>1,290,677</u>	<u>1,292,451</u>
Total deductions	<u>17,771,568</u>	<u>16,016,640</u>
Net change	1,596,159	3,501,091
Net assets available for benefits		
Beginning of year	<u>40,094,520</u>	<u>36,593,429</u>
End of year	<u>\$ 41,690,679</u>	<u>\$ 40,094,520</u>

See accompanying notes to financial statements.



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents		
Health claims payable and premiums due to insurance carriers	<u>\$ 2,168,908</u>	<u>\$ 553,423</u>
Other obligations for current benefit coverage, at present value of estimated amounts		
Claims incurred but not reported	2,568,000	2,017,370
Accumulated eligibility credits (earned benefit reserve)	<u>7,097,000</u>	<u>6,622,944</u>
	<u>9,665,000</u>	<u>8,640,314</u>
Total obligations other than postretirement benefit obligations	<u>11,833,908</u>	<u>9,193,737</u>
Postretirement benefit obligations		
Current retirees	14,322,937	27,428,434
Other participants fully eligible for benefits	10,305,802	15,686,955
Other participants not yet fully eligible for benefits	<u>13,188,698</u>	<u>27,915,001</u>
Total postretirement benefit obligations	<u>37,817,437</u>	<u>71,030,390</u>
Total benefit obligations	<u>\$ 49,651,345</u>	<u>\$ 80,224,127</u>

See accompanying notes to financial statements.



**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 553,423	\$ 204,710
Claims reported and approved for payment	18,096,376	15,072,902
Claims paid (including disability)	<u>(16,480,891)</u>	<u>(14,724,189)</u>
Balance at end of year	<u>2,168,908</u>	<u>553,423</u>
Other obligations for current benefit coverage at present value of estimated amounts		
Balance at beginning of year	8,640,314	8,585,435
Net change during year attributable to		
Claims incurred but not reported	550,630	(746,427)
Accumulated eligibility credits (earned benefit reserve)	<u>474,056</u>	<u>801,306</u>
Balance at end of year	<u>9,665,000</u>	<u>8,640,314</u>
Total obligations other than postretirement benefit obligations	<u>11,833,908</u>	<u>9,193,737</u>
Postretirement benefit obligations		
Balance at beginning of year	71,030,390	63,280,143
Change during the year attributable to		
Expected increase	5,492,471	4,708,657
Demographic experience	(6,534,743)	-
Per capita costs	(33,287,076)	-
Mortality assumption	1,993,311	-
Retirement assumption	(979,720)	-
Spousal election assumption	374,355	-
Spousal age assumption	2,170,930	-
Trend assumption	2,653,020	-
Change in discount rate	<u>(5,095,501)</u>	<u>3,041,590</u>
Balance at end of year	<u>37,817,437</u>	<u>71,030,390</u>
Total benefit obligations at end of year	<u>\$ 49,651,345</u>	<u>\$ 80,224,127</u>

See accompanying notes to financial statements.



OPERATING ENGINEERS LOCAL NO. 77 HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Operating Engineers Local No. 77 Health & Welfare Fund (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan provides health and other benefits covering all participants in the Operating Engineers Industry in the Greater Washington, D.C. area. The Plan and related trust were established on January 1, 1953, pursuant to collective bargaining agreements with Operating Engineers Local Union No. 77 (the Local Union). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Contributions to the Plan are made by individual employers under the provisions of a collective bargaining agreement and, under certain conditions stipulated in the Plan, employees may qualify to contribute on their own behalf.

Benefits - Benefits are provided by contributions to the Plan and any income earned from the investment of contributions. All monies are used exclusively for providing benefits to eligible employees or their dependents, and the paying of all expenses incurred with respect to the operation of the Plan.

The Plan provides self-insured health benefits which includes life, accidental death and dismemberment, hospitalization, medical, mental health, accident and sickness, prescription drug, vision and dental benefits for eligible employees and their dependents.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan'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 accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported (IBNR), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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.

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

Medicare Subsidy - On December 8, 2003, the President signed into law the Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) for employers that sponsor postretirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan received \$21,918 and \$110,715 in federal subsidies for the years ended December 31, 2024 and 2023, respectively. Such subsidies are included in the statements of changes in net assets available for benefits.

The Plan's postretirement benefit obligations do not reflect any amount associated with the subsidy as related to this Act.

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

Administrative Expenses - Administrative expenses are paid by the Plan.

NOTE 3. POSTRETIREMENT AND POSTEMPLOYMENT BENEFIT OBLIGATIONS

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. The postretirement benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligation represents the amounts that are expected to be funded by contributions from the employers and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with the participating employers.



NOTE 3. POSTRETIREMENT AND POSTEMPLOYMENT BENEFIT OBLIGATIONS (CONTINUED)

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

The medical trend assumption was developed using the Society of Actuaries Long Run Medical Cost Trend Model baseline assumptions. This model and its baseline projection are based on an econometric analysis of historical U.S. medical expenditures and the judgments of experts in the field. The Medical and Drug health pre-Medicare and Medicare cost baseline trend rates were assumed to be 7.50% and 17.18%, respectively, in 2024, decreasing to 4.04% and 3.92%, respectively, after the year 2075.

The weighted average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$9,191,532 and \$14,852,266, respectively.

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

Discount Rate: 5.50% for 2024 and 4.75% for 2023.

Mortality: Active Employees: Pri-2012 110% Blue Collar Dataset Employee Headcount-weighted Mortality Table made fully generational using Scale MP-2021.

