

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE</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>INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &</u></p> <p><u>1375 VIRGINIA DRIVE, SUITE 102</u> <u>FORT WASHINGTON, PA 19034</u></p>	<p>1c Effective date of plan <u>07/13/1954</u></p> <p>2b Employer Identification Number (EIN) <u>23-1402245</u></p> <p>2c Plan Sponsor's telephone number <u>215-542-8211</u></p> <p>2d Business code (see instructions) <u>238290</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.	10/13/2025	JAMES REILLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4696
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3650
	6a(2)	3493
	6b	1237
	6c	
	6d	4730
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	528

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 4B 4D 4E 4F 4U

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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
INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE

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

C Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &

D Employer Identification Number (EIN)
23-1402245

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
FIDELIO INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-2436056	28231	OE 703	4452	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

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4140837
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. Specify nature of costs.	10b	

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 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &	D Employer Identification Number (EIN) 23-1402245

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

AETNA HEALTH INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	95109	E00066741782PPO	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 437068	(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

KTP ADVISORS INC

**130 BELLEVUE AVE, STE 211
NEWPORT, RI 02840**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
284580			3

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

BENISTAR

**10 TOWER LANE, STE 100
AVON, CT 06001**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152488			3

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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

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 ▶

6b	
6c	
6d	

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
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)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4077402
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &</p>	<p>D Employer Identification Number (EIN) 23-1402245</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	752539	4799	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.

<p>(a) Total amount of commissions paid 62172</p>	<p>(b) Total amount of fees paid 6828</p>
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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

WADE FINANCIAL, INC. **1225 SCARLETT OAK DR.**
CHALFONT, PA 18914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62172	6828	CONTINGENT COMPENSATION	3

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

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

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

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

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	(c) Amount	(d) Purpose	

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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)	621722
(2) Increase (decrease) in amount due but unpaid		9a(2)	-396
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	621326
b Benefit charges (1) Claims paid		9b(1)	400000
(2) Increase (decrease) in claim reserves		9b(2)	-5357
(3) Incurred claims (add (1) and (2))		9b(3)	394643
(4) Claims charged		9b(4)	394643
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	69000	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	72196	
(E) Taxes	9c(1)(E)	12427	
(F) Charges for risks or other contingencies	9c(1)(F)	49707	
(G) Other retention charges	9c(1)(G)	23353	
(H) Total retention	9c(1)(H)	226683	
(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 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &	D Employer Identification Number (EIN) 23-1402245	

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

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

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

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

BLUE CROSS PLUS

23-0370270

(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	2129955	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)

HEALTHSTAT, INC.

56-2273744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	1569264	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)

HEALTH CARE SOLUTIONS CORPORATION

23-2630637

(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	1081130	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)

EXPRESS SCRIPTS

43-1420563

(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	NONE	991469	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)

GUARDIAN NURSES

57-1187937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	232740	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?
27 51	NONE	217788	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)

ALLIED TRADES ASSISTANCE PROGRAM

23-2591093

(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	216713	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)

KAREN COUGLIN

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	180623	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)

GINA PASTELLA

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	180623	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)

ELMC RX SOLUTIONS, LLC

47-4776379

(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	165550	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)

ANN CAPALDI

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	127549	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)

HALEY WADE

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	115441	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)

PAUL POTAKO

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	106052	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)

ANTHONY DEFEO

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	105768	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)

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 71	NONE	105139	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

JOHN HEENAN

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	98141	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)

COLUMBIA PARTNERS LLC INVESTMENT

52-1940739

(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	81670	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)

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	80535	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BOLTON PARTNERS NORTHEAST, INC.

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?
16 50	NONE	80000	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)

CLEARY, JOSEM & TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	79732	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)

WILLIAM MCGUIRE

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	73558	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)

MARIA DANYLUK

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	72203	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)

PAUL CAREY III

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	69583	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	63980	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 SERVICES

58-2432392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	53000	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)

MICHAEL FEHRLE

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	49581	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)

CHARLES BUMBAUGH

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	49479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLS FARGO BANK

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	49056	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)

JESSICA KRIGER

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	44414	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)

SUSANIN, WIDMAN, & BRENNAN, P.C.

23-2265950

(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	42350	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)

HEALTHSMART RX SOLUTIONS, INC.

34-1635597

(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	41743	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)

NATHAN SMITH

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	41052	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)

ANDREA GASS

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	38777	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)

SERVICE & MAINTENANCE PROFESSIONALS

301 YORK RD
WARMINSTER, PA 18974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	36379	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BETH MARTIN

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	35189	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)

ALEXIS DEAL

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34823	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)

PATRICIA REPETSKI

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50 64	EMPLOYEE	33218	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)

JRP & ASSOCIATES, LLC

115 ROSE TWIG LANE
NORTH WALES, PA 19454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	31600	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)

PRINCIPAL BANK

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	29497	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)

VISION BENEFITS OF AMERICA INC.

25-1149206

(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	26105	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)

TIMOTHY NAGY

23-1402245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25273	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)

ADP, INC.

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	12185	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EASTERN PENNSYLVANIA AND DELAWARE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENGINEERS WELFARE FUND OF EAST. PA &	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN) 23-1402245</td> </tr> </table>	D Employer Identification Number (EIN) 23-1402245	
D Employer Identification Number (EIN) 23-1402245			

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7844398	6316039
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5700444	5318751
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53303135	47041629
(2) U.S. Government securities	1c(2)	25464716	30401471
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	81465935	89221612
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	23107600	27204000
(5) Partnership/joint venture interests	1c(5)	42588423	32906854
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1946258	2902326

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	1854308	1760171
f Total assets (add all amounts in lines 1a through 1e).....	1f	243275217	243072853
Liabilities			
g Benefit claims payable.....	1g	9525544	8080730
h Operating payables.....	1h	531254	666519
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1706094	1492616
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11762892	10239865
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	231512325	232832988

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)	81856353	
(B) Participants.....	2a(1)(B)	6173986	
(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)		88030339
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	364706	
(B) U.S. Government securities.....	2b(1)(B)	568063	
(C) Corporate debt instruments.....	2b(1)(C)	2971375	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3901001	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7805145
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	507821	
(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)		507821
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	98901716	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	98961139	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-59423
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1451	
(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)		
c Other income	2c		175697
d Total income. Add all income amounts in column (b) and enter total.....	2d		96458128

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	78467424	
(2) To insurance carriers for the provision of benefits	2e(2)	10225949	
(3) Other.....	2e(3)	3354822	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		92048195
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)	1505016	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	63980	
(5) Investment advisory and investment management fees	2i(5)	538131	
(6) Bank or trust company trustee/custodial fees	2i(6)	29497	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	122082	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2968	
(11) Other expenses.....	2i(11)	827596	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3089270
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		95137465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1320663
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		33137747
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
International Union of Operating Engineers
Welfare Fund of Eastern Pennsylvania and Delaware

