

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] 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: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PERINI CORPORATION PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): TUTOR PERINI CORPORATION
2b Employer Identification Number (EIN): 04-1717070
2c Plan Sponsor's telephone number: 818-362-8391
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1226
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	39
	<b>6a(2)</b>	37
	<b>6b</b>	610
	<b>6c</b>	409
	<b>6d</b>	1056
	<b>6e</b>	149
	<b>6f</b>	1205
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PERINI CORPORATION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TUTOR PERINI CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1717070</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>58879573</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>60187490</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>732</u>	<u>55253763</u>
	<b>b</b> For terminated vested participants .....	<u>468</u>	<u>16249698</u>
	<b>c</b> For active participants .....	<u>39</u>	<u>2707231</u>
	<b>d</b> Total .....	<u>1239</u>	<u>74210692</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.02 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>988000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>988000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/07/2025</u>	Date
	<u>REID EARNHARDT</u>	<u>23-08739</u>	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>925-945-1253</u>	Telephone number (including area code)
	<u>500 YGNACIO VALLEY ROAD SUITE 498 WALNUT CREEK, CA 94596</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	741977
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	741977
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.14</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		914
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		148
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1062
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	81.10 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	81.10 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	79.14 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	597700	0					
07/15/2024	597700	0					
10/15/2024	684500	0					
01/15/2025	684500	0					
			<b>Totals ▶</b>	<b>18(b)</b>	2564400	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2480541

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 988000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	14024493	1491921	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 2479921
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 2479921
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 2480541
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 620
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

<b>A</b> Name of plan <b>PERINI CORPORATION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUTOR PERINI CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1717070</b>	

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

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

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

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

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

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

<b>THE CHILDREN'S INVESTMENT FUND</b>	<b>7 CLIFFORD STREET LONDON W1S 2FT GB</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>SEMPER VIC PARTNERS (QP), LP</b>	<b>223 EAST CHESTNUT STREET LANCASTER, PA 17602</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>WCM FOCUS INTERNATIONAL GROWTH FUND</b>	<b>803 WEST MICHIGAN STREET MILWAUKEE, WI 53202</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>VANGUARD 500 INDEX FUND</b>	<b>100 VANGUARD BOULEVARD MALVERN, PA 19355-2331</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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VANGUARD TOTAL STOCK MARKET INDEX F	100 VANGUARD BOULEVARD MALVERN, PA 19355-2331
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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GOLDMAN SACHS GQG PARTNERS INTERNAT	200 WEST STREET NEW YORK, NY 10282
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ARTISAN GLOBAL OPPORTUNITIES FUND	875 EAST WISCONSIN AVENUE 800 MILWAUKEE, WI 53202
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ARTISAN INTERNATIONAL VALUE FUND	875 EAST WISCONSIN AVENUE 800 MILWAUKEE, WI 53202
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PIMCO INCOME FUND	1633 BROADWAY NEW YORK, NY 10019
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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DOUBLELINE TOTAL RETURN BOND FUND	333 SOUTH GRAND AVENUE SUITE 1800 LOS ANGELES, CA 90071
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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EATON VANCE ATLANTA CAPITAL	ONE POST OFFICE SQUARE BOSTON, MA 02109
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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BAIRD CORE PLUS BOND FUND	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DOLAN MCENIRY CORE PLUS

120 NORTH LASALLE STREET  
SUITE 1510  
CHICAGO, IL 60602

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

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

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

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**(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)

HIGHTOWER ADVISORS, LLC

36-4500709

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	544198	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)

BMO HARRIS BANK, NA

36-2085229

(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?
21	NONE	53914	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)

DOLAN MCENIRY CAPITAL MANAGEMENT

36-4169967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7899	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.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PERINI CORPORATION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUTOR PERINI CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1717070</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	652000	684500
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	107927	98906
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	760181	3077895
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1553121	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2977663	3132759
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	11456785	7281787
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	41635887	46467256
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	59143564	60743103
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	263008	0
<b>h</b> Operating payables.....	<b>1h</b>	15016	18757
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	278024	18757
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	58865540	60724346

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2564400	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2564400
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1509574	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1509574
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)		
<b>c</b> Other income .....	2c		5471930
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		9545904

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6186098	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		6186098
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	552183	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	57569	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	891248	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1501000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		7687098

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		1858806
<b>l</b> 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: PKF JND, P.C.

(2) EIN: 04-3138777

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544750.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PERINI CORPORATION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TUTOR PERINI CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1717070</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-2085229

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

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

3		0
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 60.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.6 %  
 High-Yield Debt: 4.2 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.2 % Other: 0.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



## **PERINI CORPORATION PENSION PLAN**

Financial Statements  
for the Years Ended December 31, 2024 and 2023  
and  
Supplemental Schedules  
as of and for the  
Year Ended December 31, 2024



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*\* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable*



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## Independent Auditors' Report

To the Trustees and Participants of the  
Perini Corporation Pension Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Perini Corporation Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Perini Corporation Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Perini Corporation Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Perini Corporation Pension 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.

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Perini Corporation Pension 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 Perini Corporation Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets Held at End of Year as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*PRF JND, P.C.*

Boston, Massachusetts  
October 14, 2025

## PERINI CORPORATION PENSION PLAN

### Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments at fair value		
Cash and cash equivalents	\$ 3,077,895	\$ 760,181
Registered investment companies	46,467,256	41,635,887
Closely held funds	7,281,787	11,456,785
Corporate bonds	3,132,759	2,977,663
U.S. Treasury notes	—	1,553,121
Total investments at fair value	<u>59,959,697</u>	<u>58,383,637</u>
Receivables		
Contribution receivable	684,500	652,000
Other receivables	98,906	107,927
Total receivables	<u>783,406</u>	<u>759,927</u>
Total assets	<u>60,743,103</u>	<u>59,143,564</u>
<b>Liabilities</b>		
Accrued expenses	18,757	15,016
Total liabilities	<u>18,757</u>	<u>15,016</u>
Net assets available for benefits	<u>\$ 60,724,346</u>	<u>\$ 59,128,548</u>

**PERINI CORPORATION PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
Changes in net assets attributable to:		
Investment income		
Net appreciation in fair value of investments – registered investment companies	\$ 4,391,332	\$ 5,580,603
Net appreciation in fair value of investments – closely held funds	1,075,003	2,484,846
Net appreciation in fair value of investments – corporate bonds	5,844	103,592
Net (depreciation) in fair value of investments – U.S. Treasury notes	(249)	(2,968)
Dividends and interest	<u>1,509,574</u>	<u>1,335,755</u>
Total investment income	6,981,504	9,501,828
Employer contributions	<u>2,564,400</u>	<u>1,939,000</u>
Total	<u>9,545,904</u>	<u>11,440,828</u>
Benefits paid to participants	(6,449,106)	(6,467,648)
Administrative expenses	<u>(1,501,000)</u>	<u>(1,524,776)</u>
Total	<u>(7,950,106)</u>	<u>(7,992,424)</u>
Net increase	1,595,798	3,448,404
Net assets available for benefits		
Beginning of year	<u>59,128,548</u>	<u>55,680,144</u>
End of year	<u>\$ 60,724,346</u>	<u>\$ 59,128,548</u>