Healthy Retirees, Surviving Spouses, and Spouses: Pri-2012 110% Blue Collar Dataset Retiree Headcount-weighted Mortality Table made fully generational using Scale MP-2021.

Disabled Retirees: Pri-2012 110% Total Dataset Disabled Headcount-weighted Mortality Table made fully generational using Scale MP-2021.

Retirement: Active participants are assumed to retire between the ages of 58 and 70.

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



NOTE 4. CLAIMS INCURRED BUT NOT REPORTED

Plan obligations at December 31 for claims incurred but not reported, and for accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE 5. INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

The Plan 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 Plan 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 Plan files returns.

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 Plan has the ability to access.
- 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



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

- 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: 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.

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

Limited partnership: 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.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan'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	\$ 1,511,560	\$ 1,511,560	\$ -	\$ -
U.S. Government and agencies notes and bonds	8,640,086	2,740,018	5,900,068	-
Corporate and municipal notes and bonds	17,815,865	-	17,815,865	-
Common stock	2,332,388	2,332,388	-	-
Mutual funds	2,325,090	2,325,090	-	-
Total assets in the fair value hierarchy	32,624,989	\$ 8,909,056	\$ 23,715,933	\$ -
Investments measured at net asset value*	5,749,820			
Investments at fair value	\$ 38,374,809			

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short term investments	\$ 2,319,464	\$ 2,319,464	\$ -	\$ -
U.S. Government and agencies notes and bonds	7,524,997	3,420,966	4,104,031	-
Corporate and municipal notes and bonds	15,438,360	-	15,438,360	-
Common stock	2,194,609	2,194,609	-	-
Mutual funds	2,376,582	2,376,582	-	-
Total assets in the fair value hierarchy	29,854,012	\$ 10,311,621	\$ 19,542,391	\$ -
Investment measured at net asset value*	6,304,981			
Investments at fair value	\$ 36,158,993			

*In accordance with Accounting Standards Codification, investments that were measured at net assets 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.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on the net asset value (NAV) per share as of December 31, 2024.

<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>
Limited partnerships	\$ 5,749,820	None	Daily	1 - 30 days



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2023.

<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>
Limited partnerships	\$ 6,304,981	None	Daily	1 - 30 days

The limited partnership's objective is to achieve a high total return with a low to moderate correlation to traditional financial markets by investing primarily in derivatives and other financially-linked instruments whose performance is expected to correspond to U.S. and international fixed income, equity and commodity markets. This investment is subject to various restrictions on redemption and frequency.

NOTE 7. TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the Trustees have the right to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Trust or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 41,726,853	\$ 40,111,842
Benefit obligations currently payable	<u>(2,168,908)</u>	<u>(553,423)</u>
Net assets available for benefits per the Form 5500	<u>\$ 39,557,945</u>	<u>\$ 39,558,419</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 as of December 31, 2024:

Benefits paid to participants per the financial statements	\$ 16,480,891
Add: amounts currently payable at December 31, 2024	2,168,908
Less: amounts currently payable at December 31, 2023	<u>(553,423)</u>
Benefits paid to participants per the Form 5500	<u>\$ 18,096,376</u>



NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of total additions and deductions per the financial statements to the Form 5500 as of December 31, 2024:

Total additions per the financial statements	\$ 19,367,727
Add: investment expenses	<u>152,573</u>
Total additions per the Form 5500	<u>\$ 19,520,300</u>
Total deductions per the financial statements	\$ 17,771,568
Add: investment expenses	<u>152,573</u>
Total deductions per the Form 5500	<u>\$ 17,924,141</u>

Claims that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. generally accepted accounting principles and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

NOTE 9. RISKS AND UNCERTAINTIES

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

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of cash. The Plan places its cash with financial institutions and limits the amount of credit exposure to any one financial institution. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single financial institution per beneficial owner. As of December 31, 2024 and 2023, the Plan had approximately \$1,500,000 and \$1,800,000 uninsured cash balances, respectively.

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

NOTE 10. TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

The Plan deposits dues check off monies from contractors on behalf of the Local Union. The Plan will then remit the dues check off to the Local Union. The Plan deposited \$2,669,389 and \$2,597,766 in dues check off monies on behalf of the Local Union for the years ended



NOTE 10. TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST (CONTINUED)

December 31, 2024 and 2023, respectively. The Plan remitted dues check off monies totaling \$2,610,501 and \$2,574,877 for the years ended December 31, 2024 and 2023, respectively. At December 31, 2024 and 2023, the Plan owed the Local Union \$138,990 and \$80,717, respectively. These amounts were settled in the subsequent period.