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware 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 International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
October 6, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
Corporate obligations	\$ 89,221,612	\$ 81,465,935
Limited partnership - real estate	32,906,854	42,588,423
United States Government and Government Agency obligations	25,964,520	22,533,065
Common stock	27,204,000	23,107,600
Mortgage-backed and asset-backed securities	4,436,951	2,931,651
Foreign hedged mutual fund of funds	230,893	271,652
Foreign bonds	2,671,433	1,674,606
Money market mutual funds	1,643,128	3,443,132
Interest-bearing cash	45,398,501	49,860,003
Total investments	<u>229,677,892</u>	<u>227,876,067</u>
RECEIVABLES		
Employer contributions	6,316,039	7,844,398
Prescriptions rebates receivable	2,042,736	2,162,701
Accrued investment income	1,368,015	1,218,240
Prepaid insurance premiums	-	380,135
Total receivables	<u>9,726,790</u>	<u>11,605,474</u>
CASH ADVANCE DEPOSITS		
Independence Blue Cross	1,658,000	1,658,000
Allied Trades Assistance Program	250,000	250,000
Total cash advance deposits	<u>1,908,000</u>	<u>1,908,000</u>
PROPERTY AND EQUIPMENT - net	<u>1,760,171</u>	<u>1,854,308</u>
PREPAID EXPENSES	<u>-</u>	<u>31,368</u>
Total assets	<u>243,072,853</u>	<u>243,275,217</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related benefit funds	1,076,634	1,300,419
Accrued administrative expenses	666,519	531,254
Reciprocal contributions payable	326,461	345,345
Deferred participant and COBRA contributions	89,521	60,330
Total liabilities	<u>2,159,135</u>	<u>2,237,348</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 240,913,718</u>	<u>\$ 241,037,869</u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (60,874)	\$ 2,175,679
Interest and dividends	8,312,966	7,572,919
	8,252,092	9,748,598
Less investment expenses	(566,931)	(480,717)
Investment income - net	7,685,161	9,267,881
Contributions		
Employer and pinpointing contributions	81,856,353	84,317,806
Pensioner contributions	5,485,826	5,341,236
Participant and COBRA contributions	688,160	621,001
Total contributions	88,030,339	90,280,043
Total additions	95,715,500	99,547,924
DEDUCTIONS		
Cost of benefits		
Self-insured medical benefits, net of stop loss recovery:		
Medical, surgical, x-ray, lab work and hospitalization		
Independence Blue Cross	58,450,058	55,289,163
Prescription, net of rebates	16,728,543	13,723,733
In-house member, retiree and dependent claims	567,238	639,893
Mental health and substance abuse	2,257,240	2,268,816
Vision	413,184	427,867
Outpatient medical imaging and lab services	1,081,130	969,251
Disease management and case management	239,845	233,814
	79,737,238	73,552,537
Insured benefits		
Dental	4,140,837	4,026,974
Prescription	4,511,647	4,209,334
Aetna/US Healthcare	-	3,436
Healthstat	1,573,465	1,216,307
	10,225,949	9,456,051

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
DEDUCTIONS (continued)		
Benefit provider administrative fees	\$ 3,354,822	\$ 3,302,317
Fees mandated by the ACA	30,999	29,166
	<u>3,385,821</u>	<u>3,331,483</u>
Total cost of benefits	93,349,008	86,340,071
Administrative expenses	<u>2,490,643</u>	<u>2,474,817</u>
Total deductions	<u>95,839,651</u>	<u>88,814,888</u>
NET INCREASE (DECREASE)	(124,151)	10,733,036
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>241,037,869</u>	<u>230,304,833</u>
End of year	<u><u>\$ 240,913,718</u></u>	<u><u>\$ 241,037,869</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Self-insured claims, insurance premiums payable and claims incurred but not reported	<u>\$ 8,080,730</u>	<u>\$ 9,350,544</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS - net of amounts currently payable		
Accumulated eligibility credits	<u>33,097,000</u>	<u>31,985,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS - net of amounts currently payable		
Current retirees	62,771,281	49,348,602
Other participants fully eligible for benefits	86,621,404	83,952,283
Other participants not fully eligible for benefits	<u>103,200,762</u>	<u>110,121,170</u>
Total postretirement benefit obligations	<u>252,593,447</u>	<u>243,422,055</u>
Total benefit obligations	<u><u>\$ 293,771,177</u></u>	<u><u>\$ 284,757,599</u></u>

See accompanying notes to financial statements.

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

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	\$ 9,350,544	\$ 8,760,153
Increase (decrease) during the year attributable to changes in self-insured claims, insurance premiums payable, and claims incurred but not reported	<u>(1,269,814)</u>	<u>590,391</u>
Balance at end of year	<u>8,080,730</u>	<u>9,350,544</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE - AT PRESENT VALUE OF ESTIMATED AMOUNTS, net of amounts currently payable		
Balance at beginning of year	31,985,000	30,030,000
(Decrease) Increase during the year attributable to changes in accumulated eligibility credits	<u>1,112,000</u>	<u>1,955,000</u>
Balance at end of year	<u>33,097,000</u>	<u>31,985,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS - net of amounts currently payable		
Balance at beginning of year	243,422,055	235,418,702
Increase (decrease) during the year attributable to		
Assumption and other changes	(33,593,030)	2,314,347
Benefits reclassified to amounts currently payable	(7,543,988)	(5,281,527)
Passage of time	12,413,873	11,638,897
Demographic, claims and benefit accruals	<u>37,894,537</u>	<u>(668,364)</u>
Balance at end of year	<u>252,593,447</u>	<u>243,422,055</u>
Total benefit obligations	<u>\$ 293,771,177</u>	<u>\$ 284,757,599</u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments in United States Government and Government Agency obligations, corporate obligations, common stocks, and the money market mutual fund are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or net asset value of the fund as of the last business day of the year. The limited partnership in real estate is carried at estimated fair value as reported on its Schedule K-1. The foreign hedged mutual fund of funds is carried at estimated fair value as determined by the investment manager. Investments in foreign bonds, mortgage-backed and asset-backed securities are carried at estimated fair value as provided by the investment custodian as of the last business day of the year.

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

Contributions Receivable - Contributions due and not paid prior to the year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the useful lives of the related assets are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The estimated useful lives are generally three years for automobiles and five to seven years for office furniture and equipment. Direct depreciation for the years ended December 31, 2024 and 2023 was \$94,137 and \$45,711, respectively.

Benefit Obligations - Claims incurred but not reported, accumulated eligibility credits, and postretirement benefits were estimated by the Plan's consultant.