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

#### **Note 1 – Description of the plan**

The following description of the Perini Corporation Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

##### *General*

The Plan is a noncontributory, defined-benefit pension plan covering certain employees of Tutor Perini Corporation (the "Company", formerly known as Perini Corporation). The Company's management, under the direction of the Compensation Committee of the Board of Directors, controls and manages the operation and administration of the Plan. Starting January 1, 2024, Midwest Institutional Trust Company ("MITS") was appointed the role of trustee for the Plan, replacing the previous trustee, BMO Harris Bank, N.A. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan covered all regular, full-time, non-union employees of the Company and its domestic subsidiaries employed in an executive, professional, administrative, or clerical capacity. Through May 31, 2004, all eligible employees became participants of the Plan upon the quarter immediately following the completion of one year of service and the attainment of 21 years of age.

In 2004, the Board of Directors of the Company and the Plan's administrator authorized and approved amendments to "freeze" the Plan effective June 1, 2004. Accordingly, all benefit accruals under the Plan ceased and became frozen as of June 1, 2004. No individual may become a participant after June 1, 2004.

##### *Pension benefits*

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Retirement benefits paid to members retiring at age 65 (normal retirement age) are defined in the Plan and are based on compensation levels averaged over the highest five of the final ten years of service before June 1, 2004. Early retirement options are available with reduced benefits.

##### *Death benefits*

A Plan participant may elect a benefit under which a spouse receives payments in the amount the participant would have received had the participant retired the day before his/her death, provided that the participant is an active employee who has not reached the age of 65 at the time of his/her death.

##### *Administrative expenses*

All administrative expenses of the Plan, including trustee, investment management and service fees, Pension Benefit Guarantee Corporation ("PBGC") insurance premiums, certain actuarial and audit fees are paid by the Plan as provided in the Plan documents. The Company provides accounting and other administrative services to the Plan at no charge.

#### **Note 2 – Summary of significant accounting policies**

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

##### *Use of estimates*

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

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

#### *Cash and cash equivalents*

The Plan considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. Cash equivalents include investments that are not insured or otherwise guaranteed by the United States Government. The Plan has not experienced any losses in such accounts and does not believe they are exposed to any significant credit risks.

#### *Investment valuation and income recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Payment of benefits*

Benefit payments to participants are recorded upon distribution.

#### **Note 3 – Funding policy**

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary to ensure successful operation of the Plan. The Plan elected to use its remaining prefunding balance to cover \$753,385 of its 2023 minimum funding requirements. There was no prefunding available for 2024. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

#### **Note 4 – Accumulated plan benefits**

Accumulated plan benefits are those expected future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

The following table presents the actuarial present value of accumulated plan benefits, which is the amount as of the benefit information date, or reported date, resulting from applying actuarial assumptions to the accumulated plan benefits. The actuarial assumptions adjust the amount of the expected future periodic payments for the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits are as follows:

	As of	
	December 31, 2024	December 31, 2023
Vested benefits		
Vested participants and beneficiaries		
currently receiving payments	\$ 50,793,094	\$ 51,035,545
Other vested participants	15,236,106	16,798,743
Total vested benefits	66,029,200	67,834,288
Nonvested benefits	689	1,149
 Total actuarial present value of accumulated plan benefits	 \$ 66,029,889	 \$ 67,835,437

The changes in the actuarial present value of accumulated plan benefits are as follows:

	Year Ended	
	December 31, 2024	December 31, 2023
Increase (decrease) during the year attributable to:		
Benefits accumulated, net of experience		
gains and losses	\$ 604,777	\$ 410,233
Interest due to decrease in discount period	4,038,198	4,171,884
Benefits paid to participants	(6,448,523)	(6,730,656)
Change in actuarial assumptions*	—	—
Net decrease in accumulated plan benefits	(1,805,548)	(2,148,539)
 Actuarial present value of accumulated plan benefits:		
Beginning of year	67,835,437	69,983,976
End of year	\$ 66,029,889	\$ 67,835,437

\* Change due to investment return assumption update

The significant actuarial assumptions used in the December 31, 2024 and 2023 valuations were:

Actuarial cost method	The projected unit credit method.
Mortality	Pri-2012 Total Dataset Mortality Tables projected generationally from 2012 using MP-2021 Projection Scale for 2024 and 2023.
Retirement age	Based on average retirement rate, ranging from 5% at age 60 to 100% at age 68.
Investment return	6.25% per annum in 2024 and 2023.
Salary	The Plan was frozen effective June 1, 2004 (see Note 1), any increase in earnings subsequent to that date is not considered in valuing liabilities and benefits under the Plan.

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The differences could have a material effect on the amount of accumulated benefit obligations under the Plan.

Funding of the plan and the actuarial present value of accumulated plan benefits are made based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to the 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 and the funding status of the Plan.

#### **Note 5 – Fair value measurements**

The fair value measurements standard 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 under the fair value measurements standard are described as follows:

*Level 1* – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

*Level 2* – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and the fair value can be determined through the use of models or other valuation methodologies; and

*Level 3* – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity of the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodologies used. There have been no changes in the methodologies used for 2024 and 2023.

#### *Cash and cash equivalents*

These investments consisted of money market funds. Money market funds are valued at the quoted Net Asset Value (NAV) of the shares held by the Plan at year end.

#### *Registered investment companies*

These investments are public investment vehicles valued using the NAV of shares held by the Plan at year end. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

#### *Closely held funds*

Closely held funds are investments which are only available through private offerings and do not have readily determinable fair values. These investments are valued using the Plan's capital account balance reported by the respective investment fund manager as the primary input. This capital account balance generally represents the Plan's pro rata interest in the net assets of the underlying portfolio investments which may contain Level 1, 2 or 3 inputs as components of the overall fair value measurement. Estimates of fair value of these funds are generally determined using the NAV per share or its equivalent provided by the fund managers as a practical expedient.

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

#### *Corporate bonds and U.S. Treasury notes*

Debt securities, including corporate and obligations of the U.S. Treasury are valued based on market values quoted by dealers who are market makers in these securities, and by independent pricing services which use multiple valuation techniques that incorporate available market information and proprietary valuation models using market characteristics, such as benchmark yield curves, coupon rates, credit spreads, estimated default rates and other features.