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

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par or maturity value				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value		
<u>Short term investments</u>							
	Federated Hermes Govt Oblig Prem Shs #117	Money Market	N/A	N/A	1,511,560	\$ 1,511,560	\$ 1,511,560
	Total short term investments					1,511,560	1,511,560
<u>U.S. Government and agencies notes and bonds</u>							
	Fanniemae-Aces	Notes	06/25/2029	2.65%	387,022	358,615	358,518
	Fanniemae-Aces	Notes	06/25/2029	2.94%	232,878	218,906	217,168
	Fanniemae-Aces	Notes	01/25/2031	0.97%	448,014	394,112	387,550
	Fanniemae-Aces	Notes	10/25/2027	VAR	112,295	110,898	107,663
	Fanniemae-Aces	Notes	04/25/2032	VAR	320,000	249,170	265,606
	Fanniemae-Aces	Notes	07/25/2028	VAR	186,330	181,293	182,665
	Federal Home Loan Mtg Corp	Notes	10/01/2033	3.49%	71,943	73,644	69,285
	Federal Home Loan Mtg Corp	Notes	10/01/2033	3.42%	62,558	64,873	56,177
	Federal Home Loan Mtg Corp	Notes	01/01/2035	2.50%	143,330	137,122	131,622
	Federal Home Loan Mtg Corp	Notes	08/01/2045	3.50%	57,388	52,291	52,211
	Federal Home Loan Mtg Corp	Notes	12/01/2047	5.00%	82,209	83,519	81,798
	Federal Home Loan Mtg Corp	Notes	08/01/2032	3.45%	163,647	151,062	149,616
	Federal Home Loan Mtg Corp	Notes	12/01/2047	4.00%	42,422	45,875	40,154
	Federal Natl Mtg Assn	Notes	12/01/2042	3.50%	66,603	66,666	60,686
	Federal Natl Mtg Assn	Notes	04/01/2028	VAR	61,881	68,965	59,506
	Federal Natl Mtg Assn	Notes	03/01/2033	3.50%	25,413	27,184	24,631
	Federal Natl Mtg Assn	Notes	07/01/2044	3.50%	36,007	38,948	32,946
	Federal Natl Mtg Assn	Notes	11/01/2038	4.50%	14,102	15,356	14,000
	Federal Natl Mtg Assn	Notes	09/01/2047	3.50%	135,759	135,296	123,669
	Federal Natl Mtg Assn	Notes	07/01/2034	3.50%	49,677	52,777	48,525
	Federal Natl Mtg Assn	Notes	12/01/2047	5.00%	35,606	38,649	35,308
	Federal Natl Mtg Assn	Notes	11/01/2046	3.00%	67,299	64,544	59,372
	Federal Natl Mtg Assn	Notes	02/01/2049	6.00%	175,006	180,758	181,427
	Federal Natl Mtg Assn	Notes	11/01/2052	5.50%	216,601	221,576	219,462
	Federal Natl Mtg Assn	Notes	08/01/2035	2.50%	171,768	162,751	162,496
	Federal Natl Mtg Assn	Notes	02/01/2049	6.00%	15,000	15,722	15,551
	Federal Natl Mtg Assn	Notes	07/01/2031	1.50%	215,250	198,304	198,329
	Federal Natl Mtg Assn	Notes	02/25/2033	2.00%	25,202	24,238	23,226
	Federal Natl Mtg Assn	Notes	09/25/2045	2.50%	26,068	26,627	23,235
	FLMC Multifamily Structured P	Notes	06/25/2025	3.28%	122,018	125,663	121,222
	FLMC Multifamily Structured P	Notes	12/25/2025	3.00%	135,000	132,993	133,175
	FLMC Multifamily Structured P	Notes	01/25/2029	5.40%	205,000	212,944	209,871
	FLMC Multifamily Structured P	Notes	09/25/2027	1.47%	20,000	17,945	18,416
	FLMC Multifamily Structured P	Notes	05/25/2025	2.77%	210,000	219,123	208,171
	FLMC Multifamily Structured P	Notes	04/25/2026	2.90%	25,409	24,787	25,107
	FLMC Multifamily Structured	Notes	11/25/2032	3.46%	140,000	124,450	126,686
	FLMC Multifamily Structured	Notes	03/25/2029	VAR	200,000	174,674	181,204
	FLMC Multifamily Structured	Notes	06/25/2026	0.68%	1,555	1,555	1,536
	FLMC Multifamily Structured	Notes	02/25/2031	3.47%	90,000	82,658	84,028
	Govt Natl Mtg Assn	Notes	11/15/2040	5.00%	121,387	124,310	120,857
	Govt Natl Mtg Assn	Notes	11/15/2045	5.50%	81,000	83,126	82,447
	Govt Natl Mtg Assn	Notes	06/15/2033	2.69%	151,402	149,024	139,791
	Govt Natl Mtg Assn	Notes	08/15/2026	1.66%	26,196	25,201	25,532
	Govt Natl Mtg Assn	Notes	05/15/2030	3.31%	153,200	160,103	148,495
	Govt Natl Mtg Assn	Notes	09/15/2041	3.02%	128,606	127,957	112,319
	Govt Natl Mtg Assn	Notes	09/15/2037	3.63%	102,051	104,564	94,920
	Govt Natl Mtg Assn	Notes	12/15/2034	3.60%	131,503	134,340	124,902
	Govt Natl Mtg Assn	Notes	09/15/2041	1.97%	109,822	105,277	87,263
	RFCS SP Strip Principal	Notes	04/15/2030	0.00%	300,000	246,101	234,867
	Texas Natural Gas Securitiztn Finance Co	Notes	04/01/2035	5.10%	236,361	238,149	236,857
	U.S. Treasury Notes	Notes	08/15/2030	0.63%	490,000	386,271	397,924
	U.S. Treasury Notes	Notes	03/31/2028	1.25%	195,000	173,855	177,101
	U.S. Treasury Notes	Notes	08/31/2026	1.38%	510,000	485,818	486,698