Cash Advance - The Plan is required to maintain a cash advance reserve with Independence Blue Cross, which can be drawn against to reduce future claim payments, when claims paid to Independence Blue Cross exceed the total of claims paid and other charges. The cash advance has been included as an asset of the Plan until such amounts are used to pay claims. The cash advance will be returned to the Plan, less any outstanding claims, should the insurance contract terminate.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Rebates - Rebates due from the Plan's Pharmacy Benefit Manager are recorded when earned. Pharmacy rebates totaling \$7,255,565 and \$5,312,680 have been netted with prescription claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023, respectively. Amounts due from the Plan's Pharmacy Benefit Manager as of December 31, 2024 and 2023 totaled \$2,042,736 and \$2,162,701, respectively.

Payments of Benefits - Premiums paid by the Plan are recorded when paid as dental, prescription and medical insurance premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits. Self-funded claims paid for medical, prescription, mental health, vision, disability, preventative health and disease management benefits are recorded when paid by the Plan in the accompanying Statements of Changes in Net Assets Available for Benefits. Amounts due at year end for claims payable or incurred but not reported are reported on the Statements of Benefit Obligations.

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

NOTE 2. DESCRIPTION OF PLAN

The International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware (the Plan) provides health and welfare benefits for eligible members of the International Union of Operating Engineers Local 542, which represents operating engineers in eastern Pennsylvania and Delaware.

The Plan is a multiemployer welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established on January 1, 1972, by an Agreement and Declaration of Trust. The Plan is maintained pursuant to collective bargaining agreements between the International Union of Operating Engineers Local 542 and the General Building Contractors Association and the Contractors Association of Eastern Pennsylvania and Delaware.

The Plan provides hospital, surgical, major medical, vision, dental, prescription, mental health, and life insurance benefits. The type and level of benefits vary and are determined by the criteria outlined in the collective bargaining agreements. Death benefit increased from \$5,000 to \$10,000 and accidental from \$10,000 to \$15,000 effective in January 1, 2019.

Participants become eligible upon attaining the required number of hours corresponding to the benefit level. Once the participant has attained the required number of hours in a work period, they will be eligible on the first day of the corresponding benefit period.

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

NOTE 3. PINPOINTING FUND

The pinpointing allocation for the years ended December 31, 2024 and 2023 was twenty-five cents per hour of the Health and Welfare Fund's employer contribution rate. The purpose of this fund is to relieve a contributing employer from paying the full rate required for health and welfare contributions in order to aid competitiveness in obtaining contracts which would otherwise be lost to non-union contractors. During the years ended December 31, 2024 and 2023, the total relief provided to employers totaled \$4,070,906 and \$4,108,798, respectively.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such a manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on August 16, 1978, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 501(c)(9) of the Internal Revenue Code and was, therefore, not subject to tax under present Federal income tax laws. The Plan has been amended since receiving the determination letter. The Plan Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. FUNDING POLICY

The Plan is funded by employer contributions as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. The cost of postretirement benefits is shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, 34% of the estimated cost of providing postretirement benefits in the current and prior year is through retiree contributions. A "Buy-Up" provision was established to allow eligible participants to increase their coverage by purchasing additional benefits. Unemployed and ineligible participants along with their dependents are allowed to continue coverage by purchasing benefits through Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

NOTE 6. FUNDING POLICY (continued)

As a result of the related Pension Fund's projection to be in critical status under the Pension Protection Act, and as a proactive measure to stay in the green zone, the Union membership and Trustees approved a diversion of the Plan contributions from the Plan to the Pension Fund. This diversion was effective starting in the June 2010 and has continued over the years. Effective for the 2018 plan year, the diversion was \$2.85 per hour for Parent Body (District 2, 3, and 4) and \$3.55 per hour for Parent Body (District 1 and 5), and \$2.20 per hour for C-Branch. No rate changes were noted in 2024 and 2023. The total amount of contributions diverted during the years ended December 31, 2024 and 2023 were \$13,693,751 and \$14,915,534, respectively. As of December 31, 2024 and 2023, \$3,364,395 and \$3,845,820, respectively, were due to the Pension Fund for contributions collected on its behalf. These amounts are reported as net of employer contributions receivable on the Statement of Net Assets Available for Benefits.

NOTE 7. CASH CONCENTRATIONS

Interest-bearing cash at December 31, 2024 and 2023, consisted of the following:

	<u>2024</u>	<u>2023</u>
Wells Fargo Bank:		
Checking account	\$ 28,262,114	\$ 34,234,700
Pinpointing account	8,546,882	8,197,492
	<u>36,808,996</u>	<u>42,432,192</u>
Principal Sweep Program:		
Principal	5,596,078	3,905,594
Chartwell Investments	2,223,283	2,823,669
Foundry Partners	496,766	428,405
Sierra Investments	273,378	270,143
	<u>27,689,505</u>	<u>7,427,811</u>
Total	<u>\$ 45,398,501</u>	<u>\$ 49,860,003</u>

The Plan places its cash with a financial institution deemed to be creditworthy. Cash balances with Wells Fargo Bank and the Principal Sweep Program exceeded the insured deposit limit of \$250,000 in a single bank.

NOTE 8. FAIR VALUE MEASUREMENTS

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

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 89,221,612	\$ -	\$ 89,221,612	\$ -
United States Government and Government Agency obligations	25,964,520	25,964,520	-	-
Common stocks	27,204,000	27,204,000	-	-
Mortgage-backed and asset-backed securities	4,436,951	-	4,436,951	-
Foreign bonds	2,671,433	2,671,433	-	-
Money market mutual fund	1,643,128	1,643,128	-	-
Interest-bearing cash	45,398,501	45,398,501	-	-
Total assets in the fair value hierarchy	196,540,145	<u>\$ 102,881,582</u>	<u>\$ 93,658,563</u>	<u>\$ -</u>
Investments measured at NAV	<u>33,137,747</u>			
Total investments	<u>\$ 229,677,892</u>			

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Corporate obligations	\$ 81,465,935	\$ -	\$ 81,465,935	\$ -
United States Government and Government Agency obligations	22,533,065	22,533,065	-	-
Common stocks	23,107,600	23,107,600	-	-
Mortgage-backed and asset-backed securities	2,931,651	-	2,931,651	-
Foreign bond	1,674,606	1,674,606	-	-
Money market mutual fund	3,443,132	3,443,132	-	-
Interest-bearing cash	49,860,003	49,860,003	-	-
Total assets in the fair value hierarchy	185,015,992	<u>\$ 100,618,406</u>	<u>\$ 84,397,586</u>	<u>\$ -</u>
Investments measured at NAV	42,860,075			
Total investments	<u>\$ 227,876,067</u>			