The following tables set forth the Plan's assets at fair value in accordance with the fair value hierarchy levels:

	As of December 31, 2024			Total Value
	(Level 1)	(Level 2)	(Level 3)	
Cash and cash equivalents	\$ 3,077,895	\$ –	\$ –	\$ 3,077,895
Registered investment companies	46,467,256	–	–	46,467,256
Corporate bonds	–	3,132,759	–	3,132,759
	49,545,151	3,132,759	–	52,677,910
Closely held funds*	–	–	–	7,281,787
Total	<u>\$49,545,151</u>	<u>\$3,132,759</u>	<u>\$ –</u>	<u>\$ 59,959,697</u>
	As of December 31, 2023			Total Value
	(Level 1)	(Level 2)	(Level 3)	
Cash and cash equivalents	\$ 760,181	\$ –	\$ –	\$ 760,181
U.S. Treasury notes	–	1,553,121	–	1,553,121
Registered investment companies	41,635,887	–	–	41,635,887
Corporate bonds	–	2,977,663	–	2,977,663
	42,396,068	4,530,784	–	46,926,852
Closely held funds*	–	–	–	11,456,785
Total	<u>\$42,396,068</u>	<u>\$4,530,784</u>	<u>\$ –</u>	<u>\$ 58,383,637</u>

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized 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 Statements of Net Assets Available for Benefits.

Strategies within the closely held funds seek to capitalize on inefficiencies identified across different asset classes or markets. Closely held fund strategies include investments in both long and short equity securities, event driven, multi-strategy and distressed credit. There are no unfunded commitments and certain funds may be subject to initial lock-up periods and other liquidity provisions.

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

The following table outlines the significant investment strategies and restrictive liquidity provisions for each closely held fund at December 31, 2024 and 2023.

		Fair Value at December 31,		Redemption	
		2024	2023	Frequency	Notice Period
Semper Vic Partners (QP), L.P.	(a)	\$ 2,068,822	\$ 4,158,366	Quarterly	30 days
The Children's Investment Fund, Class F1	(b)	<u>5,212,965</u>	<u>7,298,419</u>	Annually	3 calendar months
		<u>\$ 7,281,787</u>	<u>\$11,456,785</u>		

- a) Semper Vic Partners (QP), L.P. ("Semper Vic") is a "Global Value" equity investor with long-term investment horizon. The primary investment objective of Semper Vic is growth of capital. Semper Vic principally long invests in leading global consumer products companies with powerful global awareness of their desirable brands, which have opportunities to grow over long term.
- b) The Children's Investment Fund, Class F1 is a private investment fund which invests through a master-feeder structure. The investment objective of both the fund and the master fund is to seek to achieve absolute returns with limited capital losses primarily by taking long and short positions on equity securities and debt globally.

#### Note 6 – Administrative expenses

The administrative expenses include advisory fees charged under the Plan's investment advisory agreement with Hightower Advisors, LLC (the "Agreement"). Under the Agreement, the Plan pays to Hightower Advisors, LLC the advisory fees of 1% per annum of the value of its investment assets ("advisory fees"). The advisory fees are payable quarterly in advance calculated using estimated market value of the Plan's investments at the end of each preceding calendar quarter. Hightower Advisors, LLC may waive fees for certain Plan's investments. Administrative expenses include \$544,198 and \$505,516 in advisory fees for 2024 and 2023, respectively, charged under the Agreement. The Plan also incurs advisory fees pursuant to an agreement equal to 0.25% per quarter of the value of the investments advised under Dolan McEniry Capital Management LLC. These fees totaled \$7,985 and \$7,435 for 2024 and 2023, respectively, and fees accrued as of December 31, 2024 and 2023 totaled \$2,023 and \$1,937, respectively.

Administrative expenses also include PBGC insurance premium fees (see Note 9 - Plan termination and PBGC insurance), which totaled \$888,018 and \$943,228 for 2024 and 2023, respectively. Administrative expenses for 2024 include trustee fees of \$57,569 paid to Midwest Institutional Trust Company and \$3,230 in other expenses. For 2023, administrative expenses consisted of trustee fees of \$51,260 paid to BMO Harris Bank, N.A., and audit fees totaling \$17,337. Trustee fees accrued as of December 31, 2024 and 2023 totaled \$16,734 and \$13,079, respectively.

#### Note 7 – Party-in-interest transactions

Party-in-interest transactions include administrative expenses paid to the trustee and advisors of the plan.

#### Note 8 – Tax status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter, dated October 30, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Code. As of the date of this report, the Plan's management has determined that certain income from the closely held funds is subject to federal and

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

state unrelated business income taxes. Estimated unrelated business income tax payments are expensed when paid and there are no actual accrued income taxes as of December 31, 2024 due to net loss carryforwards from prior year returns.

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 taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

#### **Note 9 – Plan termination and PBGC insurance**

Although it has not expressed any intention to do so, the Company has the right, under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order or priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan documents generally as follows:

- (a) Annuity benefits, that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- (b) Other vested benefits insured by the PBGC (a U.S. governmental agency) up to the applicable limitations. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.
- (c) All other vested benefits (that is, vested benefits not insured by PBGC).
- (d) All nonvested benefits.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

## PERINI CORPORATION PENSION PLAN

### Notes to Financial Statements

#### **Note 10 – Information certified by the trustee**

The following is a summary of the information as of December 31, 2024 and 2023 and for the years then ended, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided to the plan administrator by the trustees of the Plan. The plan administrator has obtained certifications from the trustees that such information is complete and accurate.

	2024	2023
<b>Statements of Net Assets Available for Benefits</b>		
Investments at fair value		
Cash and cash equivalents	\$ 3,077,895	\$ 760,181
Registered investment companies	46,467,256	41,635,887
Corporate bonds	3,132,759	2,977,663
U.S. Treasury notes	–	1,553,121
 <b>Statements of Changes in Net Assets Available for Benefits</b>		
Net appreciation in fair value of investments – registered investment companies	\$ 4,931,332	\$ 5,580,603
Net appreciation in fair value of investments – corporate bonds	5,844	103,592
Net (depreciation) in fair value of investments – U.S. Treasury notes	(249)	(2,968)
Dividends and interest	1,509,574	1,335,755

#### **Note 11 – Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the values of investment securities can occur in the near term and those changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

#### **Note 12 – Reconciliation of financial statements to Schedule H of Form 5500**

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

Benefits paid to participants per the financial statements	\$ 6,449,106
Less: Benefits payable in 2023	263,008
Benefits paid to participants per the Form 5500	\$ 6,186,098

#### **Note 13 – Subsequent events**

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued. There were no events or transactions that occurred that would require recognition or disclosure in the financial statements.