**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par or maturity value							
(a)	(b)				(d)	(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	Cost	Current Value	
U.S. Treasury Notes	Notes	11/15/2031	1.38%	530,000	\$ 429,064	\$ 433,095	
U.S. Treasury Notes	Notes	02/15/2027	2.25%	410,000	383,779	393,461	
U.S. Treasury Notes	Notes	08/15/2027	2.25%	240,000	222,769	228,130	
U.S. Treasury Notes	Notes	11/15/2025	2.25%	35,000	33,038	34,401	
U.S. Treasury Notes	Notes	03/31/2029	2.38%	360,000	327,074	332,244	
U.S. Treasury Notes	Notes	08/15/2033	3.88%	270,000	268,465	256,964	
Total U.S. Government and agencies notes and bonds					8,784,818	8,640,086	
<u>Corporate and municipal notes and bonds</u>							
Adobe Inc	Bonds	04/04/2029	4.80%	100,000	102,582	100,505	
Alabama St Public Sch & Cl Capital	Bonds	09/01/2027	5.15%	155,000	179,117	157,310	
Albertsons Cos/Safeway	Bonds	03/15/2026	3.25%	320,000	318,447	312,186	
American Airlines/Aadvan	Bonds	04/20/2026	5.50%	232,500	228,963	231,749	
American Airlines/Aadvan	Bonds	04/20/2029	5.75%	105,000	103,303	104,127	
At&T Inc	Bonds	06/01/2027	2.30%	120,000	110,279	113,263	
At&T Inc	Bonds	02/15/2028	4.10%	140,000	151,797	136,963	
Bank Of America Corp	Bonds	04/23/2027	VAR	340,000	360,257	334,540	
Blackrock Inc	Bonds	04/30/2030	2.40%	110,000	105,040	97,700	
Boyd Gaming Corp	Bonds	12/01/2027	4.75%	310,000	295,340	299,705	
Brinks Co/The	Bonds	06/15/2029	6.50%	205,000	207,777	207,751	
Caterpillar Finl Service	Bonds	11/15/2029	4.70%	100,000	99,905	99,629	
Centene Corp	Bonds	12/15/2027	4.25%	310,000	291,367	300,297	
Charter Comm Opt Llc/Cap	Bonds	07/23/2025	4.91%	300,000	300,995	299,643	
Chicago Il Sales Tax Revenue	Bonds	01/01/2032	N/A	105,000	79,157	72,667	
Chicago Il Sales Tax Revenue	Bonds	01/01/2033	N/A	95,000	68,044	62,012	
Citigroup Inc	Bonds	02/24/2028	VAR	275,000	273,456	264,517	
Clearway Energy Op Llc	Bonds	03/15/2028	4.75%	350,000	339,931	334,716	
Cleveland-Cliffs Inc	Bonds	11/01/2029	6.88%	30,000	30,000	29,679	
Conocophillips Company	Bonds	01/15/2030	4.70%	170,000	169,708	168,127	
Crown Amer/Cap Corp Vi	Bonds	02/01/2026	4.75%	340,000	333,765	336,284	
Duke Energy Carolinas	Bonds	11/15/2028	3.95%	185,000	200,602	179,639	
Esab Corp	Bonds	04/15/2029	6.25%	270,000	272,007	273,359	
Fortress Trans & Infrast	Bonds	05/01/2028	5.50%	340,000	322,726	332,534	
Genting Ny Llc/Genny Cap	Bonds	10/01/2029	7.25%	120,000	120,540	123,643	
Gfl Environmental Inc	Bonds	08/01/2025	3.75%	200,000	205,087	198,028	
Ggam Finance Ltd	Bonds	05/15/2026	7.75%	180,000	180,000	182,495	
Ggam Finance Ltd	Bonds	02/15/2027	8.00%	140,000	142,201	144,404	
Glp Capital Lp	Bonds	06/01/2025	5.25%	65,000	64,763	64,985	
Glp Capital Lp	Bonds	04/15/2026	5.38%	265,000	263,322	265,005	
Hat Holdings I Llc/Hat	Bonds	06/15/2026	3.38%	305,000	287,134	295,539	
Hat Holdings I Llc/Hat	Bonds	06/15/2027	8.00%	40,000	40,757	41,677	
Herc Holdings Inc	Bonds	06/15/2029	6.63%	155,000	156,125	156,964	
Herc Holdings Inc	Bonds	07/15/2027	5.50%	170,000	169,004	167,827	
Hilton Domestic Operatin	Bonds	05/01/2025	5.38%	235,000	238,175	233,867	
Hilton Worldwide Fin Llc	Bonds	04/01/2027	4.88%	20,000	19,675	19,727	
Home Depot Inc	Bonds	06/15/2029	2.95%	70,000	61,813	64,915	
Home Depot Inc	Bonds	06/25/2031	4.85%	130,000	129,264	129,951	
Icahn Enterprises/Fin	Bonds	05/15/2026	6.25%	93,000	91,102	92,209	
Icahn Enterprises/Fin	Bonds	05/15/2027	5.25%	180,000	166,988	170,420	
International Game Tech	Bonds	01/15/2027	6.25%	325,000	329,673	327,054	
Jazz Securities Dac	Bonds	01/15/2029	4.38%	360,000	335,917	339,433	
John Deere Capital Corp	Bonds	03/07/2029	3.45%	80,000	86,380	76,116	
John Deere Capital Corp	Bonds	09/08/2031	4.40%	135,000	135,186	130,986	
Jpmorgan Chase & Co Sr Unsec	Bonds	04/23/2029	VAR	340,000	363,151	329,644	
Kinetik Holdings Lp	Bonds	12/15/2028	6.63%	320,000	323,418	327,363	
Macquarie Airfinance Hld 144A	Bonds	05/01/2028	8.38%	180,000	183,188	188,671	
Macquarie Airfinance Hld 144A	Bonds	03/26/2029	6.40%	70,000	72,184	72,025	
Marsh & McLennan Cos Inc	Bonds	03/15/2034	5.15%	100,000	99,846	99,499	
Massachusetts St Sch Bldg Auth	Bonds	08/15/2030	1.75%	155,000	130,825	135,726	