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

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

The unfunded commitments and redemption information are as follows at December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Foreign hedged mutual fund of funds:				
EnTrust Capital Diversified Fund QP LTD	\$ 230,893	\$ -	(a)	(a)
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	32,906,854	-	(b)	(b)
Total	<u>\$ 33,137,747</u>	<u>\$ -</u>		

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Foreign hedged mutual fund of funds:				
EnTrust Capital Diversified Fund QP LTD	\$ 271,652	\$ -	(a)	(a)
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	<u>42,588,423</u>	<u>-</u>	(b)	(b)
Total	<u>\$ 42,860,075</u>	<u>\$ -</u>		

(a) - Shareholders of EnTrust Capital Diversified Fund QP LTD have the right to redeem Shares having a value of up to a maximum of 50% of the NAV of their Shares as of the last day of any calendar quarter, or any other date determined by the Board of Directors in its sole discretion after the expiration of an initial 12-month lockup period, provided, however, that the Board of Directors may permit a shareholder to withdraw capital on a Redemption Date during the Lock-Up Period subject to a withdrawal charge equal to 3% of the amount sought to be withdrawn. Withdrawal charges are payable to the Fund and may be waived by the Board of Directors in its sole discretion. A shareholder is required to provide not less than 90 days' prior written notice, and the Redemption Date is the last day of the first quarter following the expiration of the notice period. If the Shares being redeemed represent more than half of the Shares held by the shareholder, one half of the Shares to be redeemed by the shareholder will be redeemed on the first Redemption Date following the expiration of the 90-day notice. The remaining Shares for which the shareholder has made a redemption request will be redeemed on the next quarterly Redemption Date.

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

(b) - The Plan may request that Boyd Watterson redeem some or all of its Units by providing the General Partner of Boyd Watterson with written notice setting forth the number of Units it desires to redeem in a form acceptable to the General Partner at least sixty (60) days prior to a calendar quarter end. Unless waived by the General Partner, partial redemptions of Units shall only be permitted in increments of \$250,000 and shall not be permitted for amounts of less than \$250,000. Unless the notice period is waived by the General Partner, each Redemption Notice will become effective upon the 60th day following delivery of the Redemption Notice to the General Partner.

NOTE 8. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson GSA Fund's objective is to generate a stable stream of investment grade current income while also preserving wealth using risk parameters and portfolio management strategies established by the General Partner. It intends to meet this objective through the purchase of real estate assets that are one-hundred percent (100%) leased to the Federal Agencies for remaining terms of at least seven (7) years on a weighted average basis in length.

The EnTrust Capital Diversified Fund QP LTD and Boyd Watterson GSA Fund LP are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2024 and 2023.

NOTE 9. RELATED PARTY TRANSACTIONS

The Welfare Fund has five related entities which include a pension fund, a supplemental unemployment benefit (S.U.B.) fund, an apprenticeship fund, an annuity fund, and the Local Union. The Welfare Fund has common Trustees and staff with the related benefit funds. The staff are employees of the Pension Fund and the Union Trustees of the Plan are employees of the Local Union. The common expenses are paid by the Pension Fund, except for depreciation expense from common assets.

During the years ended December 31, 2024 and 2023, the Plan reimbursed the Pension Fund \$2,010,011 and \$2,136,986, respectively, for its share of the allocated expenses. This amount includes the Plan's allocated portion of Pension and Health and Welfare contributions of \$224,212 and \$232,669, respectively, for the year ended December 31, 2024, and \$240,428 and \$263,040, respectively, for 2023. At December 31, 2024 and 2023, the Plan owed the Pension Fund \$352,497 and \$620,980, respectively, for shared expenses. These amounts are included in the total due to related benefit funds on the Statements of Net Assets Available for Benefits.

During the year ended December 31, 2006, the Plan began acting as a collection agent on behalf of the Apprentice Fund. At December 31, 2024 and 2023, the Plan owed the Apprentice Fund \$724,137 and \$679,439, respectively, for these contributions collected yet not remitted back to the Apprentice Fund. These amounts are included in the total due to related benefit funds on the Statements of Net Assets Available for Benefits. During the years ended December 31, 2024 and 2023, the Plan collected \$2,878,992 and \$3,019,185, respectively, for Apprenticeship Fund contributions.

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

NOTE 10. ACTIVE PARTICIPANTS' ACCUMULATED ELIGIBILITY

The Plan provides that active employees who have been credited with the minimum required employer contributions or hours in a work period shall be eligible during the corresponding benefit period. Employees will continue to be entitled to benefits in subsequent benefit periods, provided they have been credited with the minimum employer contributions or hours required in each work period.

NOTE 10. ACTIVE PARTICIPANTS' ACCUMULATED ELIGIBILITY (continued)

The following schedule identifies the work periods and corresponding benefit periods for active participants of the "Parent Body" and of the "C Branch."

	<u>Work Period</u>	<u>Benefit Period</u>
Parent Body	January - September	January - March
	April - December	April - June
	July - March	July - September
	October - June	October - December
	<u>Work Month</u>	<u>Benefit Month</u>
C Branch	January	April
	February	May
	March	June
	April	July
	May	August
	June	September
	July	October
	August	November
	September	December
	October	January
	November	February
	December	March

A C Branch participant's eligibility begins on the first day of the second month after the contribution is due. An example would be if a participant works in January, those contributions are due by the employer in February, so the participant would be eligible in April.

At December 31, 2024 and 2023, the active participants had earned an accumulated eligibility for benefits in 2024 and 2023 in the amount of \$33,097,000 and \$31,985,000, respectively.

NOTE 11. POSTRETIREMENT BENEFITS

The Plan currently provides certain retired participants with health coverage. Those retirees eligible for these benefits must meet defined requirements, such as retiring with a normal pension from the related pension plan with a minimum of 20 pension credits. Retirees receiving other than a normal pension benefit must meet other requirements. At the date of a participant's retirement, if the participant has earned the benefit, they are eligible for life or until the Trustees modify the Plan. These postretirement benefits may be modified or eliminated at any time at the discretion of the Trustees.

The participant, in nearly all cases, must share in the cost of health coverage. The cost to the retirees varies upon several factors, such as whether they retired before or after July 1, 1991, and whether they are over or under age 65. Monthly contributions range between \$400 to \$900 per month depending on age and type of coverage.

NOTE 11. POSTRETIREMENT BENEFITS (continued)

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) current retirees or terminated participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

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

For measurement purposes, the SOA Long-Run Medical Cost Trend Model is used. A 7.0% trend rate is assumed for 2024 and 2025 with a gradual decrease to 4.60% by 2040.

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

Weighted-average discount rate: 5.50% for 2024 and 5.18% for 2023

Rates of retirement:	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	55-59	5 %	63	20%
	60	10 %	64	25%
	61	15 %	65+	100%
	62	30 %		

Mortality: The PRI-2012 Blue Collar Employee, Survivor and Healthy Retiree Tables with generational projection using Scale MP-2021.