**PERINI CORPORATION PENSION PLAN**  
Form 5500, SCHEDULE H, Part IV, Line 4i - Schedule of Assets (Held at Year End)  
Plan No. 001  
December 31, 2024

(a)	(b)	(c)			(d)	(e)
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>			<i>Cost</i>	<i>Current Value</i>	
		Rate	Maturity	Par		
GS Financial Square Government Fund	Money Market Fund				\$ 3,077,895	\$ 3,077,895
Allegion US Holding Co. Inc.	Corporate Bond	3.55%	10/01/2027	81,000	79,218	78,111
Altria Group Inc.	Corporate Bond	4.80%	2/14/2029	72,000	71,553	71,142
American Tower Corp.	Corporate Bond	5.25%	7/15/2028	9,000	8,927	9,056
American Tower Corp.	Corporate Bond	5.45%	2/15/2034	66,000	66,929	66,113
AT&T Inc.	Corporate Bond	2.55%	12/01/2033	86,000	72,127	69,276
Bat Capital Corp.	Corporate Bond	6.42%	8/02/2033	70,000	72,984	73,986
Bath & Body Works Inc.	Corporate Bond	7.50%	6/15/2029	70,000	70,175	72,136
Berry Global Inc.	Corporate Bond	1.57%	1/15/2026	81,000	72,856	78,168
Block Financial LLC	Corporate Bond	2.50%	7/15/2028	77,000	78,264	70,028
Block Financial LLC	Corporate Bond	0.00%	8/15/2030	9,000	7,868	8,304
Boyd Gaming Corporation	Corporate Bond	4.75%	12/01/2027	65,000	64,318	62,841
CDW LLC / CDW Finance	Corporate Bond	4.25%	4/01/2028	74,000	73,435	71,708
CA Inc.	Corporate Bond	4.70%	3/15/2027	76,000	76,372	74,501
Conagra Brands Inc.	Corporate Bond	4.60%	11/01/2025	68,000	77,887	67,968
Crown Castle Inc.	Corporate Bond	5.60%	6/01/2029	20,000	20,225	20,387
Crown Castle Inc.	Corporate Bond	5.80%	3/01/2034	35,000	36,181	35,657
Crown Castle Inc.	Corporate Bond	5.20%	9/01/2034	11,000	11,066	10,715
Dicks Sporting Goods Inc.	Corporate Bond	3.15%	1/15/2032	75,000	60,119	65,681
Dollar Tree Inc.	Corporate Bond	4.00%	5/15/2025	57,000	60,166	56,788
Dollar Tree Inc.	Corporate Bond	4.20%	5/15/2028	14,000	13,662	13,610
Encompass Health Corporation	Corporate Bond	4.75%	2/01/2030	87,000	78,452	82,478
Expedia Inc.	Corporate Bond	3.80%	2/15/2028	77,000	71,549	74,376
Fiserv Inc.	Corporate Bond	5.63%	8/21/2033	25,000	25,449	25,441
Flextronics International	Corporate Bond	6.00%	1/15/2028	16,000	15,965	16,312
Flextronics International	Corporate Bond	5.25%	1/15/2032	48,000	48,483	47,199
Fortune Brands Home & SEC Inc.	Corporate Bond	4.00%	6/15/2025	27,000	29,684	26,892
Fortune Brands Home & SEC Inc.	Corporate Bond	4.00%	3/25/2032	13,000	11,973	11,995
Fortune Brands Home & SEC Inc.	Corporate Bond	5.88%	6/01/2033	27,000	27,695	27,690
Genuine Parts Company	Corporate Bond	6.88%	11/01/2033	58,000	64,143	63,563
Global Payments Inc.	Corporate Bond	2.90%	5/15/2030	64,000	55,829	56,979
HCA	Corporate Bond	5.63%	9/01/2028	49,000	51,865	49,651
HCA	Corporate Bond	3.50%	9/01/2030	23,000	20,301	20,889
HP Inc.	Corporate Bond	4.00%	4/15/2029	82,000	79,409	78,607
Iqvia Inc.	Corporate Bond	6.25%	2/01/2029	64,000	68,215	66,172
LKQ Corporation	Corporate Bond	6.25%	6/15/2033	63,000	65,948	64,981
Microchip Technology Inc.	Corporate Bond	4.25%	9/01/2025	72,000	73,593	71,698
Molson Coors Brewing Co.	Corporate Bond	3.00%	7/15/2026	75,000	72,561	73,058
Motorola Solutions Inc.	Corporate Bond	4.60%	2/23/2028	56,000	55,686	55,469
Olin Corporation	Corporate Bond	5.13%	9/15/2027	14,000	13,580	13,702
Olin Corporation	Corporate Bond	5.63%	8/01/2029	51,000	48,578	49,585
Oracle Corporation	Corporate Bond	6.25%	11/09/2032	66,000	68,442	69,945
Philip Morris International Inc.	Corporate Bond	5.38%	2/15/2033	65,000	65,100	65,126
Qorvo Inc.	Corporate Bond	4.38%	10/15/2029	78,000	82,750	73,151
Quanta Services Inc.	Corporate Bond	5.25%	8/09/2034	14,000	13,917	13,675
SBA Communications Corp.	Corporate Bond	3.88%	2/15/2027	82,000	83,860	78,500
Service Corp. International	Corporate Bond	5.13%	6/01/2029	83,000	90,911	80,302
Service Corp. International	Corporate Bond	5.75%	10/15/2032	8,000	7,880	7,760
Steel Dynamics Inc.	Corporate Bond	5.00%	12/15/2026	43,000	42,742	42,962
Steel Dynamics Inc.	Corporate Bond	1.65%	10/15/2027	34,000	34,751	31,277
Transdigm Inc.	Corporate Bond	5.50%	11/15/2027	83,000	77,903	81,558
Trimble Inc.	Corporate Bond	4.90%	6/15/2028	70,000	77,374	69,938
United Rentals North America Inc.	Corporate Bond	4.88%	1/15/2028	41,000	38,489	39,902
Verizon Communications Inc.	Corporate Bond	4.33%	9/21/2028	9,000	8,891	8,815
Verizon Communications Inc.	Corporate Bond	2.55%	3/21/2031	77,000	63,933	66,306
Warnermedia Holdings Inc.	Corporate Bond	4.28%	3/15/2032	85,000	74,620	74,903
Westinghouse Air Brake Company	Corporate Bond	0.00%	9/15/2028	57,000	63,523	56,452
Willis North America Inc.	Corporate Bond	2.95%	9/15/2029	85,000	73,135	77,270
Yum Brands Inc	Corporate Bond	5.38%	4/01/2032	69,000	68,051	66,824
Zimmer Holdings Inc.	Corporate Bond	3.55%	4/01/2025	29,000	28,031	28,916
Zimmer Biomet Holdings Inc.	Corporate Bond	3.05%	1/15/2026	47,000	49,806	46,264
	Carried forward				6,265,294	6,210,654



**PERINI CORPORATION PENSION PLAN**  
Form 5500, SCHEDULE H, Part IV, Line 4j - Schedule of Reportable Transactions  
Plan No. 001  
Year Ended December 31, 2024

<i>(a) Identity of Party Involved</i>	<i>(b) Description of Asset</i>	<i>Number of Purchase Transactions</i>	<i>(c) Purchase Price</i>	<i>Number of Sales Transactions</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain or (Loss)</i>
<b>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</b>								
GS Financial Square Government Fund *	Cash and Cash Equivalents			125	\$ 15,776,529	\$ 15,776,529	\$ 15,776,529	-
GS Financial Square Government Fund *	Cash and Cash Equivalents	149	\$ 18,094,243			18,094,243	18,094,243	-
Baird Core Plus Bond Fund, Class IS	Registered Investment Company	15	2,964,844			2,964,844	2,964,844	-

\*Investment lists transactions that individually, or in aggregate, amount to more than 5% of the current value of plan assets.

## Perini Corporation Pension Plan

EIN: 04-1717070  
Plan Number: 001

### Form 5500 for 2024 Plan Year

#### Schedule SB, Part V – Summary of Plan Provisions

The following description is only a brief summary of the more important provisions of the retirement plan. In the event there are any inconsistencies between statements contained in this Appendix and the plan agreement, the provisions of the plan agreement shall control.

**Plan Sponsor:** Tutor Perini Corporation

**Plan:** Perini Corporation Pension Plan

**Effective Date:** January 1, 1963. The Plan merged with the R.E. Dailey Plan on September 1, 1986. The last amendment reflected herein is Amendment Number for Code Section 436 to the 2011 plan restatement. The plan was frozen and closed to new participants effective June 1, 2004 for benefit accrual purposes.

**Plan Year:** The twelve-month period ending December 31.

**Employee Eligibility Requirements:** For non-collective bargaining employees, an employee commences on January 1<sup>st</sup> or July 1<sup>st</sup> coincident with, or next following the attainment of age 21 and completion of, one year of credited service in which 1,000 hours are worked. For employees of R.E. Dailey hired prior to September 1, 1986 or participants of James A. Cummings, Inc. acquired on January 21, 2003, employee commences following completion of one year of service in which 1,000 hours are worked. Any Eligible Employee who is not a Participant of the plan on June 1, 2004 will not become a Participant.

**Credited Service:** One year of credited service is earned for each plan year in which the employee completes 1,000 hours of service or more. Special rules may apply to participants of formerly merged companies. No service is counted after June 1, 2004 for benefit accrual purposes.

**Vesting Service:** One year of Vesting Service is counted if the employee works 1,000 hours in the Plan Year.

**Final Average Earnings:** The highest average of the base salary paid to a participant during any five consecutive of the ten consecutive calendar years immediately preceding the date of determination. If fewer than five years of employment are completed, the average of the base salary is taken during completed calendar years of employment. (For R.E. Dailey participants hired prior to September 1, 1986, a ten year average is taken.) No salary after June 1, 2004 is counted.

**Covered Compensation:** Compensation used in computing old-age insurance benefits under the Social Security Act in the calendar years preceding the date of determination, assuming that the participant had compensation in each year equal to the Social Security taxable wage base.

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Normal Retirement Date and Benefit:** The Normal Retirement Date is the first of the month coincident with or next following the attainment of age 65. The annual benefit, payable in twelve monthly installments, shall be equal to the following:

0.75% of Final Average Earnings up to Covered Compensation plus 1.50% of Final Average Earnings in excess of Covered Compensation, multiplied by years of service, not to exceed 25 years, minus offset benefits, if any.

Benefit will not be less than accrued benefit calculated on December 31, 1993 under the Plan as then in effect based on Years of Service at that date.

Service and Compensation are counted up to the plan freeze date of June 1, 2004.

For R.E. Dailey employees hired before September 1, 1986:

Benefit = \$49.20 + 1.50% (Final Average Earnings in excess of \$5,400 multiplied by Years of Service, not to exceed 30 years)

Minimum annual accrued pension benefit is equal to \$150 x Years of Service (not to exceed 5 years)

**Offset Benefit:** The annual pension benefit purchases for a participant under Group Annuity Contract Number FA-0981 from Prudential Insurance Company and any union benefits associated with service while an employee of Perini.

**Normal Form of Retirement Benefit:** The normal retirement benefit form shall be a life annuity determined according to the Benefit Formula above. An actuarially estimated Joint and Survivor Annuity with 50% continuance is automatic for a married participant.

**Early Retirement Date and Benefit:** Attainment of age 55 and completion of 10 Years of Vesting Service. For R.E. Dailey participants, hired prior to September 1, 1986, attainment of age 60 and completion of 5 Years of Service. The early retirement benefit shall be determined as for Normal Retirement, based on Final Average Compensation, Covered Compensation and Credited Service to Early Retirement Date (but not to exceed plan freeze date of June 1, 2004) and reduced by the following: 3% for each of the first 5 years of early retirement plus 5% for each additional year of early retirement. However, no reduction is applied in the case of a participant who retires after attaining age 62 and completing 25 or more Years of Service. For R.E. Dailey participants hired prior to September 1, 1986 who have completed 25 or more Years of Service, reduction is for the number of years retirement precedes age 62.

**Late Retirement Date and Benefit:** Any participant may work beyond his or her Normal Retirement Date. The benefit is the same as the normal retirement benefit above, calculated as of the date of actual retirement. Late retirement actuarial increases apply to participants who defer retirement beyond age 70 ½.

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Deferred Vested Eligibility and Benefits:** Any participant who terminates employment after at least 5 Years of Service (or Normal Retirement Date). The benefit is reduced at 3% for each year that commencement of payments precedes the participant's Normal Retirement Date to age 60, then 5% for each year to age 55 (determined as of termination date). Late retirement actuarial increases apply to terminated vested participants whose benefits commences after age 65.

**Disability Benefits:** Disability benefits are included in the plan but not valued due to their minimal impact on plan costs.

**Pre-retirement Death Benefits:** The spouse of a Participant (active or inactive) who has completed 5 Years of Service who dies prior to the commencement of benefits will be entitled to a benefit. The benefit is the same as the normal retirement benefit but with actuarial reductions for early commencement and conversion to the remainder portion of the 50% Joint and Contingent Annuitant form of payment.

**Optional Forms of Retirement Income in Lieu of Normal Form:**

Actuarial equivalent Joint and Survivor Annuity options which provides for continuation of the benefit (in the same or lesser percentage, as specified by the participant at the time of the election) to the contingent annuitant upon the death of the participant.

An actuarially equivalent ten-year certain and continuous option which provides for continuation of monthly benefits to the designated beneficiary if the participant dies before receiving 120 monthly payments.

A married participant may elect, with spousal consent, to have his or her benefits payable monthly and ceasing upon the retired participant's death.

The optional form conversion factors are determined on the basis of the 1971 Group Annuity Mortality Male table and 7% annual interest.

**Pension Increases:** None.

**Plan Participants' Contributions:** None.

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following cost method and assumptions were used in valuing the benefits of all participants.

	January 1, 2024		January 1, 2023	
<b>Actuarial Cost Method</b>	Unit Credit		Unit Credit	
<b>Discount rate</b>				
PPA–Funding Target	24 month average segmented rates with 4 month lookback, with ARPA-21 corridor applied 4.75 / 4.87 / 5.59% for 0-5 / 5-20 / 20 + years		24 month average segmented rates with 4 month lookback, with ARPA-21 corridor applied 4.75 / 5.00 / 5.74% for 0-5 / 5-20 / 20 + years	
ASC 960	6.25%		6.25%	
<b>Salary scale</b>	n/a (Plan frozen effective 6/1/2004)		n/a (Plan frozen effective 6/1/2004)	
<b>Mortality</b>				
PPA–Target Liability	Prescribed Assumption 430(h)(3)(A)	Generational under IRC	Mortality Section	Prescribed Mortality Assumption under IRC Section 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants for the 2023 Plan Year
ASC 960 Liabilities	Pri-2012 Total Dataset mortality tables projected generationally from 2012 using MP-2021 Projection Scale		Pri-2012 Total Dataset mortality tables projected generationally from 2012 using MP-2021 Projection Scale	
<b>Withdrawal rates</b>	Age	Males/Females	Age	Males/Females
	25	26.4%	25	26.4%
	30	20.8%	30	20.8%
	35	16.2%	35	16.2%
	40	12.6%	40	12.6%
	45	10.4%	45	10.4%
	50	7.8%	50	7.8%
	55	4.4%	55	4.4%
<b>Retirement Age</b>	Age	Males/Females	Age	Males/Females
	Under 60	0.0%	Under 60	0.0%
	60	5.0%	60	5.0%
	61	2.0%	61	2.0%
	62	10.0%	62	10.0%
	63	5.0%	63	5.0%
	64	5.0%	64	5.0%
	65	50.0%	65	50.0%
	66	50.0%	66	50.0%
	67	75.0%	67	75.0%
	68	100.0%	68	100.0%

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

	January 1, 2024	January 1, 2023
<b>Benefit Commencement Age</b>	Age 65 for future vested deferred participants Age 62 for current terminated vested participants eligible for unreduced benefits at age 62 and age 65 for all other terminated vested participants.	Age 65 for future vested deferred participants Age 62 for current terminated vested participants eligible for unreduced benefits at age 62 and age 65 for all other terminated vested participants.
<b>Probability of Marriage</b>	80% of eligible male participants are married, 50% of eligible female participants are married, and male spouses are 3 years older than female spouses.	80% of eligible male participants are married, 50% of eligible female participants are married, and male spouses are 3 years older than female spouses.
<b>Form of payment</b> (includes at-risk form of payment assumption)		
<b>R.E. Dailey Participants</b>	10 year certain and life annuity	10 year certain and life annuity
<b>All Others</b>	<u>Single Life</u>	<u>Single Life</u>
Active Retirements	100%	100%
Future Vested Deferred	100%	100%
Future Disabilities	n/a	n/a
Future Deaths	100%	100%
Current Vested Deferred	100%	100%
<b>Missing Data</b>	Current deferred vested terminated participants with no date of hire are assumed to have 10 years of vesting service on the valuation date.	Current deferred vested terminated participants with no date of hire are assumed to have 10 years of vesting service on the valuation date.
<b>Expenses</b>	\$988,000 Expected expenses paid from trust to the Plan's Trustee and Auditor plus PBGC Premium	\$1,000,000 Expected expenses paid from trust to the Plan's Trustee plus PBGC Premium
<b>At-risk Retirement Age Assumption</b>	n/a	Participants eligible to retire and collect benefits within 11 years, are assumed to commence distribution at the earliest retirement age.
<b>Asset valuation method</b>	Average market value over the last 3 valuation dates. Must be within 90-110% of market value.	Average market value over the last 3 valuation dates. Must be within 90-110% of market value.

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

(A) Age	(B) Retirement Age	(C) Number Active at Beginning of year =[(C)-(D)] prior year	(D) Retiring At Age Shown =(B) x (C)	(E) Active At End Of Year =(C) - (D)	(F) Retirement Age (weight) =(A) x (D)
60	0.0500	1.0000	0.0500	0.9500	3.0000
61	0.0200	0.9500	0.0190	0.9310	1.1590
62	0.1000	0.9310	0.0931	0.8379	5.7722
63	0.0500	0.8379	0.0419	0.7960	2.6397
64	0.0500	0.7960	0.0398	0.7562	2.5472
65	0.5000	0.7562	0.3781	0.3781	24.5765
66	0.5000	0.3781	0.1891	0.1890	12.4806
67	0.7500	0.1891	0.1418	0.0473	9.5006
68	1.0000	0.0473	0.0473	0.0000	3.2164
Total					64.8922

64.8922 is the expected retirement age in the absence of other decrements.

Perini Corporation Pension Plan

EIN: 04-1717070  
Plan Number: 001

Form 5500 for 2024 Plan Year

Schedule SB, line 32 – Schedule of Amortization Bases

<i>Type of Base</i>	<i>Present Value of Remaining Installments</i>	<i>Valuation Date for Established Base</i>	<i>Number of Years Remaining</i>	<i>Amortization Installment</i>
Shortfall	\$ 7,683,044	01/01/2020	11	\$ 874,995
Shortfall	1,305,636	01/01/2021	12	139,292
Shortfall	(1,655,981)	01/01/2022	13	(166,622)
Shortfall	7,940,580	01/01/2023	14	757,871
Shortfall	<u>(1,248,786)</u>	01/01/2024	15	<u>(113,615)</u>
	\$ 14,024,493			\$ 1,491,921

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments**

Plan Year	Active	Terminated Vested	Retired	Total
	Participants	Participants	Participants and Beneficiaries Receiving Payments	
2024	\$ 64,608	\$ 767,274	\$ 6,022,017	\$ 6,853,900
2025	112,761	635,916	5,716,960	6,465,636
2026	139,387	783,090	5,492,341	6,414,818
2027	157,388	902,194	5,260,898	6,320,480
2028	170,672	1,000,814	5,022,851	6,194,337
2029	177,309	1,083,341	4,781,437	6,042,087
2030	193,218	1,138,507	4,538,372	5,870,097
2031	205,228	1,185,038	4,293,861	5,684,127
2032	214,093	1,204,491	4,049,843	5,468,427
2033	220,993	1,219,341	3,805,798	5,246,132
2034	222,718	1,223,845	3,558,109	5,004,671
2035	220,494	1,225,105	3,320,629	4,766,227
2036	219,555	1,226,327	3,086,362	4,532,244
2037	214,788	1,226,309	2,855,765	4,296,862
2038	210,586	1,220,748	2,629,318	4,060,652
2039	204,305	1,198,668	2,407,590	3,810,563
2040	198,760	1,167,097	2,191,315	3,557,172
2041	191,339	1,136,904	1,981,395	3,309,638
2042	184,654	1,108,618	1,778,879	3,072,151
2043	177,407	1,068,454	1,584,893	2,830,754
2044	168,743	1,024,259	1,400,553	2,593,555
2045	159,679	975,115	1,226,907	2,361,701
2046	150,268	925,931	1,064,878	2,141,077
2047	140,622	873,108	915,235	1,928,966
2048	130,816	818,367	778,542	1,727,725
2049	120,907	762,843	655,148	1,538,898
2050	110,974	706,909	545,160	1,363,042
2051	101,112	650,983	448,408	1,200,503
2052	91,422	595,522	364,466	1,051,410
2053	81,999	541,014	292,668	915,680
2054	72,933	487,960	232,144	793,037
2055	64,305	436,862	181,881	683,048
2056	56,187	388,189	140,761	585,137
2057	48,637	342,346	107,620	498,604
2058	41,698	299,647	81,308	422,654
2059	35,398	260,307	60,726	356,431
2060	29,749	224,438	44,861	299,049
2061	24,750	192,057	32,806	249,612
2062	20,384	163,102	23,766	207,252
2063	16,619	137,448	17,073	171,140
2064	13,413	114,924	12,171	140,508
2065	10,717	95,321	8,619	114,656
2066	8,476	78,410	6,065	92,951
2067	6,635	63,948	4,244	74,827
2068	5,142	51,693	2,951	59,786
2069	3,946	41,401	2,038	47,385
2070	2,998	32,837	1,396	37,231
2071	2,255	25,778	947	28,980
2072	1,680	20,017	635	22,332
2073	1,239	15,366	419	17,024

Perini Corporation Pension Plan

EIN: 04-1717070  
Plan Number: 001

Form 5500 for 2024 Plan Year  
Schedule SB, line 26a –Schedule of Active Participant Data

SERVICE:		UNDER 1 YEAR		1 – 4 YEARS		5 – 9 YEARS		10 – 14 YEARS	
Age	No.	Average Annual Accrued Benefit*	No.	Average Annual Accrued Benefit*	No.	Average Annual Accrued Benefit*	No.	Average Annual Accrued Benefit*	
Under 25	0		0		0		0		
25 - 29	0		0		0		0		
30 - 34	0		0		0		0		
35 - 39	0		0		0		0		
40 - 44	0		0		0		0		
45 - 49	0		3		1		0		
50 - 54	0		1		1		1		
55 - 59	0		3		1		4		
60 - 64	0		3		1		3		
65 - 69	0		2		2		0		
70 & Up	<u>0</u>		<u>1</u>		<u>1</u>		<u>0</u>		
Total	0		13		7		8		
		15 – 19 YEARS		20 – 24 YEARS		25 – 29 YEARS		30 – 34 YEARS	
Under 25	0		0		0		0		
25 - 29	0		0		0		0		
30 - 34	0		0		0		0		
35 - 39	0		0		0		0		
40 - 44	0		0		0		0		
45 - 49	0		0		0		0		
50 - 54	0		0		0		0		
55 - 59	4		1		0		0		
60 - 64	3		0		1		0		
65 - 69	0		0		1		0		
70 & Up	<u>1</u>		<u>0</u>		<u>0</u>		<u>0</u>		
Total	8		1		2		0		
		35 – 39 YEARS		40 YEARS & OVER					
Under 25	0		0						
25 - 29	0		0						
30 - 34	0		0						
35 - 39	0		0						
40 - 44	0		0						
45 - 49	0		0						
50 - 54	0		0						
55 - 59	0		0						
60 - 64	0		0						
65 - 69	0		0						
70 & Up	<u>0</u>		<u>0</u>						
Total	0		0						

\* Plan is hard frozen, average accrued benefits are in lieu of compensation. As permitted by the Form 5500 instructions, not shown for Plans with fewer than 1,000 active participants.

**Perini Corporation Pension Plan**

**EIN: 04-1717070  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule SB, line 24 – Change in Actuarial Assumptions**

The assumption for expected expenses paid from the trust was decreased from \$1,000,000 to \$988,000 in order to more closely reflect anticipated experience.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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


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

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

<b>A</b> Name of plan <u>PERINI CORPORATION PENSION PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TUTOR PERINI CORPORATION</u>		<b>D</b> Employer Identification Number (EIN) <u>04-1717070</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>58879573</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>60187490</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>732</u>	<u>55253763</u>	<u>55253763</u>
<b>b</b> For terminated vested participants .....	<u>468</u>	<u>16249698</u>	<u>16249698</u>
<b>c</b> For active participants .....	<u>39</u>	<u>2707231</u>	<u>2708522</u>
<b>d</b> Total .....	<u>1239</u>	<u>74210692</u>	<u>74211983</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.02 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>988000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>988000</u>	

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

<b>SIGN HERE</b>		<u>10/07/2025</u>
	Signature of actuary	Date
<u>REID EARNHARDT</u>	Type or print name of actuary	<u>23-08739</u>
<u>MILLIMAN, INC.</u>	Firm name	Most recent enrollment number
<u>500 YGNACIO VALLEY ROAD SUITE 498 WALNUT CREEK, CA 94596</u>	Address of the firm	<u>925-945-1253</u>
		Telephone number (including area code)

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

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

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	741977
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	741977
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.14</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		914
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		148
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		1062
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	81.10%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	81.10%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	79.14%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	597700	0					
07/15/2024	597700	0					
10/15/2024	684500	0					
01/15/2025	684500	0					
			<b>Totals ▶</b>	<b>18(b)</b>	2564400	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2480541
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c) ..... **31a** 988000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	14024493	1491921
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 2479921

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			2479921
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			2480541

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 620

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**PERINI CORPORATION PENSION PLAN**  
Form 5500, SCHEDULE H, Part IV, Line 4i - Schedule of Assets (Held at Year End)  
Plan No. 001  
December 31, 2024

(a)	(b)	(c)			(d)	(e)
<i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>			<i>Cost</i>	<i>Current Value</i>	
		Rate	Maturity	Par		
GS Financial Square Government Fund	Money Market Fund				\$ 3,077,895	\$ 3,077,895
Allegion US Holding Co. Inc.	Corporate Bond	3.55%	10/01/2027	81,000	79,218	78,111
Altria Group Inc.	Corporate Bond	4.80%	2/14/2029	72,000	71,553	71,142
American Tower Corp.	Corporate Bond	5.25%	7/15/2028	9,000	8,927	9,056
American Tower Corp.	Corporate Bond	5.45%	2/15/2034	66,000	66,929	66,113
AT&T Inc.	Corporate Bond	2.55%	12/01/2033	86,000	72,127	69,276
Bat Capital Corp.	Corporate Bond	6.42%	8/02/2033	70,000	72,984	73,986
Bath & Body Works Inc.	Corporate Bond	7.50%	6/15/2029	70,000	70,175	72,136
Berry Global Inc.	Corporate Bond	1.57%	1/15/2026	81,000	72,856	78,168
Block Financial LLC	Corporate Bond	2.50%	7/15/2028	77,000	78,264	70,028
Block Financial LLC	Corporate Bond	0.00%	8/15/2030	9,000	7,868	8,304
Boyd Gaming Corporation	Corporate Bond	4.75%	12/01/2027	65,000	64,318	62,841
CDW LLC / CDW Finance	Corporate Bond	4.25%	4/01/2028	74,000	73,435	71,708
CA Inc.	Corporate Bond	4.70%	3/15/2027	76,000	76,372	74,501
Conagra Brands Inc.	Corporate Bond	4.60%	11/01/2025	68,000	77,887	67,968
Crown Castle Inc.	Corporate Bond	5.60%	6/01/2029	20,000	20,225	20,387
Crown Castle Inc.	Corporate Bond	5.80%	3/01/2034	35,000	36,181	35,657
Crown Castle Inc.	Corporate Bond	5.20%	9/01/2034	11,000	11,066	10,715
Dicks Sporting Goods Inc.	Corporate Bond	3.15%	1/15/2032	75,000	60,119	65,681
Dollar Tree Inc.	Corporate Bond	4.00%	5/15/2025	57,000	60,166	56,788
Dollar Tree Inc.	Corporate Bond	4.20%	5/15/2028	14,000	13,662	13,610
Encompass Health Corporation	Corporate Bond	4.75%	2/01/2030	87,000	78,452	82,478
Expedia Inc.	Corporate Bond	3.80%	2/15/2028	77,000	71,549	74,376
Fiserv Inc.	Corporate Bond	5.63%	8/21/2033	25,000	25,449	25,441
Flextronics International	Corporate Bond	6.00%	1/15/2028	16,000	15,965	16,312
Flextronics International	Corporate Bond	5.25%	1/15/2032	48,000	48,483	47,199
Fortune Brands Home & SEC Inc.	Corporate Bond	4.00%	6/15/2025	27,000	29,684	26,892
Fortune Brands Home & SEC Inc.	Corporate Bond	4.00%	3/25/2032	13,000	11,973	11,995
Fortune Brands Home & SEC Inc.	Corporate Bond	5.88%	6/01/2033	27,000	27,695	27,690
Genuine Parts Company	Corporate Bond	6.88%	11/01/2033	58,000	64,143	63,563
Global Payments Inc.	Corporate Bond	2.90%	5/15/2030	64,000	55,829	56,979
HCA	Corporate Bond	5.63%	9/01/2028	49,000	51,865	49,651
HCA	Corporate Bond	3.50%	9/01/2030	23,000	20,301	20,889
HP Inc.	Corporate Bond	4.00%	4/15/2029	82,000	79,409	78,607
Iqvia Inc.	Corporate Bond	6.25%	2/01/2029	64,000	68,215	66,172
LKQ Corporation	Corporate Bond	6.25%	6/15/2033	63,000	65,948	64,981
Microchip Technology Inc.	Corporate Bond	4.25%	9/01/2025	72,000	73,593	71,698
Molson Coors Brewing Co.	Corporate Bond	3.00%	7/15/2026	75,000	72,561	73,058
Motorola Solutions Inc.	Corporate Bond	4.60%	2/23/2028	56,000	55,686	55,469
Olin Corporation	Corporate Bond	5.13%	9/15/2027	14,000	13,580	13,702
Olin Corporation	Corporate Bond	5.63%	8/01/2029	51,000	48,578	49,585
Oracle Corporation	Corporate Bond	6.25%	11/09/2032	66,000	68,442	69,945
Philip Morris International Inc.	Corporate Bond	5.38%	2/15/2033	65,000	65,100	65,126
Qorvo Inc.	Corporate Bond	4.38%	10/15/2029	78,000	82,750	73,151
Quanta Services Inc.	Corporate Bond	5.25%	8/09/2034	14,000	13,917	13,675
SBA Communications Corp.	Corporate Bond	3.88%	2/15/2027	82,000	83,860	78,500
Service Corp. International	Corporate Bond	5.13%	6/01/2029	83,000	90,911	80,302
Service Corp. International	Corporate Bond	5.75%	10/15/2032	8,000	7,880	7,760
Steel Dynamics Inc.	Corporate Bond	5.00%	12/15/2026	43,000	42,742	42,962
Steel Dynamics Inc.	Corporate Bond	1.65%	10/15/2027	34,000	34,751	31,277
Transdigm Inc.	Corporate Bond	5.50%	11/15/2027	83,000	77,903	81,558
Trimble Inc.	Corporate Bond	4.90%	6/15/2028	70,000	77,374	69,938
United Rentals North America Inc.	Corporate Bond	4.88%	1/15/2028	41,000	38,489	39,902
Verizon Communications Inc.	Corporate Bond	4.33%	9/21/2028	9,000	8,891	8,815
Verizon Communications Inc.	Corporate Bond	2.55%	3/21/2031	77,000	63,933	66,306
Warnermedia Holdings Inc.	Corporate Bond	4.28%	3/15/2032	85,000	74,620	74,903
Westinghouse Air Brake Company	Corporate Bond	0.00%	9/15/2028	57,000	63,523	56,452
Willis North America Inc.	Corporate Bond	2.95%	9/15/2029	85,000	73,135	77,270
Yum Brands Inc	Corporate Bond	5.38%	4/01/2032	69,000	68,051	66,824
Zimmer Holdings Inc.	Corporate Bond	3.55%	4/01/2025	29,000	28,031	28,916
Zimmer Biomet Holdings Inc.	Corporate Bond	3.05%	1/15/2026	47,000	49,806	46,264
	Carried forward				6,265,294	6,210,654



**PERINI CORPORATION PENSION PLAN**  
Form 5500, SCHEDULE H, Part IV, Line 4j - Schedule of Reportable Transactions  
Plan No. 001  
Year Ended December 31, 2024

<i>(a) Identity of Party Involved</i>	<i>(b) Description of Asset</i>	<i>Number of Purchase Transactions</i>	<i>(c) Purchase Price</i>	<i>Number of Sales Transactions</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain or (Loss)</i>
<b>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</b>								
GS Financial Square Government Fund *	Cash and Cash Equivalents			125	\$ 15,776,529	\$ 15,776,529	\$ 15,776,529	-
GS Financial Square Government Fund *	Cash and Cash Equivalents	149	\$ 18,094,243			18,094,243	18,094,243	-
Baird Core Plus Bond Fund, Class IS	Registered Investment Company	15	2,964,844			2,964,844	2,964,844	-

\*Investment lists transactions that individually, or in aggregate, amount to more than 5% of the current value of plan assets.