**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par or maturity value							
(a)	(b)				Par or Maturity Value	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Value	Cost	Current Value	
Metro Wstwr Reclamation Distc	Bonds	04/01/2028	2.41%	115,000	\$ 114,475	\$ 108,149	
Midamerican Energy Co	Bonds	04/15/2029	3.65%	85,000	91,673	81,065	
New York St Dorm	Bonds	03/15/2027	1.54%	10,000	8,938	9,388	
New York St Urban Dev Corp Rev	Bonds	03/15/2026	1.00%	10,000	9,423	9,607	
New York St Urban Dev Corp Sal	Bonds	03/15/2026	1.31%	90,000	81,527	86,763	
Norfolk Va	Bonds	10/01/2030	1.70%	95,000	77,843	80,754	
Oklahoma St Dev Fin Auth Ok Natural	Bonds	11/01/2045	4.38%	215,000	204,790	195,669	
Onemain Finance Corp	Bonds	01/15/2027	3.50%	90,000	83,996	85,849	
Onemain Finance Corp	Bonds	09/15/2028	3.88%	165,000	152,560	152,054	
Oregon Cmnty College Distc	Bonds	06/30/2026	5.68%	10,000	12,535	10,188	
Park Intermed Holdings	Bonds	05/15/2029	4.88%	170,000	159,344	159,977	
Park Intermed Holdings	Bonds	10/01/2028	5.88%	170,000	167,553	165,952	
Phinia Inc	Bonds	04/15/2029	6.75%	310,000	315,330	316,200	
Prime Secsrvc Brw/Financ	Bonds	04/15/2026	5.75%	325,000	322,179	324,818	
Saint Johns Cnty Fl Indl Dev A	Bonds	08/15/2047	5.00%	85,000	104,746	85,758	
Sba Communications Corp	Bonds	02/15/2027	3.88%	315,000	320,566	301,556	
Sirius Xm Radio Inc	Bonds	09/01/2026	3.13%	345,000	342,588	331,393	
Slm Corp	Bonds	10/29/2025	4.20%	175,000	177,911	173,436	
Slm Corp	Bonds	11/02/2026	3.13%	165,000	155,363	157,398	
Springleaf Finance Corp	Bonds	03/15/2026	7.13%	95,000	96,288	96,706	
Starwood Property Trust	Bonds	03/15/2025	4.75%	93,000	93,911	92,952	
Starwood Property Trust	Bonds	07/15/2026	3.63%	155,000	151,859	149,592	
Starwood Property Trust	Bonds	01/15/2027	VAR	95,000	92,406	91,850	
State Street Corp	Bonds	11/21/2029	VAR	160,000	160,388	164,454	
Sunoco Lp/Finance Corp	Bonds	03/15/2028	5.88%	215,000	212,673	214,123	
Sunoco Lp/Finance Corp	Bonds	04/15/2027	6.00%	115,000	114,256	114,772	
Tallgrass Nrg Prtnr/Fin	Bonds	01/15/2028	5.50%	115,000	110,138	110,599	
Tallgrass Nrg Prtnr/Fin	Bonds	02/15/2029	7.38%	125,000	125,000	125,396	
Tallgrass Nrg Prtnr/Fin	Bonds	03/01/2027	6.00%	70,000	68,638	69,356	
Tegna Inc	Bonds	03/15/2028	4.63%	65,000	59,913	61,425	
Tegna Inc	Bonds	03/15/2026	4.75%	270,000	278,206	266,293	
Tenet Healthcare Corp Sr Glbl Nt27	Bonds	11/01/2027	5.13%	170,000	167,299	166,493	
Tenet Healthcare Corp Sr Sec Glbl Nt29	Bonds	06/01/2029	4.25%	185,000	171,168	173,678	
Teva Pharmaceutical Indu	Bonds	05/09/2027	4.75%	40,000	38,338	39,033	
Teva Pharmaceuticals Ne	Bonds	03/01/2028	6.75%	40,000	40,425	40,842	
Teva Pharmaceuticals Ne	Bonds	10/01/2026	3.15%	245,000	220,536	235,421	
Texas Childrens Hospital	Bonds	10/01/2029	3.37%	75,000	71,632	72,313	
Toyota Motor Credit Corp	Bonds	10/16/2025	0.80%	70,000	68,573	67,994	
Toyota Motor Credit Corp	Bonds	05/16/2029	5.05%	195,000	194,687	196,406	
Transdigm Inc	Bonds	08/15/2028	6.75%	175,000	177,338	176,526	
Transdigm Inc	Bonds	03/01/2029	6.38%	145,000	145,510	145,322	
Travel + Leisure Co	Bonds	07/31/2026	6.63%	95,000	95,158	96,016	
Truist Bank	Bonds	03/11/2030	2.25%	195,000	165,973	167,452	
Verizon Communications	Bonds	09/21/2028	4.33%	270,000	307,713	264,452	
Vici Properties / Note	Bonds	12/01/2026	4.25%	320,000	328,642	314,691	
Virginia Power Fuel Sec	Bonds	05/01/2033	4.88%	195,000	200,553	194,864	
Vistra Operations Co Llc	Bonds	09/01/2026	5.50%	330,000	321,147	328,961	
Waste Management Inc	Bonds	03/15/2028	1.15%	200,000	187,829	178,978	
Wesco Distribution Inc	Bonds	03/15/2029	6.38%	190,000	191,681	192,540	
Western Digital Corp	Bonds	02/15/2026	4.75%	340,000	362,656	336,722	
Western Midstream Operat	Bonds	02/01/2025	3.10%	290,000	281,939	289,269	
Wynndham Worldwide Corp	Bonds	10/01/2025	5.10%	230,000	244,857	230,584	
Xpo Inc	Bonds	06/01/2028	6.25%	285,000	286,442	286,741	
Total corporate and municipal notes and bonds					18,077,395	17,815,865	
<u>Common stock</u>							
3M Company	Stocks	N/A	N/A	50	6,139	6,454	
Abbvie Inc	Stocks	N/A	N/A	88	10,260	15,638	
Abercrombie & Fitch Co	Stocks	N/A	N/A	175	20,319	26,157	