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

The following changes in actuarial assumptions were made in the December 31, 2024 valuation:

The discount rate was raised from 5.18% to 5.50% based on matching the plan's projected cashflows to the spot rates in the FTSE Pension Discount Curve as the valuation measurement date.

NOTE 11. POSTRETIREMENT BENEFITS (continued)

The per capita cost assumption was updated to reflect claims experience for the plan year ending December 31, 2024.

The healthcare cost trend assumption was updated to include expected impact of the Inflation Reduction Act.

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreements. In the 2024 and 2023 valuations, employee contributions are not assumed to increase with the medical trend.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the net obligation as of December 31, 2024 and 2023, by \$51,977,014 and \$52,386,488, respectively.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Act) became effective January 1, 2006. The Act introduced 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 Fund has determined that benefits provided by the Fund are at least actuarially equivalent to Medicare Part D.

NOTE 12. DEPOSITS WITH SERVICE PROVIDERS

The Plan has an advanced deposit with Independence Blue Cross totaling \$1,658,000 and \$1,658,000 for the Plan years ended December 31, 2024 and 2023, respectively. This deposit was required by Independence Blue Cross as part of the Personal Choice arrangement between Independence Blue Cross and the Plan, effective July 1, 2003. The deposit is reviewed annually by Blue Cross during the renewal period July 1st of each year to determine whether the amount on deposit is adequate. Under the terms of this arrangement, the deposit is used to fund claims that are paid by Independence Blue Cross on behalf of the Plan that have not yet been invoiced.

At December 31, 2024 and 2023, Allied Trades Assistance Program held a deposit from the Plan totaling \$250,000. This deposit was required by Allied Trades Assistance Program as part of an agreement between Allied Trades Assistance Program and the Plan, effective December 16, 2013. Under the terms of this agreement, the deposit is used to fund claims that are paid by Allied Trades Assistance Program on behalf of the Plan that have not yet been invoiced.

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 240,913,718	\$ 241,037,869
Benefit obligations currently payable and claims incurred but not reported	<u>(8,080,730)</u>	<u>(9,350,544)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 232,832,988</u>	<u>\$ 231,687,325</u>

The following is a reconciliation of total benefits as reported on the financial statements for the year ended December 31, 2024, to the balance reported on Form 5500:

Total benefits as reported on the financial statements	\$ 93,349,008
Less: Amounts reported as fees mandated by the ACA - 2024	(30,999)
Add: Amounts currently payable and claims incurred but not reported - 2024	8,080,730
Less: Amounts currently payable and claims incurred but not reported - 2023	<u>(9,350,544)</u>
Total benefits as reported on Form 5500	<u>\$ 92,048,195</u>

Benefit obligations currently payable and claims incurred but not reported at December 31, 2024 and 2023, are included in the Statements of Benefit Obligations in the financial statements but are included as liabilities on Form 5500.

NOTE 14. RISKS AND UNCERTAINTIES

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

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

NOTE 15. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Wells Fargo Investments. Wells Fargo Investments is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Reportable Transactions.

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

NOTE 16. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act (ACA). Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are effective for seven years, through 2018, and are equal to \$2 per covered life for the 2013 calendar year. Effective December 20, 2019, the PCORI fee has been extended for 10 years and will be imposed through the year 2029. The fee will be indexed based on increases in the projected per capita amount of national health expenditures. For the year ended December 31, 2024 and 2023, the Plan paid \$30,999 and \$29,166, respectively, in PCORI fees.

NOTE 17. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
PERSONNEL COSTS		
Salaries	\$ 891,535	\$ 967,604
Employee pension benefits	133,162	142,070
Other employee benefits	480,319	516,294
Payroll taxes	72,208	77,441
PROFESSIONAL FEES		
Consulting	80,000	60,000
Accounting, auditing, and government filings	63,980	49,388
Legal	122,082	108,284
OFFICE AND DATA PROCESSING		
Equipment rental and maintenance	14,848	12,448
Postage and delivery	35,481	30,472
Office supplies and expense	92,998	123,014
Computer services	128,486	103,687
Stationery and printing	12,103	9,465
Telephone	9,964	11,317
Bank service charges	49,056	7,456
OCCUPANCY		
Rent	86,160	96,004
Utilities	9,847	16,873
INSURANCE		
Fiduciary liability	26,117	29,896
General	4,502	4,693
OTHER		
Conference and travel	2,968	1,910
Depreciation	135,445	88,340
Automobile expense	19,855	18,161
Miscellaneous	19,527	-
	\$ 2,490,643	\$ 2,474,817

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

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN:23-1402245

Plan No: 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Corporate obligations:</u>					
Accenture Capital	Bond	185,000	3.900 %	10/04/27	\$ 184,761	\$ 182,273
Albertsons Cos/S	Bond	1,645,000	3.250	03/15/26	1,633,143	1,604,829
American Airlines	Bond	1,202,500	5.500	04/20/26	1,184,184	1,198,616
American Airlines	Bond	425,000	5.750	04/20/29	418,306	421,468
Amgen	Bond	575,000	5.250	03/02/33	572,166	570,757
Anheuser-Busch InBev	Bond	205,000	3.500	06/01/30	210,560	192,198
Anthem Inc	Bond	560,000	3.650	12/01/27	535,197	544,785
Ares Capital Corp	Bond	755,000	3.250	07/15/25	765,163	747,669
Ares Capital Corp	Bond	430,000	3.875	01/15/26	513,630	504,166
Bank of Amer MTN V-D	Bond	355,000	6.204	11/10/28	374,974	367,535
Bank of America V-	Bond	470,000	5.321	09/15/26	442,813	470,672
Blackrock Funding	Bond	100,000	4.600	07/26/27	99,997	100,228
Blackrock Funding	Bond	300,000	4.700	03/14/29	354,907	355,263
Boyd Gaming Corp	Bond	1,615,000	4.750	12/01/27	1,530,649	1,561,366
Brinks Co	Bond	855,000	6.500	06/15/29	867,332	866,474
Centene Corp	Bond	1,615,000	4.250	12/15/27	1,498,643	1,564,451
Charter Comm OPT	Bond	1,550,000	4.908	07/23/25	1,569,945	1,548,156
Clearway Energy	Bond	1,570,000	4.750	03/15/28	1,519,917	1,501,438
Cleveland-Cliffs Inc	Bond	175,000	6.875	11/01/29	175,106	173,128
Comcast Corp	Bond	575,000	4.250	10/15/30	646,673	554,478
Comcast Corp	Bond	855,000	4.150	10/15/28	852,945	833,822
Crown America	Bond	1,805,000	4.750	02/01/26	1,759,172	1,785,271
CVS Health Corp	Bond	19,000	4.300	03/25/28	18,522	18,409
CVS Health Corp	Bond	635,000	3.250	08/15/29	645,037	578,104
Dcp Midstream Operat	Bond	235,000	5.375	07/15/25	246,466	235,291
Duke Energy Car	Bond	805,000	4.850	01/15/34	788,780	780,223
ESAB Corporation	Bond	1,770,000	6.250	04/15/29	1,785,798	1,792,019
Extra Space Storage	Bond	490,000	2.200	10/15/30	473,867	416,917
Fmc Corp	Bond	315,000	5.150	05/18/26	314,782	315,340
Fmc Corp	Bond	275,000	3.450	10/01/29	282,418	251,865
Fortress Trans	Bond	1,770,000	5.500	05/01/28	1,692,224	1,731,131
General Motors Finl	Bond	280,000	5.650	01/17/29	283,642	284,161
Genting New York LLC	Bond	585,000	7.250	10/01/29	587,712	602,761