**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par or maturity value							
(a)	(b)	(c)			(d)	(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	Cost	Current Value	
	Acuity Inc	Stocks	N/A	N/A	20	\$ 2,559	\$ 5,843
	Aercap Holdings Nv	Stocks	N/A	N/A	214	20,601	20,480
	Agco Corp	Stocks	N/A	N/A	65	5,581	6,076
	Allison Transmission Holding	Stocks	N/A	N/A	53	2,246	5,727
	Ally Financial Inc	Stocks	N/A	N/A	554	23,195	19,950
	Alphabet Inc	Stocks	N/A	N/A	204	36,065	38,617
	Amcpr Plc	Stocks	N/A	N/A	358	3,876	3,369
	Amdocs Limited	Stocks	N/A	N/A	407	34,333	34,652
	Ameriprise Financial Inc	Stocks	N/A	N/A	37	8,263	19,700
	Amphenol Corp New	Stocks	N/A	N/A	472	29,928	32,780
	Apple Inc	Stocks	N/A	N/A	151	16,654	37,813
	Arista Networks Inc	Stocks	N/A	N/A	348	10,733	38,464
	Atkore Inc	Stocks	N/A	N/A	69	7,855	5,758
	Autoliv Inc	Stocks	N/A	N/A	64	4,963	6,003
	Baker Hughes Company	Stocks	N/A	N/A	263	7,073	10,788
	Berry Global Group Inc	Stocks	N/A	N/A	52	2,545	3,363
	Bio Rad Laboratories Inc	Stocks	N/A	N/A	47	15,346	15,440
	Biogen Inc	Stocks	N/A	N/A	99	23,622	15,139
	Block H & R Inc	Stocks	N/A	N/A	454	29,210	23,989
	Boise Cascade Co	Stocks	N/A	N/A	44	4,551	5,230
	Booz Allen Hamilton Holding	Stocks	N/A	N/A	274	31,928	35,264
	Borg Warner Inc.	Stocks	N/A	N/A	185	6,286	5,881
	Bp Plc Sponsored Adr	Stocks	N/A	N/A	347	11,451	10,257
	Brinker International Inc	Stocks	N/A	N/A	211	26,047	27,913
	Bristol Myers Squibb Co	Stocks	N/A	N/A	269	12,599	15,215
	Builders Firstsource Inc	Stocks	N/A	N/A	21	2,179	3,002
	Cadence Design Systems Inc	Stocks	N/A	N/A	112	10,761	33,652
	Cardinal Health Inc	Stocks	N/A	N/A	128	14,348	15,139
	Carlisle Companies Inc	Stocks	N/A	N/A	14	2,053	5,164
	Carnival Corp	Stocks	N/A	N/A	954	23,729	23,774
	Caseys General Stores Inc	Stocks	N/A	N/A	62	14,369	24,566
	Cencora Inc	Stocks	N/A	N/A	64	8,085	14,380
	Centene Corp	Stocks	N/A	N/A	261	19,749	15,811
	Cf Industries Holdings Inc	Stocks	N/A	N/A	42	3,411	3,583
	Cisco Systems Inc	Stocks	N/A	N/A	595	33,783	35,224
	Citigroup Inc	Stocks	N/A	N/A	301	14,624	21,187
	Commercial Metals Co	Stocks	N/A	N/A	61	2,602	3,026
	Core & Main Inc	Stocks	N/A	N/A	113	4,391	5,753
	Csx Corp	Stocks	N/A	N/A	178	6,074	5,744
	Cummins Inc	Stocks	N/A	N/A	17	2,391	5,926
	Davita Inc	Stocks	N/A	N/A	96	9,344	14,357
	Deckers Outdoor Corp	Stocks	N/A	N/A	123	11,793	24,980
	Dick'S Sporting Goods Inc.	Stocks	N/A	N/A	127	20,772	29,063
	Dominion Energy Inc	Stocks	N/A	N/A	119	6,264	6,409
	Dover Corp	Stocks	N/A	N/A	31	2,343	5,816
	Eastman Chem Co	Stocks	N/A	N/A	36	2,705	3,288
	Emcor Group Inc	Stocks	N/A	N/A	13	755	5,901
	Emerson Electric Co	Stocks	N/A	N/A	49	2,931	6,073
	Equitable Holdings Inc	Stocks	N/A	N/A	442	20,281	20,849
	Everygy Inc	Stocks	N/A	N/A	108	6,653	6,647
	Expand Energy Corp	Stocks	N/A	N/A	118	9,771	11,747
	F5 Inc	Stocks	N/A	N/A	141	30,460	35,457
	Fabrinet	Stocks	N/A	N/A	148	35,737	32,542
	Firstenergy Corp	Stocks	N/A	N/A	165	6,840	6,564
	Fnf Group-W/I	Stocks	N/A	N/A	341	14,622	19,144
	Fortinet Inc	Stocks	N/A	N/A	374	20,986	35,336
	Fox Corp	Stocks	N/A	N/A	566	24,754	25,889
	Garmin Ltd	Stocks	N/A	N/A	126	22,146	25,989
	Gartner Inc	Stocks	N/A	N/A	66	19,193	31,975
	Gentex Corp	Stocks	N/A	N/A	208	4,709	5,976

**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par or maturity value								
(a)	(b)	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value	
		Genuine Parts Co	Stocks	N/A	N/A	49	\$ 6,347	\$ 5,721
		Gilead Sciences Inc	Stocks	N/A	N/A	175	13,047	16,165
		Godaddy Inc	Stocks	N/A	N/A	180	27,725	35,527
		Goldman Sachs Group Inc	Stocks	N/A	N/A	35	12,687	20,042
		Halliburton Co	Stocks	N/A	N/A	364	13,770	9,897
		Hartford Insurance Group Inc	Stocks	N/A	N/A	175	12,473	19,145
		Hca Healthcare Inc	Stocks	N/A	N/A	46	12,996	13,807
		Hologic Inc	Stocks	N/A	N/A	200	14,661	14,418
		Ingredion Inc	Stocks	N/A	N/A	26	2,425	3,577
		Intuit Software	Stocks	N/A	N/A	54	23,969	33,939
		Jackson Financial Inc	Stocks	N/A	N/A	208	17,280	18,113
		Jacobs Solutions Inc	Stocks	N/A	N/A	46	3,104	6,147
		Jazz Pharmaceuticals Plc	Stocks	N/A	N/A	125	14,049	15,394
		Kb Home	Stocks	N/A	N/A	362	23,867	23,791
		Kia Corp	Stocks	N/A	N/A	54	24,474	34,026
		Knight Swift Transportation Holdings Inc	Stocks	N/A	N/A	111	6,222	5,887
		Labcorp Holdings Inc	Stocks	N/A	N/A	66	12,485	15,135
		Lear Corp	Stocks	N/A	N/A	64	7,426	6,061
		Leidos Holdings Inc	Stocks	N/A	N/A	241	35,674	34,718
		Lithia Mtrs Inc	Stocks	N/A	N/A	69	25,159	24,663
		Lockheed Martin Corp	Stocks	N/A	N/A	73	38,015	35,474
		Louisiana Pacific Corp	Stocks	N/A	N/A	33	2,825	3,417
		Lyondellbasell Industries N.V.	Stocks	N/A	N/A	45	3,741	3,342
		Masco Corp	Stocks	N/A	N/A	80	3,179	5,806
		Matson Inc	Stocks	N/A	N/A	41	6,655	5,528
		Mckesson Corporation	Stocks	N/A	N/A	25	6,337	14,248
		Meritage Homes Corporation	Stocks	N/A	N/A	131	24,817	20,150
		Meta Platforms Inc	Stocks	N/A	N/A	62	30,493	36,302
		Metlife Inc.	Stocks	N/A	N/A	243	14,666	19,897
		Microsoft Corp	Stocks	N/A	N/A	80	32,347	33,720
		Molina Healthcare Inc	Stocks	N/A	N/A	54	17,592	15,717
		Molson Coors Beverage Company	Stocks	N/A	N/A	260	15,705	14,903
		Mueller Industries Inc	Stocks	N/A	N/A	73	2,850	5,793
		Murphy Oil Corp	Stocks	N/A	N/A	350	12,885	10,591
		Murphy Usa Inc	Stocks	N/A	N/A	49	15,152	24,586
		Netapp Inc	Stocks	N/A	N/A	281	26,346	32,618
		Northrop Grumman Corporation	Stocks	N/A	N/A	70	36,322	32,850
		Norwegian Cruise Line Hldgs Ltd	Stocks	N/A	N/A	910	25,124	23,414
		Nrg Energy Inc.	Stocks	N/A	N/A	73	3,879	6,586
		Nucor Corp	Stocks	N/A	N/A	25	2,813	2,918
		Oge Energy Corp	Stocks	N/A	N/A	158	5,661	6,517
		Oshkosh Corporation	Stocks	N/A	N/A	57	6,009	5,419
		Ovintiv Inc	Stocks	N/A	N/A	251	11,983	10,165
		Owens Corning Inc	Stocks	N/A	N/A	19	1,647	3,236
		Packging Corp Pkg	Stocks	N/A	N/A	15	1,657	3,377
		Parker Hannifin Corp	Stocks	N/A	N/A	9	1,206	5,724
		Parsons Corp	Stocks	N/A	N/A	352	32,477	32,472
		Paychex Inc	Stocks	N/A	N/A	241	27,726	33,793
		Pfizer Inc	Stocks	N/A	N/A	612	17,301	16,236
		Pg&E Corp	Stocks	N/A	N/A	327	6,888	6,599
		Philip Morris Internat	Stocks	N/A	N/A	121	11,045	14,562
		Pinnacle West Capital Corp	Stocks	N/A	N/A	74	5,553	6,273
		Post Holdings Inc	Stocks	N/A	N/A	138	12,440	15,795
		Ppl Corporation	Stocks	N/A	N/A	199	5,737	6,460
		Prudential Financial Inc.	Stocks	N/A	N/A	164	17,787	19,439
		Quest Diagnostics Inc	Stocks	N/A	N/A	96	13,647	14,483
		Regions Financial Corp	Stocks	N/A	N/A	778	13,902	18,299
		Reliance Inc	Stocks	N/A	N/A	12	1,831	3,231
		Royal Caribbean Cruises Ltd	Stocks	N/A	N/A	110	9,546	25,376
		Ryder System Inc	Stocks	N/A	N/A	39	3,613	6,118