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Georgia Power Co	Bond	345,000	5.004 %	02/23/27	\$ 344,196	\$ 347,653
GFL Environmental	Bond	1,105,000	3.750	08/01/25	1,127,778	1,094,105
GGAM Finance Ltd	Bond	860,000	7.750	05/15/26	860,000	871,920
Glp Capital Lp / Fin	Bond	1,129,000	5.250	06/01/25	1,187,392	1,128,740
Glp Capital Lp / Fin	Bond	455,000	5.375	04/15/26	450,149	455,009
Hat Holdings I	Bond	1,470,000	3.375	06/15/26	1,388,957	1,424,401
Hat Holdings I LLC	Bond	325,000	8.000	06/15/27	334,724	338,624
Healthpeak Properties	Bond	310,000	2.875	01/15/31	306,907	272,980
Herc Holdings	Bond	1,020,000	6.625	06/15/29	1,032,005	1,032,923
Herc Holdings IN	Bond	705,000	5.500	07/15/27	701,453	695,990
Hewlett Packard Ente	Bond	380,000	5.000	10/15/34	376,481	365,244
Hilton Domestic	Bond	1,640,000	5.375	05/01/25	1,668,674	1,632,095
Icahn Enterprises	Bond	457,000	6.250	05/15/26	443,021	453,111
Icahn Enterprises	Bond	1,030,000	5.250	05/15/27	958,703	975,183
Intercontinental Exchange	Bond	255,000	4.600	03/15/33	253,148	244,458
International GA	Bond	1,740,000	6.250	01/15/27	1,754,966	1,750,997
Jazz Securities	Bond	1,890,000	4.375	01/15/29	1,755,403	1,782,024
Jefferies Fin Group	Bond	315,000	6.200	04/14/34	314,680	324,630
Jefferies Fin Group	Bond	245,000	5.875	07/21/28	243,397	250,527
Kinetik Holdings Lp	Bond	1,715,000	6.625	12/15/28	1,728,298	1,754,462
Lincoln National Cor	Bond	260,000	3.400	01/15/31	255,747	233,766
Morgan Stan Mtn V-D	Bond	390,000	5.656	04/18/30	407,145	397,005
Morgan Stanley	Bond	405,000	4.210	04/20/28	395,167	399,200
OneMain Finance Corp	Bond	1,005,000	3.500	01/15/27	946,288	958,649
OneMain Finance Corp	Bond	785,000	3.875	09/15/28	726,581	723,409
Oracle Corp	Bond	350,000	6.250	11/09/32	349,912	370,919
Owl Rock Capital Corp	Bond	535,000	3.400	07/15/26	535,062	518,357
Park Intermediate Holdings	Bond	1,060,000	5.875	10/01/28	1,043,636	1,034,761
Park Intermediate Holdings	Bond	390,000	4.875	05/15/29	364,813	367,006
Penske Automotive Group	Bond	1,270,000	3.500	09/01/25	1,283,160	1,253,909
Phillip Morris In	Bond	350,000	5.625	09/07/33	342,236	355,579
Phillip Morris Intl	Bond	605,000	5.250	02/13/34	591,756	597,939
Phinia Inc	Bond	1,500,000	6.750	04/15/29	1,526,812	1,530,000
PNC Fin Serv V-D	Bond	430,000	5.300	01/21/28	430,254	433,690
Precision Castparts	Bond	255,000	3.250	06/15/25	272,635	253,534
Prime Secsrvc Br	Bond	1,605,000	5.750	04/15/26	1,574,460	1,604,101
Rockwell Automation	Bond	490,000	3.500	03/01/29	545,331	465,412
Safehold Operating	Bond	580,000	2.800	06/15/31	573,854	495,210
Safehold Operating	Bond	480,000	2.850	01/15/32	474,529	403,286
SBA Communications	Bond	1,620,000	3.875	02/15/27	1,636,186	1,550,858
Simon Property Group	Bond	235,000	3.500	09/01/25	250,194	233,341
Simon Property Group	Bond	860,000	2.450	09/13/29	828,888	773,320
Sirius XM Radio	Bond	1,655,000	3.125	09/01/26	1,621,854	1,589,727
Slm Corp	Bond	930,000	4.200	10/29/25	967,913	921,686