**OPERATING ENGINEERS LOCAL NO. 77
HEALTH & WELFARE FUND**

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par or maturity value							
(a)	(b)	(c)			(d)	(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	Cost	Current Value	
Shell Plc	Stocks	N/A	N/A	178	\$ 9,802	\$ 11,152	
Sm Energy Company	Stocks	N/A	N/A	255	10,160	9,884	
Snap On Inc	Stocks	N/A	N/A	17	3,465	5,771	
Sonoco Products Co	Stocks	N/A	N/A	74	4,107	3,615	
State Str Corp	Stocks	N/A	N/A	216	15,911	21,200	
Steel Dynamics Inc	Stocks	N/A	N/A	26	1,553	2,966	
Synchrony Financial	Stocks	N/A	N/A	319	10,246	20,735	
Synovus Financial Corp	Stocks	N/A	N/A	367	13,353	18,801	
Taylor Morrison Home Corp	Stocks	N/A	N/A	399	23,285	24,423	
Tenet Healthcare Corp	Stocks	N/A	N/A	110	10,058	13,885	
The Cigna Group	Stocks	N/A	N/A	48	12,143	13,255	
Timken Co	Stocks	N/A	N/A	84	6,968	5,995	
T-Mobile Us Inc	Stocks	N/A	N/A	29	3,131	6,401	
Totalenergies Se	Stocks	N/A	N/A	183	9,950	9,973	
Trinet Group Inc	Stocks	N/A	N/A	68	7,248	6,172	
Ufp Industries Inc	Stocks	N/A	N/A	28	2,527	3,154	
Ugi Holding Corp New	Stocks	N/A	N/A	245	6,638	6,916	
United Parcel Service	Stocks	N/A	N/A	47	6,068	5,927	
United Rentals Inc	Stocks	N/A	N/A	8	2,340	5,636	
United Therapeutics Corp Del	Stocks	N/A	N/A	42	10,192	14,819	
Unum Group	Stocks	N/A	N/A	277	11,359	20,229	
Verizon Communications Inc	Stocks	N/A	N/A	161	7,011	6,438	
Vistra Corp	Stocks	N/A	N/A	43	1,626	5,928	
Vontier Corp	Stocks	N/A	N/A	164	5,149	5,981	
Wells Fargo & Company	Stocks	N/A	N/A	281	10,697	19,737	
Western Union Co	Stocks	N/A	N/A	1,417	17,375	15,020	
Westlake Corporation	Stocks	N/A	N/A	29	2,680	3,325	
Xcel Energy Inc	Stocks	N/A	N/A	98	6,221	6,617	
Zions Bancorporation N.A.	Stocks	N/A	N/A	349	14,027	18,933	
Total common stock					<u>1,934,365</u>	<u>2,332,388</u>	
<u>Mutual funds</u>							
Vanguard Growth Index Fund Adm	Stocks	N/A	N/A	N/A	1,506,566	2,325,090	
Total mutual funds					<u>1,506,566</u>	<u>2,325,090</u>	
<u>Limited partnerships</u>							
American Stable Value Fund, LLC	LP	N/A	N/A	N/A	1,266,353	2,870,108	
Boyd Watterson State Government Fund, L.P.	LP	N/A	N/A	N/A	2,980,977	2,879,712	
Total limited partnerships					<u>4,247,330</u>	<u>5,749,820</u>	
Total assets (held at end of year)					<u>\$ 36,062,034</u>	<u>\$ 38,374,809</u>	

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2024 <hr/> 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 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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C. AND VICINITY	1b Three-digit plan number (PN) ▶	501
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 TRUST FUND O C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS MD 21152	1c Effective date of plan 01/01/1953	2b Employer Identification Number (EIN) 52-6038508
	2c Plan Sponsor's telephone number 410-683-7721	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		10/3/2025	JOSHUA VANDYKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/2025	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES, OPERATING ENGINE TRUST FUND OF WASH DC AND VICINITY C/O ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS MD 21152	3b Administrator's EIN 52-6038508 3c Administrator's telephone number 410-683-7721
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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	1,600
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)	1,216
a (2) Total number of active participants at the end of the plan year	6a(2)	1,230
b Retired or separated participants receiving benefits	6b	373
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,603
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
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	143

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b 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>3</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input 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 NO. 77 HEALTH & WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6038508
Plan No. 501

(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	Federated Hermes Government Obligations Fund	\$ 20,765,878	N/A	N/A	N/A	\$ 20,765,878	\$ 20,765,878	N/A
N/A	Federated Hermes Government Obligations Fund	N/A	\$ 21,553,494	N/A	N/A	21,553,494	21,553,494	\$ -