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Slm Corp	Bond	715,000	3.125 %	11/02/26	\$ 669,279	\$ 682,060
Springleaf Finance	Bond	90,000	7.125	03/15/26	91,575	91,616
Starwood Properties	Bond	269,000	4.750	03/15/25	276,852	268,860
Starwood Properties	Bond	1,290,000	3.625	07/15/26	1,254,089	1,244,992
Starwood Properties	Bond	285,000	4.375	01/15/27	277,613	275,549
Sunoco Lp	Bond	1,140,000	5.875	03/15/28	1,126,104	1,135,349
Sunoco Lp/Finance Co	Bond	645,000	6.000	04/15/27	641,175	643,723
Tallgrass NRG	Bond	365,000	6.000	03/01/27	358,201	361,642
Tallgrass NRG	Bond	585,000	5.500	01/15/28	561,054	562,612
Tallgrass NRG	Bond	650,000	7.375	02/15/29	650,000	652,061
Tenet Healthcare	Bond	815,000	5.125	11/01/27	801,281	798,187
Tenet Healthcare	Bond	1,060,000	4.250	06/01/29	982,438	995,128
Tenga Inc	Bond	1,890,000	4.625	03/15/28	1,751,683	1,786,050
Teva Pharmaceuticals	Bond	755,000	3.150	10/01/26	673,713	725,480
Teva Pharmaceuticals	Bond	515,000	4.750	05/09/27	494,758	502,547
Teva Pharmaceuticals	Bond	535,000	6.750	03/01/28	543,800	546,267
Tractor Supply Co	Bond	265,000	5.250	05/15/33	263,113	264,843
Transdigm Inc	Bond	830,000	6.750	08/15/28	844,083	837,238
Transdigm Inc	Bond	910,000	6.375	03/01/29	910,170	912,020
Truist Bank	Bond	760,000	2.250	03/11/30	733,918	652,635
Verizon Communication	Bond	570,000	2.550	03/21/31	561,777	490,867
Vici Properties	Bond	1,615,000	4.250	12/01/26	1,643,909	1,588,207
Virginia Electric & Power	Bond	135,000	5.050	08/15/34	134,678	131,636
Virginia Electric & Power	Bond	365,000	3.500	03/15/27	381,785	355,711
Vistra Operation	Bond	1,605,000	5.500	09/01/26	1,553,783	1,599,944
Vr Bank Of America	Bond	435,000	5.586	02/05/26	435,557	435,369
Vr Goldman Sachs Gro	Bond	945,000	3.691	06/05/28	928,547	917,841
Vr JPMorgan Chase	Bond	690,000	2.595	02/24/26	687,361	687,633
Vr JPMorgan Chase	Bond	580,000	4.452	12/05/29	642,991	568,394
Vr Morgan Stanley	Bond	590,000	2.188	04/28/26	589,080	584,737
Walt Disney Company	Bond	459,000	3.375	11/15/26	496,014	449,210
WarnerMedia Hldg Inc	Bond	680,000	3.755	03/15/27	677,802	655,133
Wesco Distribution	Bond	1,220,000	6.375	03/15/29	1,232,084	1,236,311
Western Digital Corp	Bond	1,615,000	4.750	02/15/26	1,710,150	1,599,431
Western Midstream	Bond	1,380,000	3.100	02/01/25	1,360,983	1,376,522
Wyndham Destinations	Bond	870,000	6.625	07/31/26	862,402	879,300
Wyndham Worldwide Co	Bond	885,000	5.100	10/01/25	926,830	887,247
XPO Inc	Bond	1,515,000	6.250	06/01/28	1,522,105	1,524,256
Total corporate obligations					90,256,913	89,221,612
<u>Limited partnership - real estate:</u>						
Boyd Watterson GSA Fund LP		33,362			36,885,049	32,906,854

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>United States Government and</u>						
<u>Government Agency obligations:</u>						
Fed Home Loan Bank	Note	546,000	1.000 %	03/23/26	\$ 546,000	\$ 524,340
Fed Home Loan Bank	Note	570,000	1.150	10/26/26	570,000	538,143
Fed Home Loan Bank	Note	690,000	1.500	11/23/26	690,000	654,617
Fed Natl Mtg Assn	Note	90,000	2.125	04/24/26	84,945	87,515
FFCB	Note	470,000	3.300	03/23/32	470,000	427,169
FFCB	Note	340,000	4.300	05/17/32	340,000	328,049
FFCB	Note	440,000	4.980	07/20/32	440,000	437,690
FNMA	Note	445,000	4.125	08/28/25	445,000	443,990
United States Treasury	Note	570,000	0.625	05/15/30	449,209	467,708
United States Treasury	Note	1,545,000	1.125	02/15/31	1,448,507	1,275,012
United States Treasury	Note	2,860,000	1.375	11/15/31	2,395,772	2,337,078
United States Treasury	Notes	1,575,000	2.750	08/15/32	1,427,951	1,396,757
United States Treasury	Notes	1,990,000	4.500	11/15/33	2,064,705	1,980,986
United States Treasury	Notes	205,000	4.375	05/15/34	203,687	201,849
United States Treasury	Note	3,410,000	2.625	03/31/25	3,494,393	3,396,565
United States Treasury	Note	255,000	0.375	11/30/25	244,631	246,243
United States Treasury	Note	2,875,000	1.625	09/30/26	2,882,595	2,749,391
United States Treasury	Note	755,000	2.375	05/15/27	709,232	723,041
United States Treasury	Notes	35,000	4.125	09/30/27	35,574	34,862
United States Treasury	Note	1,760,000	1.125	08/31/28	1,587,296	1,569,779
United States Treasury	Notes	1,295,000	3.250	06/30/29	1,252,425	1,235,728
United States Treasury Tips	Notes	1,303,406	1.125	01/15/33	1,187,930	1,198,756
United States Treasury Tips	Note	575,750	0.125	04/15/27	526,524	551,837
US Treas Infl Inde	Notes	821,162	1.750	01/15/28	779,441	815,119
Vr Fed Home Loan Bank	Note	595,000	1.150	02/26/31	595,000	512,182
Vr Fed Home Loan Bank	Note	835,000	1.250	03/17/31	835,000	746,230
Vr Fed Home Loan Bank	Note	390,000	1.250	07/07/31	390,000	341,180
Vr Fed Home Loan Bank	Note	855,000	2.000	01/27/32	855,000	742,704
Total United States Government and Government Agency obligations					<u>26,950,817</u>	<u>25,964,520</u>
<u>Common stock:</u>						
Abbvie Inc		1,400			238,226	248,780
Adobe Inc		614			339,993	273,034
Advanced Micro Devices Inc		1,755			170,143	211,986
Aes Corp		13,225			237,660	170,206
Alphabet Inc Cl C		2,603			358,633	495,715
Altria Group Inc		6,575			300,651	343,807
Amazon.com Inc		4,462			741,376	978,918
Ameriprise Finl Inc		590			108,610	314,134
Amphenol Corp Cl A		6,147			261,103	426,909
Apple Inc		2,810			446,938	703,680
Applied Materials Inc		870			121,056	141,488

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Interest Principal	Maturity Rate	Date		
	<u>Common stock (continued):</u>					
Asml Holding NV-NY	226				\$ 151,027	\$ 156,636
Autoliv Inc Com	1,369				137,486	128,399
Baker Hughes Co	2,850				128,107	116,907
Bank New York Mellon Corp Com	5,300				229,694	407,199
Booking Holdings Inc	68				180,997	337,853
Bristol Myers Squibb Co	5,575				305,542	315,322
Caterpillar Inc	1,175				228,967	426,243
Cisco Systems Inc	4,710				249,968	278,832
Citigroup Inc.	9,200				477,989	647,588
Coca-Cola Europacific Partne	2,575				140,365	197,786
Colgate Palmolive Co	2,070				163,759	188,184
Copart Inc	2,282				89,823	130,964
Coterra Energy Inc	5,925				162,879	151,325
Cummins Inc	1,050				290,549	366,030
Danaher Corp	739				187,714	169,637
Darden Restaurants Inc	1,125				170,518	210,026
Delta Air Lines Inc	7,400				290,193	447,700
Duke Energy Holding Corp. Com	3,775				356,051	406,719
Eaton Corp	577				97,628	191,489
Ebay Inc	4,698				244,047	291,041
Elevance Health Inc	390				121,135	143,871
Eli Lilly & Co Com	484				129,135	373,648
Emerson Electric Co	2,550				234,503	316,022
Eog Resources Inc	1,625				212,262	199,193
FactSet Resh Systems Inc	194				85,703	93,174
Fox Corp	5,200				171,700	252,616
Goldman Sachs Group Inc	655				191,822	375,066
Healthpeak Properties Inc	9,230				184,146	187,092
Home Depot Inc	699				282,699	271,904
Illinois Tool Works Inc	444				105,346	112,581
Intercontinental Exchange Inc	1,968				262,679	293,252
International Business Machs Corp	1,640				238,773	360,521
Intuit Com	540				278,119	339,390
Intuitive Surgical Inc	625				152,875	326,225
Johnson & Johnson	1,832				291,375	264,944
JPMorgan Chase & Co	3,160				265,529	757,484
Kroger Co	4,915				204,432	300,552
Lennar Corporation Class A	1,020				148,529	139,097
Mastercard Inc	1,101				395,614	579,754
Medtronic PLC	3,675				307,548	293,559
Microchip Technology Inc Com	1,684				150,453	96,577
Microsoft Corp	2,105				695,694	887,258
Mosaic Co	7,975				209,969	196,026
Motorola Solutions Inc	717				183,174	331,419

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Interest Principal	Rate	Maturity Date		
<u>Common stock (continued):</u>						
Netapp Inc	1,500				\$ 156,317	\$ 174,120
Newmont Corp	3,625				152,314	134,923
Nvidia Corp	1,880				39,490	252,465
Oracle Corporation	3,410				434,780	568,243
O'Reilly Automotive Inc	235				155,669	278,663
Packaging Corp Of America	860				121,588	193,612
Paramount Global Cl B	100				4,070	1,046
PepsiCo Inc	1,303				219,634	198,134
Pfizer Inc	10,950				300,336	290,504
Progressive Corp Ohio	854				89,130	204,627
Prudential Finl Inc	3,850				326,103	456,341
Qualcomm Inc	2,639				423,470	405,403
Quest Diagnostics	1,500				239,973	226,290
Rockwell Automation Inc	304				95,013	86,880
Ross Stores Inc	1,729				192,484	261,546
Royal Dutch Shell PLC Adr	6,850				403,245	429,153
RTX Corporation	1,400				134,278	162,008
Salesforce Inc	1,162				322,950	388,491
Schlumberger Ltg	5,129				182,791	196,646
Sempra Energy	2,975				243,110	260,967
Simon Property Group Inc	2,270				280,067	390,917
Synchrony Financial	4,525				215,772	294,125
The Cigna Group	655				227,930	180,872
The Hartford Insurance Group Inc	2,900				188,791	317,260
Thermo Fisher Scientific Inc	464				292,009	241,387
TJX Companies Inc	2,643				184,742	319,301
Tyson Foods Inc Cl A	3,075				184,048	176,628
Uber Technologies Inc	5,827				357,959	351,484
United Rental Inc Com	545				175,217	383,919
Universal Health Svcs Inc Cl B	1,085				164,571	194,670
Veralto Corporation	1,341				122,209	136,580
Verizon Communications	12,850				518,851	513,871
Vertex Pharmaceuticals	614				257,586	247,257
Visa Inc Class A	839				177,767	265,157
W.P Carey Inc	2,925				209,977	159,353
Walt Disney Co	4,449				471,978	495,395
Total common stock					<u>21,377,125</u>	<u>27,204,000</u>
<u>Mortgage-backed and asset-backed securities:</u>						
FHLMC PL #RB5318	Note	773,428	4.500	% 11/01/44	745,029	738,051
FHLMC PL #SD3857	Note	322,118	6.000	09/01/53	319,199	323,741
FHLMC Pool #G01499	Note	1,945	7.000	01/01/33	2,064	2,019
FHLMC Pool #G04484	Note	5,967	6.000	08/01/38	6,171	6,186
FHLMC Ser 5388 CMO	Note	256,718	6.000	07/25/48	256,718	259,180

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Shares/ Type	Interest Principal	Maturity Rate	Date		
<u>Mortgage-backed and asset-backed securities (continued):</u>						
FNMA PL #BY3394	Note	220,275	5.500	% 06/01/53	\$ 214,699	\$ 217,621
FNMA PL #CB5384	Note	660,237	4.500	12/01/52	630,062	622,359
FNMA PI #MA5099	Note	355,193	4.000	07/01/38	339,930	341,028
FNMA Pool #AI6578	Note	27,111	4.500	07/01/41	28,860	26,284
FYBR Abs	Note	400,000	6.600	08/20/53	387,298	407,112
Gs Mortgage Co V-M	Note	459,321	5.000	10/27/53	440,805	441,054
Gs Mortgage Co V-M	Note	371,196	6.500	01/25/54	370,364	375,224
Jp Morgan Cmo V-M	Note	170,132	6.000	04/25/54	166,332	170,600
Onslow Bay Cmo V-M	Note	293,711	6.000	11/25/53	288,859	294,131
Small Business Admin	Note	231,435	2.920	01/01/38	222,584	212,361
Total mortgage-backed and asset-backed securities					4,418,974	4,436,951
<u>Foreign hedged mutual fund of funds:</u>						
Entrust Cap Div FD CL		11,164			901,387	230,893
<u>Foreign bonds:</u>						
GGAM Finance Ltd	Bond	840,000	8.000	02/15/27	851,448	866,426
JBS USA LUX SA	Bond	605,000	5.125	02/01/28	592,997	600,765
Macquarie AirFinance	Bond	60,000	6.400	03/26/29	61,200	61,736
Macquarie AirFinance	Bond	1,090,000	8.375	05/01/28	1,118,905	1,142,506
					2,624,550	2,671,433
<u>Money market mutual fund:</u>						
Allspring Treas Plus MM FD-Inst #793		1,643,128			1,643,128	1,643,128
<u>Interest-bearing cash:</u>						
* Principle Sweep Program		8,589,505			8,589,505	8,589,505
Wells Fargo Bank		36,808,996			36,808,996	36,808,996
Total interest-bearing cash					45,398,501	45,398,501
Total investments					\$ 230,456,444	\$ 229,677,892

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

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 23-1402245
Plan No: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction	
* Allspring Treas Plus MM FD-Inst #793	\$ 9,299,015	N/A	\$ 9,299,015	\$ 9,299,015	N/A	
* Allspring Treas Plus MM FD-Inst #793	N/A	\$ 11,099,019	11,099,019	11,099,019	\$ -	
* Principal Sweep Program	36,145,598	N/A	36,145,598	36,145,598	N/A	
* Principal Sweep Program	N/A	34,983,904	34,983,904	34,983,904	-	

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS