

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: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [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 INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE 1375 VIRGINIA DRIVE, SUITE 102 FORT WASHINGTON, PA 19034-3257
2b Employer Identification Number (EIN) 23-6405239
2c Plan Sponsor's telephone number 215-542-8211
2d Business code (see instructions) 238290

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 employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7413
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2918
	6a(2)	2822
	6b	2999
	6c	874
	6d	6695
	6e	698
	6f	7393
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	505

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE		D Employer Identification Number (EIN) 23-6405239	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	752539	4799	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 69000	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WADE FINANCIAL, INC. 1225 SCARLETT OAK DR
CHALFONT, PA 18914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69000			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	621722
(2) Increase (decrease) in amount due but unpaid		9a(2)	-396
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	621326
b Benefit charges (1) Claims paid		9b(1)	400000
(2) Increase (decrease) in claim reserves		9b(2)	-5357
(3) Incurred claims (add (1) and (2))		9b(3)	394643
(4) Claims charged		9b(4)	394643
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	69000	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	72196	
(E) Taxes	9c(1)(E)	12427	
(F) Charges for risks or other contingencies	9c(1)(F)	49707	
(G) Other retention charges	9c(1)(G)	23353	
(H) Total retention	9c(1)(H)		226683
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan <u>INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE</u>	D Employer Identification Number (EIN) <u>23-6405239</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>1002030441</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>1055746005</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>1084124637</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>990983426</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>1671122701</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>78008453</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>72106287</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>73693287</u>

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

SIGN HERE <u>EMILY LUCINI, FSA</u> Type or print name of actuary <u>THE MCKEOGH COMPANY</u> Firm name <u>1001 CONSHOHOCKEN STATE ROAD, SUITE WEST CONSHOHOCKEN, PA 19428-2977</u> Address of the firm	<u>09/18/2025</u> Date <u>23-08740</u> Most recent enrollment number <u>484-530-0692</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1002030441
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2931	769747578
(2) For terminated vested participants	663	73365836
(3) For active participants:		
(a) Non-vested benefits		723314959
(b) Vested benefits		104694328
(c) Total active	2917	828009287
(4) Total	6511	1671122701
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.96 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	40866816					
			Totals ▶	3(b)	40866816	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	106.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1587000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	10220435	1048737
1	-15071028	-1546465

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	30138301

c Amortization charges as of valuation date:

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

		Outstanding balance	
9c(1)		207821396	33259430
9c(2)		0	0
9c(3)		0	0

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

9d	4437841
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e Total charges. Add lines 9a through 9d.....

9e	67835572
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Credits to funding standard account:

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

9f	100596959
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g Employer contributions. Total from column (b) of line 3.....

9g	40866816
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h Amortization credits as of valuation date.....

		Outstanding balance	
9h		78845805	14193452

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

9i	9449484
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j Full funding limitation (FFL) and credits:

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

9j(1)	227727518	
9j(2)	506659648	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
--------------	---

(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	165106711
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	97271139
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
-----------------	---

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

9o(2)(b)	0
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(3) Total as of valuation date.....

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

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

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERATING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) 23-6405239	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

GCM CUSTOMIZED FUND INVESTMENT GRP

80-0952472

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

LAZARD ASSET MANAGEMENT LLC 30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

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

GCM CFG FUND PARTNERS IV, LP

35-2494369

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

SEI GLOBAL SERVICES INC.

100 CIDER MILL RD
OAKS, PA 19456

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

SEI INVESTMENTS GLOBAL (CAYMAN) LTD

100 CIDER MILL RD
OAKS, PA 19456

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

FIRST EAGLE INVESTMENT MANAGEMENT L

57-1156902

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

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

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

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

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

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

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

PRUDENTIAL ASSET MGT

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1282655	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)

PATRIOT FINANCIAL PARTNERS, LP

26-1273625

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1222695	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIERRA INVESTMENT PARTNERS INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	502509	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOHNSTON ASSET MANAGEMENT

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	421532	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)

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	418812	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)

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	342582	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 71	NONE	318076	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21828	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HARDMAN JOHNSTON GLOBAL ADVISORS LL

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	322922	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)

JPMORGAN CHASE BANK, N.A.

13-4994650

(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 27 24 50 51	NONE	260830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INVESTMENT PERFORMANCE SERVICES

58-2432392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	255000	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)

DANA INVESTMENT ADVISORS INC

39-1522788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	222385	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT, LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	218390	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

NATHAN SMITH

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	164208	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)

INTERCONTINENTAL REAL ESTATE INVEST

04-3549299

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	162111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT MANAGEMENT

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	154448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL BANK

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	106615	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)

JOHN HEENAN

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	98141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAUL POTAKO

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	87896	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDREA GASS

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	79024	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)

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	76500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM MCGUIRE

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	73558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAUL CAREY, III

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	69583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES BUMBAUGH

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	59375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEARY, JOSEM,& TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	57886	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	54250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL FEHRLE

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	49581	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY NAGY

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	46087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JESSICA KRIGER

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	45683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSANIN WIDMAN & BRENNAN, PC

23-2265950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	42350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEXIS DEAL

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	40846	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARIA DANYLUK

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	40435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMOTHY RUSSO

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	35100	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)

BETH MARTIN

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	33822	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PATRICIA REPETSKI

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	33218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHONY DEFEQ

23-6405239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	30220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JRP & ASSOCIATES, LLC

115 ROSE TWIG LANE
NORTH WALES, PA 19454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SCANTEK, INC.

48-1263177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	23708	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)

XPAN LAW PARTNERS, LLC

81-5145649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PATRIOT FINANCIAL PARTNERS, LP	28 52	1222695
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PATRIOT FIN. PRTRNS II, LP 45-3772738	MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	4578
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARCLAYS 06-1031656	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	648
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN 13-3299429	SOFT DOLLAR AND BROKERS COMMISSION	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	2264
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COWEN & CO 27-0423711	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	2585
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVERCORE ISI 20-4553818	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	2266
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COWEN-WESTMINSTER 84-1702964	SOFT DOLLAR AND BROKERS COMMISSION	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	312
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STEPHENS 71-0641478	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	5304
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIPER 41-1734808	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	207
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LIQUIDNET 13-4092641	SOFT DOLLAR AND BROKERS COMMISSION	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CREDIT SUISSE 13-5659485	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	1122
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INSTINET 20-3880413	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	237
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEEDHAM 27-1728945	SOFT DOLLAR AND BROKERS COMMISSION	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	60
(d) Enter name and EIN (address) of source of indirect compensation RAYMOND JAMES 59-1237041	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	(b) Service Codes (see instructions) 68 71	(c) Enter amount of indirect compensation 82
(d) Enter name and EIN (address) of source of indirect compensation JONES/SIDOTI 51-0484896	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2 FOUNDRY PARTNERS, LLC	(b) Service Codes (see instructions) 68 71	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation SEAPORT GLOBAL 74-3055482	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SOFT DOLLAR AND BROKERS COMMISSION	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	308
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RBC 13-5033225	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	1522
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UBS 22-3233985	SOFT DOLLAR AND BROKERS COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FOUNDRY PARTNERS, LLC	68 71	334
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HOVDE GROUP 22-3880108	SOFT DOLLAR AND BROKERS COMMISSION	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	B Three-digit plan number (PN)	▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	D Employer Identification Number (EIN) <u>23-6405239</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD/WILMINGTON INT'L EQUITY PORT</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST NAT'L ASSOCIATION</u>		
c EIN-PN <u>46-3944954-187</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INT'L EQUITY GROUP</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54533723</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST FUND (CORP)</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-3869666-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82412927</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 23-6405239</td> </tr> </table>	D Employer Identification Number (EIN) 23-6405239	
D Employer Identification Number (EIN) 23-6405239			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	15961428	10708923
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7383004	6221408
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2325763	1884138
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10011325	14894926
(2) U.S. Government securities	1c(2)	30304920	36755575
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	26897909	30424277
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	349318079	371047476
(5) Partnership/joint venture interests	1c(5)	309099052	329083833
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	96223494	82412927
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	33982531	54533723
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16028721	16406691
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	105100402	105883301

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	541553	517652
f Total assets (add all amounts in lines 1a through 1e).....	1f	1003178181	1060774850
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	933877	1031164
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	213863	184248
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1147740	1215412
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1002030441	1059559438

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	40866816	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		40866816
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	537395	
(B) U.S. Government securities.....	2b(1)(B)	662065	
(C) Corporate debt instruments.....	2b(1)(C)	1203533	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2505191	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4908184
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4804553	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	596127	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5400680
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	345051748	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	330689691	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		14362057
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	50776682	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9152812
(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)		5840600
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-218157
c Other income	2c		17231
d Total income. Add all income amounts in column (b) and enter total	2d		131106905

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64600085	
(2) To insurance carriers for the provision of benefits	2e(2)	619789	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		65219874
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1049508	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	249	
(4) IQPA audit fees	2i(4)	54250	
(5) Investment advisory and investment management fees	2i(5)	6439521	
(6) Bank or trust company trustee/custodial fees	2i(6)	106615	
(7) Actuarial fees	2i(7)	76500	
(8) Legal fees	2i(8)	109488	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	521903	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8358034
j Total expenses. Add all expense amounts in column (b) and enter total	2j		73577908

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		57528997
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		434967134
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559864.

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

A Name of plan <u>INTERNATIONAL UNION OF OPERATING ENGINEERS PENSION FUND OF EASTERN PENNSYLVANIA AND DELAWARE</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL UNION OF OPERTING ENG. PEN FUND OF E.PENNSYLVANIA AND DE</u>	D Employer Identification Number (EIN) <u>23-6405239</u>	

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

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

1	
---	--

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): 23-6405239

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	9
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
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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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer MORRISSEY, INC.		
b	EIN 23-6405239	c	Dollar amount contributed by employer 1382616
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		
a	Name of contributing employer AMQUIP CRANE RENTAL LLC		
b	EIN 26-0178903	c	Dollar amount contributed by employer 899006
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		
a	Name of contributing employer JPC GROUP INC.		
b	EIN 23-3085595	c	Dollar amount contributed by employer 949301
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		
a	Name of contributing employer THACKRAY CRANE RENTAL INC.		
b	EIN 23-2541035	c	Dollar amount contributed by employer 1011697
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		
a	Name of contributing employer HAINES & KIBBLEHOUSE		
b	EIN 23-1699847	c	Dollar amount contributed by employer 729979
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		
a	Name of contributing employer IUOE LOCAL 542		
b	EIN 23-0725295	c	Dollar amount contributed by employer 613627
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 10.5% OF GROSS WAGES		

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 TRUMBULL CORPORATION

b EIN 25-1021993 **c** Dollar amount contributed by employer 1201408

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027

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): 10.5% OF GROSS WAGES

a Name of contributing employer SAUTTER CRANE

b EIN 23-2974096 **c** Dollar amount contributed by employer 650866

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027

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): 10.5% OF GROSS WAGES

a Name of contributing employer ANDERSON CONSTRUCTION CO INC.

b EIN 93-0422424 **c** Dollar amount contributed by employer 529648

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027

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): 10.5% OF GROSS WAGES

a Name of contributing employer A CRANE LLC

b EIN 23-6405239 **c** Dollar amount contributed by employer 397227

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2027

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	874
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	833
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	803

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	103.74

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 31.6 % Private Equity: 19.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.8 %
 High-Yield Debt: 7.0 % Real Assets: 15.0 % Cash or Cash Equivalents: 12.4 % Other: 9.1 %

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 _____.

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
International Union of Operating Engineers
Pension Fund of Eastern Pennsylvania and Delaware

Opinion

We have audited the financial statements of the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 23, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 371,047,476	\$ 349,318,079
Limited partnerships	329,083,833	309,099,052
Corporate obligations	27,724,077	25,074,833
Hedge fund of funds	105,883,301	105,100,402
Common collective trust	82,412,927	66,415,802
United States Government and Government Agency obligations	33,870,078	28,659,372
Housing investment trust mutual fund	16,406,691	16,028,721
Mortgage-backed securities	5,585,697	3,468,624
103-12 investment entities	54,533,723	63,790,223
Money market mutual funds	14,894,926	10,011,325
Total investments	1,041,442,729	976,966,433
RECEIVABLES		
Employer contributions	6,221,408	7,383,004
Accrued interest and dividends	830,166	702,639
Due from related funds	645,655	1,245,608
Due from Brokers	392,376	312,450
Total receivables	8,089,605	9,643,701
PROPERTY AND EQUIPMENT - net	517,652	541,553
PREPAID EXPENSES	15,941	65,066
CASH	10,708,923	15,961,428
Total assets	1,060,774,850	1,003,178,181
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	1,031,164	933,877
Reciprocal contribution payable	184,248	213,863
Total liabilities	1,215,412	1,147,740
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,059,559,438	\$ 1,002,030,441

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in		
fair value of investments	\$ 79,913,086	\$ 62,447,725
Interest and dividends	10,309,772	9,964,195
	90,222,858	72,411,920
Less: investment expenses	(6,528,905)	(6,327,561)
Investment income - net	83,693,953	66,084,359
 Employer contributions	 40,866,816	 44,561,341
 Total additions	 124,560,769	 110,645,700
DEDUCTIONS		
Benefits		
Monthly retirement benefits	62,646,492	59,579,710
Death	2,573,382	2,771,728
Total benefits	65,219,874	62,351,438
Administrative expenses	1,811,898	1,531,192
 Total deductions	 67,031,772	 63,882,630
 NET INCREASE	 57,528,997	 46,763,070
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,002,030,441	955,267,371
End of year	\$ 1,059,559,438	\$ 1,002,030,441

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Plan) provides pension benefits to eligible members of the International Union of Operating Engineers Local 542 which represents members employed in eastern Pennsylvania and Delaware. The following brief description of the Plan is provided for general purposes only.

The Plan was established January 1, 1960, as a result of collective bargaining agreements between the International Union of Operating Engineers Local 542 and the General Building Contractors Association and the Contractors Association of Eastern Pennsylvania. The Plan is a multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The purpose of the Plan is to provide for retirement, death and disability benefits for eligible participants.

Normal retirement is at age 65 or older; early retirement is at age 55 or older where the total of age plus pension credits is at least 80; or at age 55 or older with at least 10 pension credits.

The Plan was amended during 2019 to continue to provide 2 bonus checks for all retirees and surviving spouses in pension status at June 1st and December 1st. The June 1st and December 1st bonus checks have been approved through 2024.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments in United States Government and Government Agency obligations, corporate obligations, common stock, housing investment trust mutual fund and money market mutual funds are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of mutual fund as of the last business day of the year. The housing investment trust units are valued at their market value on the last business day of the year, as established by the trust. The common collective trust and 103-12 investment entities are valued at its market value on the last business day of the year, as established by the trust. Investments in mortgage-backed securities are carried at estimated fair value as provided by the investment custodian or the trust as of the last business day of the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The foreign hedged mutual fund and foreign hedged mutual funds of funds are valued at estimated fair value as reported by the management of the Funds. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third-party annual audit. The estimated fair values may differ from the values what would have been used had a ready market existed for these investments, and that difference may be significant.

The investments in the limited partnerships are carried at estimated fair value as provided by the Partnerships. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds and are all subject to a third party annual audit. The estimated fair values may differ from the values that would have been used, had a ready market existed for these investments, and those differences may be significant. The Patriot Financial Partners II LP, Patriot Financial Partners III LP, Patriot Financial Partners IV LP, Columbia Partners Private Capital LP, Corbin ERISA Opportunity Fund, LP, First Eagle Global Value Fund LP, American Core Realty Fund, LLC., PRISA III Fund LP and the Boyd Watterson GSA Fund partnerships are stated at estimated fair value as reported by the General Partner. The International U.S. Real Estate Investment Fund limited partnership is stated at estimated fair value as reported by the Fund's management. The Fund's management has estimated the fair value to be the present value of the future cash flows of each owned property, less any mortgage obligations, to arrive at net asset value. The Plan's share of the net asset value of the Fund is based on the Plan's pro rata share of total contributed capital.

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) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable - Contributions due and not paid prior to the year-end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation for the year ended December 31, 2024 totaled \$89,411 of which \$67,973 was reimbursed by related parties. Depreciation for the year ended December 31, 2023 totaled \$92,269, of which \$70,146 was reimbursed by related parties.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payments of Benefits - Benefit payments are recorded upon distribution.

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

Reclassification - Certain prior year amounts have been reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported changes in net assets available for benefits.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

The Pension Benefit Guaranty Corporation (PBGC) does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all. In addition, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on June 25, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a).

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

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 526,012,208
Other participants	410,123,780
	<u>936,135,988</u>
Nonvested benefits	54,847,438
	<u>54,847,438</u>
Total actuarial present value of accumulated	
plan benefits - without expenses	<u>\$ 990,983,426</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accumulated plan	
benefits at beginning of year	\$ 953,781,691
Increase (decrease) during the year attributable to:	
Benefits paid	(62,351,438)
Interest due to decrease in discount period	64,582,418
Plan Amendment	9,507,377
Benefits accumulated, net experience gain	
or loss and changes in data	25,463,378
Net increase	<u>37,201,735</u>
Actuarial present value of accumulated plan	
benefits at end of year	<u>\$ 990,983,426</u>

The actuarial valuation was made using the Projected Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

Mortality - Healthy lives	120% of RPH-2014 Blue Collar with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.
- Disabled lives	RPH-2014 Disabled Retiree (headcount-weighted table). No projected mortality improvement.
- RPA 94 current liability	IRS Prescribed Generational Mortality Table for 2024 valuation dates.

NOTE 5. ACTUARIAL INFORMATION (continued)

Early Retirement from Active Service Age-related rates as follows:

<u>Age</u>	<u>Type of Early Retirement</u>	
	<u>Special Early</u>	<u>Regular Early</u>
55-56	0.100	0.015
57-58	0.150	0.015
59-61	0.200	0.015
62-64	0.300	0.100

Normal/Late Retirement from Active Service Age-related rates as follows:

<u>Age</u>	<u>Rate</u>
65-69	0.250
70 and older	1.000

Retirement Age - Inactive vested: Age 65 for those with less than 10 years of service and age 62 for those with service greater than or equal to 10.

Percent married - 85%

Salary scale - 3.50% per annum

Future benefit accruals - One service credit per active employee included in the valuation.

Investment rate of return - 7.00% per annum for funding.

Interest rate - 3.29% for RPA '94 current liability in 2024.

Administrative expenses - 3 year average of actual expenses with 4% inflation. The beginning of year expense assumption for 2024 is \$1,587,000.

Actuarial value of assets - The actuarial valuation method is the adjusted market value.

The following changes were made in the actuarial assumptions from the prior year:

1. To comply with changes in RPA '94 prescribed interest, the interest rate for RPA '94 current liability purposes was changed from 2.55% to 3.29%.
2. To comply with changes in RPA '94 prescribed mortality, the mortality assumption for RPA '94 Current Liability purposes was changed from the IRS Prescribed Generational Mortality Table for 2023 valuation dates to the IRS Prescribed Generational Mortality Table for 2024 valuation date.

NOTE 5. ACTUARIAL INFORMATION (continued)

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

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

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2024, the Plan is neither in endangered status nor critical status.

NOTE 6. FUNDING POLICY

The participating employers generally contribute 10.5% of employees' gross wages as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions.

As a result of the Plan's projection to be in critical status under the Pension Protection Act of 2006 and as a proactive measure to stay in the green zone, the union membership and Trustees of the related Welfare and Annuity Funds approved a diversion in employer contributions into this Plan. The diversion was effective starting with the work month June 2010 and has continued over the years with participating employers making various contributions being diverted from the Welfare Fund and Annuity Fund. The Annuity Fund diversion was eliminated at the end of 2016.

For the 2024 and 2023 plan years, the diversion was \$3.55 per hour for Parent Body (District 2, 3, and 4) as well as Parent Body (District 1 and 5) and \$2.20 per hour for C-Branch. During the years ended December 31, 2024 and 2023, the Plan received \$13,693,751 and \$16,157,190, respectively, in diversion contributions from the Welfare Fund. These amounts are reported as employer contributions in the Statements of Changes in Net Assets Available for Benefits. At December 31, 2024 and 2023, the Plan was owed \$3,364,395 and \$3,845,820 from the Welfare Fund for diversion contributions. These amounts are included with employer contributions receivable on the statement of net assets available for benefits.

NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following:

Category	2024	2023
Automobiles	\$ 258,349	\$ 258,349
Office furniture	231,473	230,888
Leasehold improvements	450,101	450,101
Computer equipment	231,676	166,751
	1,171,599	1,106,089
Less: accumulated depreciation	(653,947)	(564,536)
Property and equipment - net	\$ 517,652	\$ 541,553

NOTE 8. RELATED PARTY TRANSACTIONS

The Pension Fund has five related entities which include a health and welfare fund, a supplemental unemployment benefit (S.U.B.) fund, an apprenticeship fund, an annuity fund, and the local union. The Pension Fund has common trustees and staff with these related entities.

Salary and operating expenses are initially paid by the Pension Fund. The related entities reimburse the Pension Fund quarterly and amounts due to or from the Pension Fund at the end of the year are adjusted based on an analysis of total allocable expenses and the quarterly payments made during the year.

The Welfare Fund leases office space under an operating lease that expired during 2018. The office space is leased from the International Union of Operating Engineers Local 542, a related party. The Welfare Fund is currently paying month to month until a new lease agreement is finalized. The obligation for the lease is the responsibility of the Welfare Fund but is paid initially by the Pension Fund and then allocated to the related entities. The Pension Fund paid office rent to the Union totaling \$196,873 for each of the years ended December 31, 2024 and 2023.

During the years ended December 31, 2024 and 2023, the total amounts allocated to the related funds and reimbursed to the Plan for shared expenses are as follows:

	2024	2023
Welfare Fund	\$ 2,010,011	\$ 2,136,986
Annuity Fund	448,969	446,356
S.U.B. Fund	527,079	540,130
Apprenticeship Fund	223,621	213,322
Union	17,825	51,278
	\$ 3,227,505	\$ 3,388,072

NOTE 8. RELATED PARTY TRANSACTIONS (continued)

At December 31, 2024 and 2023, the Plan (owed) was owed the following from the related entities:

	<u>2024</u>	<u>2023</u>
Welfare Fund	\$ 352,498	\$ 620,980
Annuity Fund	110,364	460,716
S.U.B. Fund	119,455	146,259
Apprenticeship Fund	55,208	58,866
Union	8,130	(41,213)
	<u>\$ 645,655</u>	<u>\$ 1,245,608</u>

As a result of the Plan's projected finding deficiency under the Pension Protection Act of 2006 and as a proactive measure, the Union membership and Trustees of the related Welfare and Annuity Funds approved a diversion in employer contributions into this Plan. See the Funding Policy footnote at Note 6 for the amounts diverted during the years ended December 31, 2024 and 2023. These amounts are included in employer contributions on the Statements of Changes in Net Assets Available for Benefits and employer contribution receivable in the Statements of Net Assets Available for Benefits.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware (the Pension Plan), the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware (the Welfare Fund), the International Union of Operating Engineers Joint Annuity Fund of Eastern Pennsylvania and Delaware (the Annuity Fund), the International Union of Operating Engineers of Eastern Pennsylvania and Delaware Supplemental Unemployment Benefit Fund (the SUB Fund) and the International Union of Operating Engineers Joint Apprenticeship, Training and Safety Fund of Eastern Pennsylvania and Delaware (the Apprenticeship Fund) together referred to as the IUOE Local 542 Benefit Funds participate in two multiemployer defined benefit pension plans under the terms of participation agreements that cover its union-represented and non-collectively bargained employees. The common expenses of the IUOE Local 542 Benefit Funds are initially paid by the Pension Plan and are reimbursed by the related funds based on a cost allocation study. The Pension Plan remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the IUOE Local 542 Benefit Funds. The Welfare, Annuity, SUB, and Apprentice Funds as well as the Union reimburse the Pension Plan for their share of the contributions based on a cost allocation study. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The IUOE Local 542 Benefit Funds’ participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2024 and 2023 is outlined in the table below. The zone status is based on information that the IUOE Local 542 Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan’s actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	23-6405239	001	Green as of 01/01/24	No	Green as of 01/01/23	No	*
General Pension Plan of the International Union of Operating Engineers	52-6124299	001	Green as of 01/01/24	No	Green as of 01/01/23	No	**

* The employees of the IUOE Local 542 Benefit Funds participate in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware through a participation agreement between the IUOE Local 542 Benefit Funds and the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware. The participation agreement does not have an expiration date.

** The employees of the IUOE Local 542 Benefit Funds participate in the General Pension Plan of the International Union of Operating Engineers through a participation agreement between the Benefit Funds and the General Pension Plan of the International Union of Operating Engineers. The participation agreement does not have an expiration date.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Contribution paid by International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by Pension Plans for which the Pension Plan contributes directly to Pension Plans.	
	12/31/2024	12/31/2023			12/31/2024	12/31/2023	12/31/2024	12/31/2023
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	\$ 208,049	\$ 201,706	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	10.5% of gross wages, plus \$2.20 per hour	10.5% of gross wages, plus \$2.20 per hour	19 shared employees	20 shared employees
General Pension Plan of the International Union of Operating Engineers	304,270	291,339	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	17.5% of gross wages	17.5% of gross wages	19 shared employees	20 shared employees
Total contributions to Pension Plans	\$ 512,319	\$ 493,045						

The Welfare Fund reimbursed the Pension Plan \$133,161 and \$142,069 during the years ended December 31, 2024 and 2023, respectively, for the Welfare Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$91,051 and \$98,360 for the years ended December 31, 2024 and 2023, respectively, for the Welfare Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The Annuity Fund reimbursed the Pension Plan \$25,516 and \$24,432 during the years ended December 31, 2024 and 2023, respectively, for the Annuity Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$17,447 and \$16,915 for the years ended December 31, 2024 and 2023, respectively, for the Annuity Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The SUB Fund reimbursed the Pension Plan \$39,141 and \$37,478 during the years ended December 31, 2024 and 2023, respectively, for the SUB Fund's allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$26,763 and \$25,947 for the years ended December 31, 2024 and 2023, respectively, for the SUB Fund's allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Apprenticeship Fund reimbursed the Pension Plan \$16,084 and \$15,400 during the years ended December 31, 2024 and 2023, respectively, for the Apprenticeship Fund’s allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$10,997 and \$10,662 for the years ended December 31, 2024 and 2023, respectively, for the Apprenticeship Fund’s allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

The Union reimbursed the Pension Plan \$1,762 and \$1,687 during the years ended December 31, 2024 and 2023, respectively, for the Union’s allocated share of the pension contributions for shared employees participating in the General Pension Plan of the International Union of Operating Engineers and \$1,205 and \$1,168 for the years ended December 31, 2024 and 2023, respectively, for the Union’s allocated share of the pension contributions for shared employees participating in the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the IUOE Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware	Funding improvement plan implemented	Yes	No	N/A
General Pension Plan of the International Union of Operating Engineers	N/A	No	No	N/A

NOTE 10. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The IUOE Local 542 Benefit Funds contribute to a multiemployer defined-benefit health and welfare plan that provide postretirement benefits for its union-represented and non-collectively bargained employees during the years ended December 31, 2024 and 2023. The Pension Plan remits the contributions to the multiemployer health and welfare plan that provides post-retirement benefits for the shared employees on behalf of the IUOE Local 542 Benefit Funds. The Welfare, Annuity, SUB and Apprenticeship Funds as well as the Union reimburse the Pension Plan for their share of the contributions based on a cost allocation study. Information about the health and welfare plan is below:

NOTE 10. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

Legal Name of Plan providing postretirement benefits other than pension	Contributions paid by the International Union of Operating Engineers Pension Fund of Eastern Pennsylvania and Delaware directly to the Plan		Employer contribution rates of the Plans		Number of employees covered by Plan for which the Pension Plan contributes directly to the Plan	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023
International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware*	\$ 531,645	\$ 539,415	\$1,809 per month	\$1,809 per month	20 shared employees	21 shared employees

The Welfare Fund reimbursed the Pension Plan \$232,669 and \$263,040 during the years ended December 31, 2024 and 2023, respectively, for the Welfare Fund’s allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Annuity Fund reimbursed the Pension Plan \$44,584 and \$45,235 during the years ended December 31, 2024 and 2023, respectively, for the Annuity Fund’s allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The SUB Fund reimbursed the Pension Plan \$68,391 and \$69,390 during the years ended December 31, 2024 and 2023, respectively, for the SUB Fund’s allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Apprenticeship Fund reimbursed the Pension Plan \$28,103 and \$28,513 during the years ended December 31, 2024 and 2023, respectively, for the Apprenticeship Fund’s allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

The Union reimbursed the Pension Plan \$3,078 and \$3,123 during the years ended December 31, 2024 and 2023, respectively, for the Union’s allocated share of the welfare contributions for shared employees participating in the International Union of Operating Engineers Welfare Fund of Eastern Pennsylvania and Delaware.

* The Plan provides postretirement health benefits (hospital, surgical, major medical, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 11. DUE (TO) FROM CUSTODIAN FOR PURCHASES OF SECURITIES

This represents the amount due from the custodian for sales of securities with trade dates prior to year end and settlement dates after year end. The amount due to the custodian represents the purchase of investments with trade dates prior to year end and settlement dates after year end.

NOTE 12. OBLIGATION UNDER OPERATING LEASES

In January 2023, a new sixty month operating lease was entered into, expiring December 2027. Annual lease payments totaled \$12,936 and \$12,882 for the years ended December 31, 2024 and 2023, and are shared by the related entities disclosed in Note 8. The obligation of this lease is the responsibility of the Plan.

NOTE 13. RISKS AND UNCERTAINTIES

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

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

NOTE 14. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 371,047,476	\$ 371,047,476	\$ -	\$ -
Corporate obligations	27,724,077	-	27,724,077	-
United States Government and Government Agency obligations	33,870,078	33,870,078	-	-
Money market mutual funds	14,894,926	14,894,926	-	-
Mortgage-backed securities	5,585,697	-	5,585,697	-
Total assets in the fair value hierarchy Investments measured at NAV (A) *	453,122,254	\$ 419,812,480	\$ 33,309,774	\$ -
Total investments	\$ 1,041,442,729			

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 349,318,079	\$ 349,318,079	\$ -	\$ -
Corporate obligations	25,074,833	-	25,074,833	-
United States Government and Government Agency obligations	28,659,372	28,659,372	-	-
Money market mutual funds	10,011,325	10,011,325	-	-
Mortgage-backed securities	3,468,624	-	3,468,624	-
Total assets in the fair value hierarchy Investments measured at NAV (A) *	416,532,233	\$ 387,988,776	\$ 28,543,457	\$ -
Total investments	\$ 976,966,433			

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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

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

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

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2024, as identified with an asterisk:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships:				
* American Core Realty Fund LLC	\$ 35,450,778	\$ -	Quarterly	10 days
* Boyd Waterson GSA Fund	8,270,351	-	Quarterly	60 days
* Columbia Partners Private Capital LP	9,650,214	1,376,428	(a)	(a)
* Corbin ERISA Opportunity Fund LP	16,770,764	-	Quarterly	65 Days
* First Eagle Intl Class A LP	50,594,062	-	Monthly	10 days
* Intercontinental U.S. Real Estate Investment Fund	17,849,551	-	(b)	(b)
* Patriot Financial Partners II LP	9,990,265	1,034,484	(a)	(a)
* Patriot Financial Partners III LP	40,346,852	1,288,364	(a)	(a)
* Patriot Financial Partners IV LP	34,167,431	5,250,000	(a)	(a)
* PRISA III Fund LP	105,993,565	-	Quarterly	90 days
Hedge fund of funds:				
* EnTrust Capital Diversified FD CL IPS	291,904	-	(a)	(a)
* EnTrust Capital Diversified FD CL X	223,842	-	(a)	(a)
* EnTrust Global Special Opportunities E Fund LTI	48,539,435	-	(c)	(c)
* Grosvenor Opportunistic Credit Fund, III	313,480	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, IV	453,020	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, V	25,316,262	-	(a)	(a)
* Grosvenor Secondary Opportunities Fund II	19,607,253	9,731,655	(a)	(a)
* Grosvenor Secondary Opportunities Fund III	11,138,105	10,737,467	(a)	(a)
Common collective trust:				
* JPMCB Corporate High Yield Fund	82,412,927	-	Daily	Daily
Housing investment trust:				
* AFL-CIO Housing Investment Trust	16,406,691	-	Monthly	15 days
103-12 investment entity:				
* Hardman Johnston International Equity Group	54,533,723	-	Daily	Daily
Total	<u>\$ 588,320,475</u>	<u>\$ 29,418,398</u>		

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2023, as identified with an asterisk:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:				
* American Core Realty Fund LLC	\$ 37,360,991	\$ -	Quarterly	10 days
* Boyd Waterson GSA Fund	9,310,811	-	Quarterly	60 days
* Columbia Partners Private Capital LP	10,459,375	1,204,076	(a)	(a)
* Corbin ERISA Opportunity Fund LP	15,289,707	-	Quarterly	65 days
* First Eagle Global Value Fund LP	34,724,320	-	Monthly	10 days
* Intercontinental U.S. Real Estate Investment Fund	19,194,307	-	(b)	(b)
* Patriot Financial Partners II LP	8,885,600	1,034,484	(a)	(a)
* Patriot Financial Partners III LP	40,127,979	1,288,364	(a)	(a)
* Patriot Financial Partners IV LP	24,403,710	11,375,000	(a)	(a)
* PRISA III Fund LP	109,342,252	-	Quarterly	90 days
Foreign hedged mutual fund of funds:				
* EnTrust Capital Diversified Fund QP LTD	606,785	-	(a)	(a)
* EnTrust Global Special Opportunities E Fund LTD	49,089,047	-	(c)	(c)
* Grosvenor Opportunistic Credit Fund, III	393,012	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, IV	1,028,587	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund V - V-Escrow Account	84,940	-	(a)	(a)
* Grosvenor Opportunistic Credit Fund, V	23,312,333	-	(a)	(a)
* Grosvenor Secondary Opportunities Fund II	21,899,295	10,220,616	(a)	(a)
* Grosvenor Secondary Opportunities Fund III	8,686,403	13,111,779	(a)	(a)
collective trust:				
JPMCB Corporate High Yield Fund	66,415,802	-	Daily	Daily
Housing investment trust:	16,028,721	-	Monthly	15 days
* AFL-CIO Housing Investment Trust	16,028,721	-	Monthly	15 days
103-12 investment entity:				
* Hardman Johnston International Equity Group	33,982,531	-	Daily	Daily
* Lazard International Equity Portfolio	29,807,692	-	Daily	Daily
	<u>\$ 560,434,200</u>	<u>\$ 38,234,319</u>		

(a) - Investors in the Grosvenor Opportunities Credit Fund V LTD, Grosvenor Opportunistic Credit Fund III LTD, Grosvenor Opportunistic Credit Fund V-Escrow Account, Grosvenor Opportunistic Credit Fund IV LTD, Grosvenor Secondary Opportunities Fund II LP, EnTrust Capital Diversified Fund QP LTD and the limited partners of the Columbia Partners Private Capital LP, Patriot Financial Partners II LP, Patriot Financial Partners III LP and Patriot Financial Partners IV LP are not permitted to make withdrawals. These funds are closed-end funds and redemptions are not provided for in the investment agreements.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

(b) - Limited partners of the Intercontinental U.S. Real Estate Investment Fund are permitted redemptions at any time after the later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million (the period then ending, the "Redemption Lockout Period"). A limited partner may elect to redeem some or all of its Interests by providing the Manager with a written notice to such effect (a "Redemption Notice") in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date").

(c) - Limited partners of the EnTrust Global Special Opportunities E Fund LTD have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms of the investment agreement. The investment vehicle will not invest in any fund or investment that has an initial lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the investment's board of directors in its sole discretion. In order to effect a redemption, the limited partner is required to provide at least 95 days' prior written notice of any such redemption request.

Description of the Funds:

The American Core Realty Fund, LLC provides its clients with the opportunity to earn strong steady income and the potential for market appreciation within a risk-controlled environment, through a diversified portfolio of stabilized income-producing institutional real estate assets located in or near major metropolitan markets that demonstrate growth potential and/or supply constraints. The Core Fund utilizes a pure core investment strategy and is diversified geographically, economically, and by property type. Target investments are in the main property sectors, office, retail, industrial, and multi-family, located throughout the United States.

The Boyd Watterson GSA Fund, LP (the "Fund") is a real estate fund that is valued on a monthly basis by the Fund's Administrator, as overseen by the Fund Manager. The Fund's underlying real estate and improvements are externally appraised on an annual basis giving consideration to the income, cost, and sales comparison approaches of estimating property value. Quantitative information about the significant unobservable inputs is not available for this fund. The real estate fund was formed to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The significant strategy of the Fund is to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies. The Fund offers redemptions on a quarterly basis with 60 days notification. However, because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Columbia Partners Private Capital Fund LP, a Delaware limited partnership, was formed to make investments in a diverse portfolio of private equity funds, including venture capital, mezzanine debt/structured capital, growth equity, and middle market buy-out funds. To provide further diversification, the Fund may commit up to 10% of its capital in direct co-investment opportunities offered by its underlying fund managers.

The Corbin ERISA Opportunity Fund, LP (the "Fund") is a Delaware limited partnership formed in August 2015. The Fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments with an expected emphasis on corporate credit securities, asset backed securities, mortgage backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

First Eagle Intl Class A, L.P., a Delaware limited partnership, was established with the objective to seek capital appreciation by investing primarily in equity securities issued by both U.S. and non-U.S. issuers. The investment philosophy and strategy of the Partnership can be broadly characterized as a value approach.

The Intercontinental U.S. Real Estate Investment Fund is a limited liability company. The Fund's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investment and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The real estate investments of the Fund are stated at estimated fair value and are reviewed and adjusted quarterly. At least annually, an independent appraisal of the underlying real estate is performed and includes a complete property and market inspection. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice, as promulgated by the Appraisal Foundation. In the quarters in which an investment is not independently appraised, the fair value is updated as appropriate by management for changes in prior cash flow estimates and market assumptions.

The Patriot Financial Partners LP was established to provide a superior risk-adjusted return by applying a hands-on, value-added investment model to both control and noncontrol investments. The Patriot Financial Partners LP focuses on investments in the community banking sector defined as banks and thrifts (thrifts are banking institutions regulated by the Office of Thrift Supervision (OTS) with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

The Patriot Financial Partners III, LP is focused on growth equity investments in the community banking sector (defined as banks and thrifts with assets between \$500.0 million and \$5.0 billion) throughout the United States, with a secondary focus on financial services companies closely related to the banking sector. The Fund assumes an exit multiple of 200% (2x gross multiple on invested capital) of tangible book value for its investments.

The Patriot Financial Partners IV, LP is focused on investments in the community banking sector defined as banks and thrifts with assets under \$5 billion throughout the United States, with a secondary focus on financial services firms closely related to the banking sector.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

PRISA III Fund LP was established to execute a value added strategy by making investments through direct property ownership, joint ventures, mezzanine debt and other equity linked real estate interests. The Fund seeks enhanced returns based on accepting the appropriate market, leasing, and leverage risk at the time of the investment. The Fund invests through joint ventures in properties that require development, re-development or other management expertise to create or enhance value. PRISA III Fund LP also seeks to purchase properties at below replacement cost prices, take advantage of seller timing pressure, and actively manage properties with value added potential to enhance the risk-adjusted returns over the life of the fund. PRISA III Fund LP will acquire real estate investments located in various markets in North America (US, Canada and Mexico). Investments outside the United States will not exceed 20% of the Fund's gross assets.

The EnTrust Capital Diversified Fund QP Ltd. was established as a Cayman Islands exempted company on August 10, 2007. The Fund's objective is to seek above-average rates of return and long-term capital growth through an investment in EnTrust Capital Diversified Fund Ltd. (the "Master Fund"), a fund of funds with a diversified portfolio of private investment entities (the "Portfolios") and/or separately managed accounts managed by investment managers selected by the Advisor.

The EnTrust Global Special Opportunities E Fund Ltd. was established as a Cayman Islands exempted company on June 1, 2021. The investment seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid. It expects to invest in a broad range of investments, including, but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high-yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, commercial mortgage-backed securities, and direct lending and sovereign debt.

The Grosvenor Opportunistic Fund III Ltd. was established as a Cayman Islands exempted company in 2012. The Fund invests in a mix of "complex" credit strategies, including distressed mortgage-backed securities and structured credit. Opportunistic credit investments are structured to permit participation in longer-term credit opportunities, which often offer greater profit potential than more liquid credit investments.

The Grosvenor Opportunistic Fund IV Ltd. was established as a Cayman Island's exempted company in 2015. The fund invests in the Grosvenor Opportunistic Credit Master Fund IV, Ltd. The investment objective of the master fund is the same as the Fund, to invest in opportunistic credit investments that are structured to permit participation in longer-term credit opportunities, which often offer greater profit potential than more liquid credit investments.

The Grosvenor Opportunistic Credit Fund V-Escrow Account is a separate interest bearing account maintained by Fund V where the Fund III and IV distributions are held until capital is called by Fund V. The sole purpose of this account is to hold investor capital during the period between when distributions from Fund III/IV are made and capital calls for Fund V are invested. The investor/Local 542 does not need to coordinate the cash flow between investments and, operationally, the account is an intermediary cash account at Grosvenor for the "automatic roll over".

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Grosvenor Opportunistic Credit V Fund, Ltd. (the Feeder) was established as a Cayman Islands exempted company on June 2011. The Fund is set up in a Master-Feeder arrangement in which substantially all of the investable assets held by the Feeder are invested in Grosvenor Opportunistic Credit Master Fund, Ltd., (the Master). The fund is considered to be a fund-of-funds as all underlying investment holdings are in other limited partnerships and foreign mutual funds. The fund was created to capitalize on the credit turmoil in the US and in Europe. The fund currently will not accept nor process redemption requests due to the illiquid nature of the underlying investments and management will determine the appropriate time to begin income distributions and return of capital based on their assessment of the market for the underlying assets at the time. The goal of the fund is that most of the underlying investments will ultimately be held in the form of mortgage pools being sold by distressed banks at a substantial discount to market and the funds held by the Master will sell those assets at market prices at a later date. The Master will initiate redemptions automatically as distressed assets are sold. The fund anticipates returning most of the initial investors' funds in 5 years.

The Grosvenor Secondary Opportunities Fund II, LP (the "Partnership") was formed pursuant to and in accordance with the provisions of the Delaware Revised Uniform Limited Partnership Act on May 27, 2016 and commenced operations on May 26, 2017. The purpose of the Partnership is to identify potential investments to acquire, hold, finance, manage and dispose of, pending utilization or disbursements of funds, to invest such funds in accordance with the terms Amended and Restated Limited Partnership Agreement dated May 26, 2017 and to do everything necessary or desirable for the accomplishment of the above purposes and to do every other act and thing incident thereto or connected there with permitted by the Delaware Act.

The Grosvenor Secondary Opportunities Fund III, LP was formed on June 11, 2020 under the Delaware Revised Uniform Limited Partnership Act ("Act") and commenced operations on December 31, 2020. The purpose of the Partnership is to invest, directly or indirectly, as a limited partner in, and as a Feeder Vehicle of Grosvenor Secondary Opportunities Fund III, L.P., in accordance with the subject to the other provisions of the Amended and Restated Limited Partnership Agreement dated December 31, 2020 and to do everything necessary or desirable for the accomplishment of the above purpose or the furtherance of any of the powers herein set forth and to do every other act and thing incident thereto or connected therewith permitted by the Act.

The JPMCB Corporate High Yield Fund seeks to outperform the Bank of America Merrill Lynch U.S. High Yield BB/B Rated Constrained Index by investing in higher-yielding corporate debt securities.

The AFL-CIO Housing Investment Trust invests in high credit quality mortgage securities. The investment objective of the trust is to provide current income while preserving capital over time and obtaining returns competitive with industry benchmarks. Other objectives of the investment are to encourage the construction of housing and to facilitate employment for Union members in the construction trades and related industries.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The Hardman Johnston International Equity Group is the initial investment fund of a tax exempt group trust organized in 2008. The trust was established to permit qualified retirement plans and certain governmental plans to comingle their assets for investment purposes. The Fund commenced operations on August 14, 2008 and will continue indefinitely unless terminated at an earlier date by the Investment Manager as provided in the confidential offering memorandum.

The Lazard International Equity Portfolio seeks to achieve long term capital appreciation by using a relative value approach primarily in equity and equity related securities of issuers that are located in, or that do significant business in, countries other than the U.S. including emerging market countries. A bottom-up strategy is used to achieve this goal.

The Grosvenor Opportunistic Credit Fund V, Ltd., Grosvenor Opportunistic Credit Fund III Ltd., Grosvenor Opportunistic Credit Fund IV Ltd., Grosvenor Opportunistic Credit Fund V-Escrow Account, Grosvenor Secondary Opportunities Fund II LP, Grosvenor Secondary Opportunities Fund III LP, AFL-CIO Housing Investment Trust, American Core Realty Fund, LLC, Boyd Watterson GSA Fund, First Eagle Global Value Fund LP, Intercontinental U.S. Real Estate Investment Fund, LLC, Patriot Financial Partners II LP, Patriot Financial Partners III LP, Patriot Financial Partners IV LP, PRISA III Fund LP, EnTrust Capital Diversified Fund QP LTD, EnTrust Special Opportunities Fund LTD, Columbia Partners Private Capital LP, Corbin ERISA Opportunity Fund LP, Hardman Johnston International Equity Group, JPMCB Corporate High Yield Fund and the Lazard International Equity Portfolio are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2024 and 2023, respectively.

NOTE 15. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Principal Investments. Principal Investments is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

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

NOTE 16. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

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

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No: 23-6405239
Plan No: 001

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Common stock:</u>					
Abbvie Inc		5,970			\$ 930,933	\$ 1,060,870
Abercrombie & Fitch Co		3,556			412,586	531,515
Acadia Pharmaceuticals Inc		38,114			658,964	699,392
Acadia Realty Trust		12,108			297,771	292,529
Aci Worldwide Inc		16,790			620,570	871,569
Acuity Inc		3,978			641,503	1,162,094
ACV Auctions		25,924			542,483	559,958
Adobe Inc		9,404			1,914,124	4,181,771
Advanced Energy Inds Inc		11,580			674,987	1,338,996
Advanced Micro Devices Inc		12,723			1,232,503	1,536,811
Aercap Holdings NV		4,097			394,399	392,083
Aes Corp		40,000			725,455	514,800
Affiliated Managers Group Inc		7,561			1,206,157	1,398,180
Agco Corp Com		1,427			117,385	133,396
Agilysys Inc		5,929			747,580	780,909
Akero Therapeutics Inc		13,652			430,401	379,799
Albemarle Corp		6,760			512,187	581,901
Allegion PLC		9,361			1,222,929	1,223,295
Allison Transmission Holdings		1,088			43,498	117,569
Ally Financial Inc		12,277			513,942	442,095
Alphabet Inc CL A		23,491			996,947	4,446,847
Alphabet Inc CL C		18,892			1,432,717	3,597,792
Altria Group Inc		19,850			887,169	1,037,957
Amazon		42,509			5,791,268	9,326,050
AMC Networks		42,210			442,594	417,879
Ancor PLC		6,672			72,922	62,784
Amdocs Limited Com		8,747			747,384	744,720
American Axle & MFG Hldgs Inc		71,156			695,059	414,839
Ameriprise Finl Inc		2,570			539,459	1,368,345
Amerisafe Inc		5,511			144,943	284,037
Amphenol Corp CL		54,476			1,932,979	3,783,358
Anywhere Real Estate Inc		48,423			567,369	159,796
Apple Inc		37,986			2,384,831	9,512,454
Applied Materials		2,625			365,141	426,904
Aptargroup Inc Com		3,599			522,392	565,403
Archrock Inc		24,764			246,154	616,376
Ares Commercial Real estate		30,235			308,140	178,084
Arista Networks Inc		6,712			206,889	741,877
ASML Holding NV-NY		2,457			1,312,752	1,702,897
Astrazeneca PLC		8,130			413,623	532,678
Astera Labs Inc		5,307			680,986	702,912
Atkore Inc		1,469			167,516	122,588
Atlassian Corporation CL		2,620			550,937	637,656
Autoliv Inc		5,544			523,481	519,972
Automatic Data Processing		6,530			15,211	1,911,527

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value	
		Type	Shares/ Principal	Interest Rate			Maturity Date
			<u>Common stock (continued):</u>				
	Avient Corp		8,900		\$ 390,562	\$ 363,654	
	B&G Foods		49,577		592,524	341,586	
	Baker Hughes co		14,111		537,206	578,834	
	Banc of California		23,935		369,543	370,035	
	Bancfirst Corp		2,779		311,380	325,643	
	Bandwidth Inc		29,200		366,230	496,984	
	Bank New York Mellon Corp Com		16,050		741,815	1,233,122	
	Bank Ozk		6,705		274,403	298,574	
	Becton Dickinson & Co		6,375		48,477	1,446,296	
	Belden Inc		11,229		967,337	1,264,498	
	Berry Plastics Group Inc		1,112		54,412	71,913	
	Bill Holdings inc		15,832		1,410,264	1,341,129	
	Bio Rad Labs Inc CL		971		317,183	318,983	
	Biogen Inc		2,006		472,722	306,758	
	Black Hills Corp		11,846		711,817	693,228	
	Block H&R Inc		9,032		581,134	477,251	
	Bluelinx Holdings Inc		2,421		281,685	247,329	
	Boise Cascade Co		922		101,795	109,589	
	Booking Holdings Inc		501		1,168,908	2,489,178	
	Booz Allen Hamilton Holding CL		4,984		576,082	641,441	
	Borg Warner Inc.		3,996		129,296	127,033	
	BP Plc		8,031		261,568	237,396	
	Bread Financial Holdings Inc		17,320		916,180	1,057,559	
	Brightview Holding Inc		34,742		279,769	555,525	
	Brinker Intl Inc		4,345		536,351	574,800	
	Bristol Myers Squibb Co		22,403		1,183,067	1,267,114	
	Builders Firstsource Inc		406		40,395	58,030	
	Cabot Corp Inc		3,365		268,869	307,258	
	Cactus Inc		19,480		856,462	1,136,853	
	Cadence Design		2,599		326,255	780,896	
	Caleres Inc		6,938		285,854	160,684	
	Cardinal Health Inc Com		2,617		293,353	309,513	
	Cargurus Inc		34,329		800,730	1,254,382	
	Carlisle Cos Inc		283		43,341	104,382	
	Carnival Corp		21,788		541,929	542,957	
	Caseys Gen Stores Inc		1,401		342,744	555,118	
	Caterpillar Inc		3,550		706,649	1,287,798	
	Cencora , Inc.		1,421		181,298	319,270	
	Centene Corp		5,159		387,914	312,532	
	Centerspace		3,841		285,654	254,082	
	CF Inds Hldgs Inc		808		65,622	68,939	
	Chefs' Warehouse Holdings Inc		7,706		328,562	380,060	
	Cimpress PLC		4,060		391,685	291,183	
	Cirrus Logic Inc		4,530		96,219	451,097	
	Cisco Systems Inc		26,448		1,448,943	1,565,722	
	Citigroup Inc		33,638		1,737,496	2,367,779	
	Clearfield Inc		7,580		184,278	234,980	
	Clearwater Analytics Hldgs Inc		21,398		573,976	588,873	
	Cnx Resources Corp		21,837		326,933	800,763	
	Coca-Cola EuroPacific		7,825		426,568	601,038	
	Coherent Corp		11,909		941,266	1,128,140	
	Colgate Palmolive Co		15,064		1,193,040	1,369,468	
	Columbia Bank System		7,992		160,965	215,864	
	Comcast Corp Class A		46,360		738,005	1,739,891	
	Comerica Inc		9,287		566,446	574,401	
	Commercial Metals CO		1,262		54,684	62,595	
	Compass Diversified Holdings RR.		10,574		248,747	244,048	
	Comstock Resources Inc		36,623		298,433	667,271	
	Concentra Group Holdings Parent Inc		14,816		92,966	293,060	

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	Confluent inc		47,521			\$ 1,328,687
	Conmed Corp		7,386			\$ 505,498
	Copart Inc		16,639			954,912
	Copt Defense Properties Reit		18,944			587,864
	Core & Main Inc		2,336			118,926
	Corteva Inc		40,960			2,333,082
	Coterra Energy Inc		17,925			457,805
	Crocs Inc		4,818			527,716
	Cross Ctry Healthcare Inc		35,853			651,090
	Csg Sys Intl Inc Com		8,401			429,375
	CSW Industrials		1,700			599,760
	CSX Corp		3,961			127,821
	Cummins Inc.		3,489			1,216,265
	Curtiss Wright Corp Inc		8,745			3,103,338
	Customers Bancorp Inc		6,930			337,352
	Danaher Corp		5,374			1,233,602
	Darden Restaurants Inc		3,425			639,413
	Davita Inc		2,030			303,587
	Deckers Outdoor Corp		6,218			1,262,814
	Delta Air Lines Inc		22,425			1,356,713
	Diamondrock Hospitality Co		45,248			408,589
	Dicks Sporting Goods		2,589			592,467
	Dominion Energy Inc		2,542			136,912
	Dorman Products Inc		3,746			485,294
	Dover Corp Com		673			126,255
	Duke Energy Holdings Corp.com		11,425			1,230,930
	Duolingo Inc		1,594			516,823
	Dycom		3,591			625,049
	Eagles Mats Inc		3,040			750,150
	East West Bancorp Inc		7,718			739,076
	Eastman Chem Co		792			72,325
	Eaton Corp PLC		4,180			1,387,217
	Ebay Inc		14,220			880,929
	Edwards LifeSciences Corp		18,360			1,359,191
	Elanco Animal Health Inc		109,935			1,331,313
	Elvance Health Inc		1,185			437,147
	Eli Lilly & Co		3,524			2,720,528
	Emcor Group Inc		255			115,745
	Emerson Electric Co		8,689			1,076,828
	Empire State Realty Trust Inc		31,145			321,416
	Encompass Health Corp		15,328			1,415,541
	Encore Cap Group Inc		9,488			453,242
	Enersys		8,330			769,942
	EOG Resources		4,950			606,771
	Equitable Holdings Inc		8,819			415,992
	Esco Technologies Inc		2,780			370,324
	Euronet Worldwide		7,796			801,741
	Evercore Inc		5,968			1,654,270
	Everygy Inc		2,190			134,795
	Expand Energy Corp		2,451			243,997
	Factset Resh System Inc Com		1,419			681,517
	Fabrinet		3,172			697,459
	FirstEnergy Corp Com		3,355			133,462
	Flour Corp New		21,721			1,071,280
	Flushing Finl Corp Com		27,628			394,528
	FMC Corp		16,530			803,523
	FNF Group		6,891			386,861
	Fortinet Inc		7,826			739,400
	Fox Corp		27,420			1,298,992

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
					Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	Franklin BSP Realty	23,183			\$ 344,319	\$ 290,715
	Freshpet Inc	2,145			279,372	317,696
	Frontdoor Inc	18,152			872,289	992,370
	F5 Inc	6,478			1,282,522	1,629,023
	G-III Apparel Group LTD	13,766			273,128	449,047
	Garmin LTD	2,552			448,486	526,376
	Gartner Inc	1,470			470,388	712,171
	Gatx Corp	3,229			116,700	500,366
	Genesco Inc	5,957			219,863	254,662
	Gentex Corp	4,168			101,041	119,747
	Genuine Parts Co	950			124,116	110,922
	Gilead Sciences Inc	3,721			277,417	343,709
	Glaukos Corp	7,471			761,367	1,120,202
	Globe Life Inc	13,316			1,117,905	1,485,000
	GoDaddy Inc	3,658			563,433	721,979
	Goldman Sachs Group Inc	2,724			888,810	1,559,817
	Goosehead Insurance Inc	5,626			557,740	603,220
	Green dot Corp	29,668			559,985	315,668
	Griffon Corp	9,612			187,457	685,047
	Group 1 Automotive Inc	2,010			89,553	847,175
	Guidewire Software Inc	9,928			1,144,747	1,673,662
	Halliburton Co	7,654			289,536	208,112
	Hancock Whitney Corp	6,592			252,261	360,714
	HCA Holdings Inc	943			269,332	283,041
	HCI Group Inc	2,464			276,021	287,130
	Healthpeak Properties Inc	27,945			557,569	566,445
	Heritage Financial Corp/Wa	13,450			276,243	329,525
	Hologic Inc	4,202			311,437	302,922
	Home Depot Inc	5,343			2,160,574	2,078,374
	Hope Bancorp Inc	29,071			381,581	357,283
	Howmet Aerospace Inc	33,480			1,128,524	3,661,708
	Icici Bank Limited	8,720			93,982	260,379
	Illinois Tool Works Inc	3,240			577,708	821,534
	Illumina Inc	10,795			1,876,408	1,442,536
	Independent BK Corp Mass Com	6,993			365,753	448,881
	Ingredion Inc	561			54,850	77,171
	Innovative Industrial Proper	4,366			530,030	290,950
	Installed Building Products In	3,543			388,415	620,911
	Integer Holdings Corp	4,652			111,979	616,483
	Intercontinental Exchange Inc	14,294			1,123,762	2,129,949
	International Business Machs Corp	4,950			719,697	1,088,159
	Intuit Com	5,081			2,547,941	3,193,409
	Intuitive Surgical Inc	4,544			1,114,316	2,371,786
	Iqvia Holdings Inc	9,765			850,747	1,918,920
	J&J Snack Foods Corp	2,486			413,975	385,653
	Jackson Financial Inc	4,637			390,907	403,790
	Jacobs Solutions Inc	871			61,475	116,383
	Janus Henderson Group PLC	15,736			507,368	669,252
	Jazz Pharmaceuticals PLC	5,188			611,052	638,902
	Johnson & Johnson	5,558			883,311	803,798
	Jones Lang Lasalle Inc	3,319			572,290	840,172
	JPMorgan Chase & Co	9,575			966,327	2,295,223
	KB Home	7,449			508,258	489,548
	Kirby Corp	9,076			1,103,262	960,241
	KLA Corp	1,175			563,817	740,391
	Knight- Swift Transportation	2,422			134,076	128,463
	Koppers Hldgs Inc	14,689			448,553	475,924
	Kroger Co	14,850			636,268	908,078

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	La-Z-Boy Inc		12,004			\$ 523,014
	Labcorp Holdings Inc		1,487			\$ 340,999
	Lear Corp		1,237			117,144
	Leidos Holdings, Inc		18,940		2,206,018	2,728,497
	Lennar Corporation Class a Common		13,730		2,279,455	1,872,361
	Liberty Media Corp-Liberty Live CL		6,889		354,981	468,865
	Ligand Pharmaceuticals Inc		4,954		290,071	530,821
	Lithia Motors Inc		3,355		588,728	1,199,178
	Livanova PLC		19,381		1,109,598	897,534
	Lockheed Martin Corp		1,511		785,935	734,255
	Louisiana Pac Corp		653		55,909	67,618
	Lyondellbasell Indu-CL A		873		72,059	64,838
	Marsh & McLennan Cos Inc		12,990		355,118	2,759,206
	Marvell Technology Inc		19,010		1,360,047	2,099,655
	Masco Corp		1,636		66,123	118,725
	Masimo Corp		6,579		878,934	1,087,509
	Mastec Inc Com		7,144		840,637	972,584
	Mastercard Inc		14,227		2,383,436	7,491,512
	Matson Inc		793		128,741	106,928
	McKesson Corp		515		133,259	293,504
	Medtronic PLC		23,350		1,871,883	1,865,198
	Mercadolibre Inc		83		140,654	141,137
	Merit Medical Sys Inc		8,501		730,080	822,217
	Meritage Homes Corporation		2,757		527,641	424,082
	Meta Platforms Inc Cl		1,220		600,015	714,322
	Metlife Inc		4,684		284,698	383,526
	MGE Energy Inc		3,156		340,739	296,538
	Microchip Tech		12,330		1,100,673	707,126
	Microsoft Corp		24,761		3,275,530	10,436,763
	Midland States Bancorp Inc		3,670		90,233	89,548
	MKS Instrs Inc		12,365		1,482,668	1,290,782
	Molina Healthcare Inc		1,123		360,625	326,849
	Molson Coors Bev		5,121		309,485	293,536
	Mosaic Co		24,125		635,173	592,993
	Motorola Solutions, Inc		5,210		1,085,295	2,408,218
	Mueller Inds Inc		1,488		58,098	118,088
	Murphy Oil Corp		7,164		263,765	216,783
	Murphy USA Inc		948		290,451	475,659
	National Fuel Gas Co		5,244		287,150	318,206
	National Health Invs Inc		5,218		428,530	361,607
	NBT Bancorp Inc		6,308		320,740	301,270
	NCR Atleos Corp		15,106		338,784	512,396
	Netapp Inc		10,763		1,056,918	1,249,369
	Newmont Corp		11,000		462,188	409,420
	NMI Holdings Inc		11,563		229,992	425,056
	Nordstrom Inc		61,403		1,438,631	1,482,882
	Northrop Grumman Corp		1,602		818,514	751,803
	Northwest Natural Holdings Co		11,433		523,519	452,289
	Norwegian Cruise Line Holding		18,734		517,234	482,026
	NRG Energy Inc		13,229		825,628	1,193,520
	Nucor Corp		533		55,053	62,206
	Nutanix Inc		10,514		714,354	643,247
	Nvent Electric PLC-W/I		7,915		479,363	539,486
	NVIDIA Corp		38,909		387,880	5,225,090
	O'Reilly Automotive Inc		1,725		696,286	2,045,505
	OGE Energy Corp Com		3,248		115,850	133,980
	Omniab Inc Vesting		2,826		19,908	-
	Onto Innovation Inc		5,948		499,440	991,353

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	Oracle Corp		21,496			\$ 3,582,093
	Oshkosh Corp		1,178			111,992
	Ovintiv Inc		5,381			217,931
	Owens & Minor Inc		34,747			454,143
	Owens Corning Inc		365			62,167
	Pacira Biosciences Inc		18,067			340,382
	Packaging Corp Of America		2,916			656,479
	Paramount Global CL		100			1,046
	Parker Hannifin Corp		185			117,666
	Parsons Corp		7,423			684,772
	Patterson Cos Inc		12,019			370,906
	Paychex Inc		4,815			675,159
	PayPal Holdings Inc		27,025			2,306,584
	Pediatrix Medical Group Inc		53,573			702,878
	Peloton Interactive Inc		32,384			281,741
	PennyMac Mortgage Investment Trust		32,190			405,272
	Pentair PLC		5,949			598,707
	Pepsico Inc		9,585			1,457,495
	Permian Resources Corp Cl A		36,664			527,228
	Pfizer Inc		45,152			1,197,883
	PG&E Corp Com		6,648			134,157
	Phibro Animal Health Corp CL 1		26,577			558,117
	Philip Morris International IN		2,661			320,251
	Phinia Inc		10,171			489,937
	Pinnacle West Cap Corp		1,527			129,444
	Piper Sandler Cos		2,506			751,675
	Post Holdings Inc		2,850			326,211
	PPL Corporation		4,114			133,540
	Preferred Bank/ Los Angeles CA		4,880			421,534
	Prestige Consumer Healthcare		12,073			942,780
	Primo Brands Corporation Cl A		12,475			383,856
	Primoris Services Corporation		11,246			859,194
	Proassurance Corporation		26,657			424,113
	Prog Holdings Inc		11,328			478,721
	Progressive Corp Ohio		6,144			1,472,164
	Propetro Holding Corp		51,630			481,708
	Prudential Finl Inc		14,765			1,750,095
	Prysmian Spa-Unsponsored ADR		25,390			810,957
	Qualcomm Inc		14,638			2,248,690
	Quest Diagnostics		6,479			977,422
	Regions Finl Corp		16,102			378,719
	Reinsurance Group Amer Class A		5,227			1,116,644
	Reliance Inc		259			69,738
	Revolution Medicines Inc		7,703			336,929
	Ringcentral Inc		8,518			298,215
	Rivian Automotive		24,902			331,197
	Rockwill Auto		2,214			632,739
	Ross Stores Inc		12,596			1,905,397
	Royal Caribbean Cruise		2,304			531,510
	Royal Dutch Shell PLC ADR		24,067			1,507,798
	Royal Gold Inc		5,475			721,879
	RTX Corporation		4,250			491,810
	RXSIGHT Inc		12,391			426,003
	Ryder Sys Inc		794			124,547
	Salesforce Inc		8,455			2,826,760
	Scansource Inc		14,201			673,837
	Schlumberger Limited		53,655			2,057,133
	Schwab Charles Corp		30,755			2,276,178
	Select Medical Holdings Corporation		18,361			346,105

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	Select Water Solutions Inc Cl		26,160			\$ 346,358
	Selective Ins Group		6,177			\$ 577,673
	Semptra Energy		9,025			791,673
	Sensient Technologies Corp		4,417			314,755
	Sentinelone Inc		35,405			785,991
	SharkNinja Inc		12,120			1,180,003
	Shift4 PAYMENTS		5,998			622,472
	Simon Property Group Inc		6,875			1,183,944
	SM Energy Co		5,108			197,986
	Smith A O Corp Cl B		4,115			280,684
	Snap On Inc		352			119,497
	Sonoco Prods Co		1,391			67,950
	Spartannash Co		22,216			406,997
	Spectrum Brands Hldgs inc		6,563			554,508
	Sprouts Farmers Markets Inc		11,935			1,516,580
	Stanley Black & Decker. Inc		10,830			869,541
	State Street Corp		4,337			425,677
	Steel Dynamics Inc Com		592			67,529
	Sun Country Airlines Holdings		44,470			648,373
	Supernus Pharmaceuticals Inc		11,672			422,060
	Suzuki Motor Corp		14,688			661,401
	Synaptics Inc		2,871			219,115
	Synchrony Fin		19,855			1,290,575
	Synovus Financial Corp		7,893			404,358
	T-Mobile US Inc		4,315			952,450
	Tanger Inc Reit		17,931			611,985
	Taylor Morrison Home Corp		7,918			484,661
	Tenet Healthcare Corporation		2,160			272,657
	Tetra Tech Inc New		14,670			584,453
	The Cigna Group		2,904			801,911
	The Greenbrier Companies, Inc.		9,221			562,389
	The Hartford Insurance Group Inc		12,263			1,341,572
	Thermo Fisher Scientific Inc		3,442			1,790,632
	Timken CO		1,635			116,690
	Titan Machinery Inc		24,018			339,374
	TJX Companies		19,225			2,322,572
	Toast		42,438			1,546,865
	Totalenergies SE		3,851			209,880
	Travel + Leisure Co		19,166			966,925
	Trinet Group Inc		1,286			116,730
	Trinity Inds Inc		17,097			600,105
	Triumph Group Inc New Com		21,904			408,729
	TTM Technologies Inc		29,265			724,309
	TXNM Energy Inc		7,299			358,892
	Tyson Foods Inc Cl A Del		9,325			535,628
	Uber Technologies Inc		42,591			2,569,089
	UFP Industries		549			61,845
	UGI CorpNew		4,869			137,452
	Ultra Clean Hldgs Inc		12,464			448,081
	Ultragenyx Pharmaceutical Inc		11,620			488,853
	United Bankshares Inc Com		5,178			194,434
	United Parcel Service - CL B		999			125,974
	United Rental Inc Com		1,781			1,254,608
	United Therapeutics Corp Del		954			336,609
	UnitedHealth Group		4,264			2,156,987
	Universal Display Corp		11,725			1,714,195
	Universal Health SVCS Inc		3,275			587,601
	Unum Group		6,251			456,511
	US Foods Holding Corp		21,916			1,478,453

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common stock (continued):</u>						
Vaxcyte Inc		2,993			\$ 343,480	\$ 245,007
Veralto Corp		9,776			863,424	995,686
Verint Sys Inc		12,560			275,622	344,772
Veritex Holdings Inc		14,573			385,268	395,803
Verizon Communications		42,311			1,716,020	1,692,017
Vertex Pharmaceuticals Inc		11,775			3,157,519	4,741,792
Vertiv Holdings LLC CL		24,865			464,434	2,824,913
Visa INC-Class A		6,078			1,288,903	1,920,891
Vistra Corp		954			36,467	131,528
Vital EnergyInc		13,690			628,926	423,295
Vontier Corp		3,332			104,594	121,518
Vornado Realty Trust		23,245			901,618	977,220
W.P. Carey Inc		8,825			631,313	480,786
Wafd Inc		10,807			222,341	348,418
Walt Disney Co		22,521			2,369,537	2,507,714
Warby Parker Inc		41,500			942,560	1,004,715
Webster Finl Corp Waterbury		11,027			323,866	608,911
Wells Fargo & Co		6,234			237,246	437,876
Western Alliance Bancorporation		4,522			285,892	377,768
Western Union Co/ The		27,553			337,857	292,062
Westlake Corp		550			51,037	63,058
Wex Inc		1,695			82,006	297,167
Woodward Inc		1,779			291,460	296,061
World Kinect Corporation		23,411			731,683	644,012
WSFS Financial Corp		8,268			488,712	439,279
XCEL Energy Inc		2,000			126,967	135,040
Zillow Group Inc		14,652			672,070	1,038,094
Zions Bancorp NA		7,163			287,863	388,593
3m Co		967			120,266	124,830
Total common stock					<u>261,332,567</u>	<u>371,047,476</u>
<u>Limited partnerships:</u>						
American Realty Advisors		296			32,247,603	35,450,778
Prudential Insurance PRISA III		37,652			30,962,025	105,993,565
Intercontinental U.S. Real Estate Fund		15,370			14,727,257	17,849,551
Boyd Watterson GSA Fund, LP.		8,385			10,185,032	8,270,351
Columbia Part Privt Cap Hold LP		1,309,127			1,309,127	9,650,214
Corbin Erisa Opp Fund L.P.		15,000,000			15,000,054	16,770,764
First Eagle Intl CI A		18,596			27,883,631	50,594,062
Patriot Financial PRNS II LP		268,432			268,432	9,990,265
Patriot Financial PRNS III LP		29,250,000			29,250,000	40,346,852
Patriot Financial Partners IV LP		29,788,402			29,788,402	34,167,431
Total limited partnerships					<u>191,621,563</u>	<u>329,083,833</u>
<u>Corporate obligations:</u>						
Accenture Capital	Bond	225,000	3.900 %	10/04/27	224,710	221,684
Amgen Inc	Bond	725,000	5.250	03/02/33	730,390	719,650
Anheuser-Busch	Bond	280,000	3.500	06/01/30	271,124	262,514
Anthem Inc	Bond	715,000	3.650	12/01/27	687,762	695,573
Ares Capital Corp	Bond	810,000	3.250	07/15/25	784,438	802,135
Ares Capital Corp	Bond	670,000	3.785	01/15/26	647,717	662,335
Bank of Amer MTN V-D	Bond	450,000	6.204	11/10/28	475,322	465,890
Bank of America V-	Bond	424,000	5.321	09/15/26	410,432	424,606
Blackrock Funding	Bond	130,000	4.600	07/26/27	129,996	130,296
Blackrock Funding	Bond	455,000	4.700	03/14/29	454,461	455,337
Comcast Corp	Bond	1,075,000	4.150	10/15/28	1,065,379	1,048,372
Comcast Corp	Bond	750,000	4.250	10/15/30	781,919	723,233
CVS Health Corp	Bond	810,000	3.250	08/15/29	778,360	737,424
Duke Energy Car	Bond	1,035,000	4.850	01/15/34	1,011,999	1,003,143

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
Extra Space Storage	Bond	620,000	2.200 %	10/15/30	\$ 551,884	\$ 527,527
FMC Corp	Bond	340,000	3.450	10/01/29	327,132	311,396
FMC Corp	Bond	345,000	5.150	05/18/26	344,759	345,373
General Motors Finl	Bond	350,000	5.650	01/17/29	353,121	355,201
Georgia Power Co	Bond	440,000	5.004	02/23/27	438,936	443,384
Healthpeak Properties	Bond	390,000	2.875	01/15/31	361,325	343,426
Hewlett Packard Ente	Bond	485,000	5.000	10/15/34	480,511	466,167
Intercontin Exchange	Bond	325,000	4.600	03/15/33	320,324	311,565
JBS USA Lux SA	Bond	775,000	5.125	02/01/28	758,937	769,575
Jefferies Fin Group	Bond	265,000	5.875	07/24/28	263,680	270,978
Jefferies Fin Group	Bond	345,000	6.200	04/14/34	344,650	355,547
Lincoln National Cor	Bond	330,000	3.400	01/15/31	295,097	296,703
Morgan Stan MTN V-D	Bond	495,000	5.656	04/18/30	516,760	503,890
Morgan Stanley	Bond	515,000	4.210	04/20/28	502,097	507,625
Oracle Corp	Bond	450,000	6.250	11/09/32	467,806	476,897
Owl Rock Capital Cor	Bond	685,000	3.400	07/15/26	647,489	663,690
Philips Morris IN	Bond	450,000	5.625	09/07/33	440,672	457,173
Philips Morris INTL	Bond	780,000	5.250	02/13/34	762,645	770,897
PNC Fin Serv V-D	Bond	570,000	5.300	01/21/28	570,171	574,891
Precision Castparts	Bond	135,000	3.250	06/15/25	146,173	134,224
Rockwell Automation	Bond	630,000	3.500	03/01/29	640,905	598,387
Safehold Operating	Bond	320,000	2.800	06/15/31	316,609	273,219
Safehold Operating	Bond	600,000	2.850	01/15/32	528,848	504,108
Simon Property Group	Bond	1,110,000	2.450	09/13/29	1,010,726	998,123
Simon Property Group	Bond	305,000	3.500	09/01/25	309,704	302,847
Tractor Supply CO	Bond	350,000	5.250	05/15/33	348,512	349,794
Truist Bank	Bond	1,055,000	2.250	03/11/30	930,885	905,960
Verizon Communications	Bond	715,000	2.550	03/21/31	652,144	615,733
Virginia Elec & Powe	Bond	495,000	3.500	03/15/27	482,004	482,402
Virginia Elec & Powe	Bond	175,000	5.050	08/15/34	174,576	170,639
VR Bank of America	Bond	475,000	5.586	02/05/26	475,421	475,404
VR Goldman Sachs Gro	Bond	1,190,000	3.691	06/05/28	1,143,653	1,155,799
VR JPMorgan Chase &	Bond	730,000	4.452	12/05/29	753,303	715,393
VR JPMorgan Chase &	Bond	880,000	2.595	02/24/26	858,513	876,982
VR Morgan Stanley	Bond	750,000	2.188	04/28/26	729,100	743,310
Walt Disney Company	Bond	485,000	3.375	11/15/26	498,504	474,655
Warnermedia HLDG Inc	Bond	875,000	3.755	03/15/27	845,736	843,001
Total corporate obligations					28,047,321	27,724,077
<u>Hedge fund of funds:</u>						
Entrust Global Special Opp E Fd Cusip		60,066			49,392,322	48,539,435
Entrust Cap Div FD CL IPS		1,747			174,685	291,904
Entrust Cap Div FD CI X		23,191			1,838,743	223,842
OCFIII-Grosvenor Opportunistic Credit Fund III, Ltd.		1			-	313,480
GCM Grosvenor Opportunistic Credit Fund IV, Ltd.		1			-	453,020
GCM Grosvenor Opportunistic Credit Fund V, Ltd.		19,374,786			19,374,786	25,316,262
GCM Grosvenor Secondary Opportunities Feeder Fund II, LP		16,929,927			16,929,927	19,607,253
Grosvenor Secondary Opportunistic Feeder Fund III, LP		9,374,721			9,374,721	11,138,105
Total hedge fund of funds					97,085,184	105,883,301

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common collective trust:</u>						
JPMCB Corporate High Yield Fund		1,289,515			\$ 71,178,047	\$ 82,412,927
<u>United States Government and Government Agency obligations:</u>						
Fed Home Ln Bk	Bond	292,500	1.000 %	03/23/26	292,500	280,897
Fed Home Ln Bk	Bond	295,000	1.150	10/26/26	295,000	278,512
Fed Home Ln Bk	Bond	355,000	1.500	11/23/26	355,000	336,795
FFCB	Bond	285,000	3.300	03/23/32	285,000	259,028
FFCB	Bond	210,000	4.300	05/17/32	210,000	202,619
FFCB	Bond	245,000	4.980	07/20/32	245,000	243,714
FHLB	Bond	700,000	5.375	08/28/31	699,650	698,544
FNMA	Bond	245,000	4.125	08/28/25	245,000	244,444
US Treasury Notes	Note	2,270,000	2.750	08/15/32	2,078,769	2,013,104
US Treasury Notes	Note	1,970,000	3.250	06/30/29	1,894,322	1,879,833
US Treasury Notes	Note	280,000	4.375	05/15/34	278,206	275,696
US Treasury Notes	Note	2,550,000	4.500	11/15/33	2,641,933	2,538,449
US Treasury Tips	Note	642,827	0.125	04/15/27	578,661	616,130
US Treasury Tips	Note	1,674,294	1.125	01/15/33	1,537,326	1,539,865
US Treasury Infl Inde	Note	1,054,704	1.750	01/15/28	1,026,278	1,046,941
US Treasury Note	Note	2,385,000	0.375	11/30/25	2,271,090	2,303,099
US Treasury Note	Note	1,295,000	0.625	05/15/30	1,026,861	1,062,599
US Treasury Note	Note	2,460,000	1.125	02/15/31	2,156,846	2,030,115
US Treasury Note	Note	2,870,000	1.125	08/31/28	2,547,942	2,559,812
US Treasury Note	Note	3,775,000	1.375	11/15/31	3,174,242	3,084,779
US Treasury Note	Note	3,640,000	1.625	09/30/26	3,519,311	3,480,968
US Treasury Note	Note	2,365,000	2.375	05/15/27	2,251,042	2,264,890
US Treasury Note	Note	3,465,000	2.625	03/31/25	3,435,974	3,451,348
Verified Federal Home Loan Bank	Bond	300,000	1.150	02/26/31	300,000	258,243
Verified Federal Home Loan Bank	Bond	435,000	1.250	03/17/31	435,000	388,755
Verified Federal Home Loan Bank	Bond	165,000	1.250	07/07/31	165,000	144,345
Verified Federal Home Loan Bank	Bond	445,000	2.000	01/27/32	445,000	386,554
Total United States Government and Government Agency obligations					34,390,953	33,870,078
<u>Housing investment trust mutual fund:</u>						
AFL-CIO Housing Investment Trust	Fund	17,078			17,751,833	16,406,691
<u>Mortgage-backed securities:</u>						
Citimortgage Altern		6,443	6.000	01/25/37	6,252	5,607
Credit Suisse First		522	7.000	02/25/34	552	525
Fed Home Ln Mtg Corp		12,692	4.500	12/15/33	9,900	12,538
Fed Home Ln Mtg Corp		382	5.000	05/15/33	355	384
Fed Natl Mtg Assn		1,952	4.500	06/25/29	1,933	1,932
Fed Natl Mtg Assn		2,803	6.500	02/25/44	2,916	2,835
FHLMC Ser 5388 CMO		272,044	6.000	07/25/48	272,044	274,653
FYBR Abs		510,000	6.600	08/20/53	496,108	519,068
FHLMC #1B1980 V-M		691	7.419	04/01/34	701	697
FHLMC PL #RB5318		981,659	4.500	11/01/44	945,613	936,758
FHLMC PL #SD3857		386,541	6.000	09/01/53	383,038	388,489
FHLMC Pool #G04484		6,213	6.000	08/01/38	6,425	6,441
FNMA PL #CB5384		842,372	4.500	12/01/52	803,873	794,045
FNMA PL #MA5099		463,840	4.000	07/01/38	443,909	445,342
FNMA Pool #AI6578		19,299	4.500	07/01/41	20,544	18,710
FNMA Pool # 190379		2,013	5.500	05/01/37	2,009	2,027
FNMA Pool #256900		61	5.500	09/01/37	59	60
FNMA Pool #899303		63	5.500	03/01/37	62	62
FNMA Pool #922386		534	5.500	01/01/37	517	524

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Mortgage-backed securities:</u>					
GS Mortgage Cmo V-M		486,340	5.000 %	10/27/53	\$ 466,735	\$ 466,999
GS Mortgage Cmo V-M		426,876	6.500	01/25/54	425,918	431,507
JP Morgan Cmo V-M		150,799	6.000	04/25/54	147,430	151,214
Mid-State Trust		5,471	5.787	10/15/40	5,471	5,468
Onslow Bay Cmo V-M		431,271	6.000	11/25/53	424,147	431,888
RMCT 2024-J1 CMO V-M		462,522	6.000	11/25/54	460,715	461,278
SBA Ser 20L Abs		61,630	1.930	12/01/32	59,334	55,714
Small Business Admin		159,690	2.920	01/01/38	153,583	146,530
PP Mileage Plus HD		12,100	6.500	06/20/27	11,949	12,176
PP Transocean Posei		3,150	6.875	02/01/27	3,126	3,144
VR Indymac Mbs Inc		10,076	4.017	12/25/35	10,003	5,555
VR Wamu Mtg Pass		4,108	4.218	11/25/36	3,978	3,527
		Total mortgage-backed securities			<u>5,569,199</u>	<u>5,585,697</u>
	<u>103-12 investment entity:</u>					
Hardman Johnston Intl Eq Gp Trst		1,287,008			53,989,912	54,533,723
	<u>Money market mutual funds:</u>					
Principal Bank Institutional Bank Deposit Account		7,400,705			7,400,705	7,400,705
AllSpring Govt MM FD-Instl #1751		2,529,491			2,529,491	2,529,491
AllSpring Treas Plus MM FD-Inst #793		1,459,550			1,459,550	1,459,550
AllSpring Treas Plus MM FD-SVC #454		3,505,180			3,505,180	3,505,180
		Total money market mutual funds			<u>14,894,926</u>	<u>14,894,926</u>
		Total investments			<u>\$ 775,861,505</u>	<u>\$ 1,041,442,729</u>

* A party-in-interest as defined by ERISA

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN No: 23-6405239
Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net (Loss) or Gain
*	Principal Bank Institutional Bank Deposit Account	\$ 54,951,098	N/A	\$ 54,951,098	\$ 54,951,098	N/A
*	Principal Bank Institutional Bank Deposit Account	N/A	\$ 50,969,074	50,969,074	50,969,074	\$ -
*	Allspring Govt Money Mkt Fund #1751	26,879,196	N/A	26,879,196	26,879,196	N/A
*	Allspring Govt Money Mkt Fund #1751	N/A	26,322,094	26,322,094	26,322,094	-

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

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Personnel costs		
Salaries	\$ 593,241	\$ 478,629
Employee benefits	408,219	325,662
Payroll taxes	48,048	38,306
Professional fees		
Actuarial	76,500	75,000
Accounting, audit, payroll compliance reviews and government filings	54,499	55,230
Legal	109,488	81,658
Office and data processing		
Equipment maintenance	4,505	8,860
Postage and delivery	13,948	15,814
Office supplies and expense	12,958	25,687
Computer services	78,530	60,903
Stationery and printing	5,961	5,745
Telephone	4,655	5,375
Bank service charges	25,260	3,728
Occupancy		
Rent	57,332	47,488
Utilities	6,554	8,346
Insurance		
Fiduciary liability	48,219	48,407
Pension Benefit Guaranty Corporation	223,887	210,035
Other	2,863	9,625
Other		
Depreciation expense	21,438	22,123
Conference and travel	2,581	1,984
Automobile expenses	13,212	2,587
	\$ 1,811,898	\$ 1,531,192

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions*

The following is a summary of principal plan provisions as in effect on the valuation date. Plan provisions which apply infrequently or to a limited group of participants may be omitted from this summary.

Effective Date	January 1, 1960; amended and restated effective January 1, 2014.
Participation	A person initially becomes an Active Participant on the first day of Covered Employment.
Definitions	
<i>Plan Year</i>	Twelve-month period ending December 31.
<i>Covered Employment</i>	Employment with respect to which contributions are made or due to be made to the fund.
<i>Contribution Hours</i>	Hours worked in Covered Employment or other hours on behalf of which contributions are required to be made to the fund.
<i>Pension Credits</i>	As of any date, the sum of December 31, 1973 Pension Credits and Pension Credits After 1973.
<i>December 31, 1973 Pension Credits</i>	Pension credits under the Plan through December 31, 1973, based on the terms of the Plan as then in effect.
<i>Pension Credits After 1973</i>	One Pension Credit for each year with at least 800 hours worked and ½ Pension Credit for each year with at least 500 but less than 800 hours worked. No credit for years in which less than 500 hours are worked. Prior to January 1, 2013, 1/12 th Pension Credit for each \$1,500 earned in Covered Employment (\$500 prior to January 1, 2011). One Pension Credit for each year with at least 1,000 hours worked or at least \$18,000 earned in Covered Employment (\$6,000 prior to January 1, 2011).

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

<i>Vesting Service</i>	January 1, 2013 and later: Crediting of Vesting Service is the same as for Pension Credits. Prior to January 1, 2013: One year of Vesting Service for each year with at least 1,000 hours worked or at least \$18,000 earned in Covered Employment (\$6,000 prior to January 1, 2011).
<i>Normal Form of Benefit</i>	Single life annuity with 75 payments guaranteed for unmarried participants; 50% Joint and Survivor benefit for married participants.
<i>Accrued Benefit</i>	Effective January 1, 2000, the monthly accrued benefit is the sum of (a), (b) and (c) below: (a) \$25.50 times December 31, 1973 Pension Credits (maximum of \$637.50), plus (b) 0.19% times total annual earnings in Covered Employment after January 1, 1974, plus (c) 0.06% times total annual earnings in Covered Employment after January 1, 2005 for years when participant is between the ages of 55 and 65 and is eligible for Special Early Retirement. An additional 13 th check is paid each December which is equal to 10% of the total regular pension during the calendar year. The regular pension amount does not take any other extra payments made during the year into account. For participants who were retired as of June 1, 1996, or retired on or before June 1, 2027, an additional 14 th check is paid in June equal to the regularly scheduled monthly benefit.
Normal Retirement Pension	
<i>Eligibility</i>	Age requirement: 65 Service requirement: Fifth anniversary of Plan Participation.
<i>Benefit</i>	The Accrued Benefit payable without reduction.

**International Union of Operating Engineers of
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*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Deferred Vested Retirement

Eligibility Age requirement: None
 Service requirement: 5 years of Vesting Service.

*Earliest
Commencement Age* 5-9 years of vesting service: 65
 10+ years of vesting service: 55

Benefit The Accrued Benefit payable at 65, reduced by 6% for each year that the retirement date precedes the participant's 65th birthday if ineligible for Early Retirement or Special Early Retirement.

Pre-Retirement Lump-Sum Death Benefit (Unmarried Vested Participants)

Eligibility Age requirement: None
 Service requirement: 5 years of Vesting Service.
 No surviving spouse entitled to benefits under the plan.

Benefit 75 times monthly retirement benefit, calculated as if participant was age 55 if younger than age 55.

Pre-Retirement Lump-Sum Death Benefit (Non-vested Participants)

Eligibility Age requirement: None
 Service requirement: Less than 5 years of Vesting Service.
 Participant did not experience a 5-year permanent break in service before death and earned at least ½ Pension Credit in any one of three Plan Years prior to the date of death.

Benefit \$1,000 times Pension Credits.

**International Union of Operating Engineers of
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*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Pre-Retirement Survivor's Benefit (Eligible for Special Early Retirement)

Eligibility Age requirement: 55
Age/Service requirement: Age plus Pension Credits equal at least 80.

Benefit Both of the following benefits:

- 50% of the benefit that the participant would have received had employment terminated on the date of death then retired under the 50% joint and survivor benefit option, and died the following day, plus
- A lump sum equal to 75 times the monthly retirement benefit.

Pre-Retirement Survivor's Benefit (Not eligible for Special Early Retirement)

Eligibility Age requirement: None
Service requirement: 5 years of Vesting Service.
Not eligible for Special Early Retirement

Benefit One of the following benefits:

- 50% of the benefit that the participant would have received had employment terminated on the date of death, the participant survived until earliest retirement eligibility (determined without regard to 10 Pension Credit Early Retirement requirement), then retired under the 50% joint and survivor benefit option, and died the following day, or
- The greater of:
 - A lump sum equal to 75 times the monthly retirement benefit had the participant retired on the date of death (calculated as if the participant was age 55 if younger than 55), or
 - The lump sum value of the monthly benefit above.

**International Union of Operating Engineers of
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*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Pre-Retirement \$5,000 Death Benefit

Eligibility Age requirement: None
Vested participants credited with at least 500 hours in last 24 months before death and non-vested participants credited with at least 1,000 hours in last 24 months before death.

Benefit \$5,000 (\$10,000 if death is accidental).

Post-Retirement Death Benefits

Lump Sum Benefit \$5,000 is payable to surviving spouse of participant who is receiving benefits under Disability Retirement or Special Early Retirement.

*J&S Optional
Forms of Payment* An annuity death benefit is payable to the surviving spouse as specified by the chosen optional J&S form of payment. If the spouse pre-deceases the participant, the monthly benefit payable to the participant is restored to the original level prior to reduction for the J&S optional form of payment.

*Lump Sum of
Guaranteed Payments* For participants who die before receiving 75 monthly payments, the beneficiary will receive a lump sum equal to the original monthly benefit (before elected form of payment reductions) times the remaining payments needed to reach 75.

Employer Contributions

Effective May 1, 1978, 10.3% of annual salary.
Effective May 1, 1991, 10.5% of annual salary.
Effective May 1, 2010, 10.5% of annual salary plus \$1.75 per contribution hour from the annuity and welfare funds.
Effective May 1, 2011, 10.5% of annual salary plus \$2.35 per contribution hour from the annuity and welfare funds.
Effective May 1, 2012, 10.5% of annual salary plus \$2.95 per contribution hour from the annuity and welfare funds.
Effective May 1, 2013, 10.5% of annual salary plus \$3.55 per contribution hour from the annuity and welfare funds.

**International Union of Operating Engineers of
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*Attachment C to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
(Continued)*

Actuarial Equivalence UP-1984 Mortality Table, 7.0%

Payment Forms Benefits under the plan are payable in four forms:

Single Life Pension with 75-Month Guarantee
Joint and 50% Survivor Option with 75-Month Guarantee
Joint and 75% Survivor Option with 75-Month Guarantee
Joint and 100% Survivor Option with 75-Month Guarantee

For the Joint and Survivor options listed above, non-spousal beneficiaries are permitted. Additionally, the amount payable to a participant under a Joint and Survivor option increases to the amount that would be payable under the Single Life option if the named beneficiary predeceases the participant.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment E to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b – Schedule of Active Participant Data*

Attained Age	Years of Credited Service																				Total
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and Up		
	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	No.	AC	
Under 25	5		93	85,441	4		0		0		0		0		0		0		0		102
25 to 29	12		96	97,392	90	117,500	0		0		0		0		0		0		0		198
30 to 34	1		98	102,194	140	116,987	50	122,281	4		0		0		0		0		0		293
35 to 39	5		88	108,585	127	119,788	70	129,115	51	125,354	5		0		0		0		0		346
40 to 44	10		68	103,091	113	118,591	61	127,079	67	125,567	50	142,671	5		0		0		0		374
45 to 49	4		42	99,161	107	117,432	49	116,554	63	125,994	71	131,631	33	135,838	3		0		0		372
50 to 54	2		60	102,844	84	114,635	43	126,754	76	116,174	70	124,845	44	130,850	20	119,421	8		0		407
55 to 59	6		37	98,633	65	107,635	43	120,915	65	119,700	107	120,041	53	125,365	21	129,450	34	129,126	2		433
60 to 64	2		16		40	108,705	27	116,264	47	112,552	65	118,631	31	113,545	28	122,080	36	130,653	11		303
65 to 69	1		3		9		8		10		10		10		4		11		11		77
70 & Up	<u>0</u>		<u>2</u>		<u>0</u>		<u>0</u>		<u>1</u>		<u>0</u>		<u>3</u>		<u>1</u>		<u>0</u>		<u>5</u>		<u>12</u>
Total	48		603		779		351		384		378		179		77		89		29		2,917

Average Age: 46.3

Average Service: 13.0

Average Projected Pay in 2024: \$ 116,498

NOTES

1) AC = Average Compensation

2) AC is not displayed for groups with less than 20 participants

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment E to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b – Schedule of Active Participant Data
(Continued)*

Attained Age	Years of Credited Service																				Total
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and Up		
	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	No.	AMB	
Under 25	5		93	201	4		0		0		0		0		0		0		0		102
25 to 29	12		96	313	90	1,033	0		0		0		0		0		0		0		198
30 to 34	1		98	326	140	1,100	50	1,775	4		0		0		0		0		0		293
35 to 39	5		88	382	127	1,170	70	1,852	51	2,514	5		0		0		0		0		346
40 to 44	10		68	372	113	1,177	61	1,963	67	2,494	50	3,439	5		0		0		0		374
45 to 49	4		42	377	107	1,203	49	1,760	63	2,581	71	3,287	33	3,759	3		0		0		372
50 to 54	2		60	354	84	1,184	43	1,867	76	2,449	70	3,179	44	3,816	20	4,086	8		0		407
55 to 59	6		37	327	65	1,107	43	1,845	65	2,461	107	2,982	53	3,714	21	4,140	34	4,880	2		433
60 to 64	2		16		40	1,115	27	1,738	47	2,386	65	3,122	31	3,523	28	4,142	36	5,028	11		303
65 to 69	1		3		9		8		10		10		10		4		11		11		77
70 & Up	<u>0</u>		<u>2</u>		<u>0</u>		<u>0</u>		<u>1</u>		<u>0</u>		<u>3</u>		<u>1</u>		<u>0</u>		<u>5</u>		<u>12</u>
Total	48		603		779		351		384		378		179		77		89		29		2,917

**Average Age: 46.3
Average Service: 13.0**

NOTES

- 1) AMB = Average Accrued Monthly Benefit
- 2) AMB is not displayed for groups with less than 20 participants

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment G to 2024 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases*

	<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
1. <u>Amortization Charges</u>					
a. Assumption Change	\$ 354,900	1/1/1996	2.000	\$ 53,396	\$ 27,601
b. Plan Change	6,327,587	1/1/1996	2.000	952,009	492,100
c. Assumption Change	16,820,579	1/1/1997	3.000	3,666,253	1,305,636
d. Plan Change	16,566,025	1/1/1997	3.000	3,610,777	1,285,881
e. Plan Change	495,807	1/1/1999	5.000	168,212	38,342
f. Plan Change	15,514,665	1/1/1999	5.000	5,263,895	1,199,827
g. Plan Change	1,995,930	1/1/2001	7.000	887,003	153,819
h. Assumption Change	2,370,893	1/1/2003	9.000	1,269,576	182,115
i. Plan Change	1,899,778	1/1/2005	11.000	1,167,245	145,477
j. Actuarial Loss (Elig Net Inv Loss Portion)	86,949,190	1/1/2009	14.000	62,645,340	6,694,559
k. Actuarial Loss (Elig Net Inv Loss Portion)	9,148,028	1/1/2010	14.000	6,660,922	711,815
l. Change in method (change in actuary)	11,778,559	1/1/2011	2.000	2,371,056	1,225,619
m. Actuarial Loss	8,233,286	1/1/2011	2.000	1,657,383	856,715
n. Actuarial Loss	24,955,204	1/1/2012	3.000	7,277,584	2,591,715
o. Actuarial Loss	10,532,951	1/1/2013	4.000	3,957,201	1,091,848
p. Plan Change	7,199,522	3/1/2014	5.167	3,320,761	736,405
q. Actuarial Loss	751,776	1/1/2015	6.000	396,028	77,650
r. Assumption Change	518,924	1/1/2015	6.000	273,367	53,599
s. Actuarial Loss	12,798,665	1/1/2016	7.000	7,610,004	1,319,683
t. Method Change	6,893,335	1/1/2017	3.000	2,585,187	920,645
u. Actuarial Loss	12,284,047	1/1/2017	8.000	8,079,329	1,264,511

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment G to 2024 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
(Continued)*

	<u><i>Initial Amount</i></u>	<u><i>Date of First Charge or Credit</i></u>	<u><i>Remaining Period</i></u>	<u><i>Outstanding Balance Beg. of Year</i></u>	<u><i>Amortization Charge or Credit</i></u>
1. <u>Amortization Charges (continued)</u>					
v. Actuarial Loss	\$ 22,644,435	1/1/2018	9.000	\$ 16,223,842	\$ 2,327,234
w. Actuarial Loss	9,670,900	1/1/2019	10.000	7,457,731	992,348
x. Assumption Change	45,654,654	1/1/2019	10.000	35,206,656	4,684,706
y. Plan Change (14th Check Extension)	16,744,572	1/1/2020	11.000	13,786,042	1,718,191
z. Actuarial Loss	1,097,850	1/1/2023	14.000	1,054,162	112,652
aa. Plan Change (14th Check Extension)	10,220,435	1/1/2024	15.000	<u>10,220,435</u>	<u>1,048,737</u>
ab. Total Charges				\$ 207,821,396	\$ 33,259,430

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment G to 2024 Schedule MB of Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
(Continued)*

	<i>Initial Amount</i>	<i>Date of First Charge or Credit</i>	<i>Remaining Period</i>	<i>Outstanding Balance Beg. of Year</i>	<i>Amortization Charge or Credit</i>
2. <u>Amortization Credits</u>					
a. Assumption Change	\$ 1,353,659	1/1/2007	13.000	\$ 924,293	\$ 103,357
b. Actuarial Gain	52,561,408	1/1/2010	1.000	5,480,117	5,480,117
c. Plan Change	3,607,093	1/1/2013	4.000	1,355,175	373,912
d. Actuarial Gain	1,096,024	1/1/2014	5.000	497,544	113,407
e. Assumption Change	8,899,906	1/1/2017	8.000	5,853,547	916,150
f. Actuarial Gain	421,520	1/1/2020	11.000	347,044	43,253
g. Actuarial Gain	20,020,191	1/1/2021	12.000	17,458,893	2,054,308
h. Actuarial Gain	34,718,061	1/1/2022	13.000	31,858,164	3,562,483
i. Actuarial Gain	15,071,028	1/1/2024	15.000	<u>15,071,028</u>	<u>1,546,465</u>
j. Total Credits				\$ 78,845,805	\$ 14,193,452
3. Credit Balance				\$ 100,596,959	
4. Balance Test = (1) - (2) - (3)				\$ 28,378,632	
5. Unfunded Actuarial Accrued Liability				\$ 28,378,632	

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment H to 2024 Schedule MB of Form 5500
Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions*

Actuarial Assumptions and Methods

The following changes were made in the actuarial assumptions from the prior year:

1. To comply with changes in the RPA '94 prescribed interest, the interest rate for RPA '94 current liability purposes was changed from 2.55% to 3.29%.
2. To comply with changes in the RPA '94 prescribed mortality, the mortality assumption for RPA '94 Current Liability purposes was changed from the IRS Prescribed Generational Mortality Table for 2023 valuation dates to the IRS Prescribed Generational Mortality Table for 2024 valuation dates.

Plan of Benefits

There was one change to the plan of benefits since the prior valuation.

Effective November 2, 2023, an additional pension payment (14th check) will be made in June of each year to Participants whose benefit starting date is on or before June 1, 2027.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment B to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods*

Actuarial Cost Method

The Actuarial Cost Method for determining the Actuarial Accrued Liability and Normal Cost is the Projected Unit Credit Cost Method. The method used in the prior valuation was also the Projected Unit Credit Cost Method.

Asset Valuation Method

Twenty percent of the gain or loss on the market value of assets for each Plan Year is recognized over the five succeeding years. The actuarial value determined above will never be permitted to be less than 80% nor more than 120% of the market value of assets. This is the same method used in the prior valuation.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment B to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Interest Rate (Net of Investment Expenses)

For RPA '94 Current Liability	3.29% per year
For Withdrawal Liability Purposes	6.00% per year
For All Other Purposes	7.00% per year

Wages

Wages for continuing active participants are assumed to grow by 3.5% per year (2.5% inflation plus 1.0% merit increase) for benefit accrual purposes. The wages in the valuation year are assumed to be the greatest of: (1) \$20,000, (2) annualized prior year wages with a single year of growth, and (3) annualized second prior year wages with two years of growth.

Administrative Expenses

3-year average of actual expenses with 4% inflation, rounded up to the nearest \$1,000. The beginning of year expense assumption for 2024 is \$1,587,000.

Plan Status

A Participant with 500 or more hours in at least one of the last two Plan Years is considered Active for valuation purposes.

Mortality -- Healthy lives

120% of RPH-2014 Blue Collar Table with separate rates for annuitants and non-annuitants (headcount-weighted table). No projected mortality improvement.

-- Disabled lives

RPH-2014 Disabled Retiree Table (headcount-weighted table). No projected mortality improvement.

-- RPA 94 current liability

IRS Prescribed Generational Mortality Table for 2024 valuation dates.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
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*Attachment B to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Early Retirement from Active Service

Age-related rates as follows:

	<u>Type of Early Retirement</u>	
<u>Age</u>	<u>Special Early</u>	<u>Regular Early</u>
55 – 56	0.100	0.015
57 – 58	0.150	0.015
59 – 61	0.200	0.015
62 – 64	0.300	0.100

Normal / Late Retirement from Active Service

Age-related rates as follows:

<u>Age</u>	<u>Rate</u>
65 – 69	0.250
70 and older	1.000

Retirement Age for Inactive Participants

For participants with 10 or more years of service, age 62, or current age if later. For participants with less than 10 years of service, age 65, or current age if later. Terminated vested participants who retire after Normal Retirement Date are assumed to receive the actuarial equivalent of their Normal Retirement Date, payable with a 75-payment guarantee.

Withdrawal Rates Varying by Service

Sample Rates as Illustrated:

<u>Service</u>	<u>Rate</u>	<u>Service</u>	<u>Rate</u>
0	0.1400	20	0.0215
5	0.0600	25	0.0180
10	0.0344	30	0.0000
15	0.0250		

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment B to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Disability Incidence

Society of Actuaries Study, 1979. Sample rates shown below:

<u>Age</u>	<u>Rate</u>
25	0.0009
40	0.0017
55	0.0110

Future Benefit Accruals

One service credit per year per active employee. Accruals are based on projected wages limited in accordance with IRC 401(a)(17) for benefit accrual purposes.

Form of Payment

Single life annuity with 75 monthly payments guaranteed

Percentage Married

85%

Spouse Age

Spouses of male participants are assumed to be three years younger.
Spouses of female participants are assumed to be three years older.

Internal Revenue Code Limits

There are no future cost of living increases applied to the 401(a)(17) annual compensation limit (\$345,000 in 2024) or the 415(b)(1)(a) annual benefit limit (\$275,000 in 2024).

Rationale for Assumptions

Interest Rate

The interest rate assumption for all purposes other than for RPA '94 Current Liability reflects the anticipated investment return for the Pension Fund, net of investment expenses. This long-term assumption reflects past experience, future expectations, and input from the Fund's investment manager. Based on these factors, the Fund's asset allocation and our professional judgment, we consider 7.00% to be a reasonable assumption with no significant bias.

While the actuarial valuation is performed on an ongoing basis, withdrawal liability assessments are intended to estimate a one-time payment from a withdrawing employer. We consider 6.00% to be a reasonable assumption for measuring unfunded vested benefits for withdrawal liability purposes.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment B to 2024 Schedule MB of Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(Continued)*

Demographic Assumptions

The assumptions for mortality, disability, withdrawal and retirement rates are reviewed annually to ensure their reasonableness on both an individual and an aggregate basis. These assumptions reflect past experience, future expectations, and applicable Plan provisions. Based on these factors and our professional judgment, we consider these assumptions to be reasonable with no significant bias.

Mortality Improvement

Based on past experience, future expectations, and our professional judgment, we consider the assumption of no mortality improvement beyond the valuation date to be reasonable.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

List of Attachments to the 2024 Schedule MB of Form 5500

- A. Schedule MB, Line 3 – Contributions Made to Plan

- B. Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

- C. Schedule MB, Line 6 – Summary of Plan Provisions

- D. Schedule MB, Line 8b(1) – Projection of Expected Benefit Payments

- E. Schedule MB, Line 8b(2) – Schedule of Active Participant Data

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

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

- H. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment A to 2024 Schedule MB of Form 5500
Schedule MB, Line 3 – Contributions Made to Plan*

Regular (non-withdrawal liability) contributions are made by participating employers on a regular basis and, for Schedule MB purposes, are assumed to have been made on the 15th of each month.

There were no withdrawal liability payments received during the Plan Year.

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment D to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b(1) - Projection of Expected Benefit Payments*

Summarized below are the projected benefit payments (not including administrative expenses) assuming (1) no additional accruals, (2) experience is in line with demographic assumptions, and (3) no new entrants are covered by the Plan. The benefit payments reflect the plan of benefits used for the January 1, 2024 valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,866,200	1,397,585	61,842,503	72,106,288
2025	14,224,797	1,713,883	59,708,103	75,646,783
2026	19,094,489	1,841,068	57,533,967	78,469,524
2027	23,323,862	1,978,985	55,393,762	80,696,609
2028	26,454,087	2,206,626	53,250,769	81,911,482
2029	29,080,339	2,393,000	51,112,213	82,585,552
2030	31,341,028	2,516,153	49,003,249	82,860,430
2031	33,316,443	2,684,433	46,883,810	82,884,686
2032	35,050,497	2,848,137	44,720,275	82,618,909
2033	36,536,535	3,025,009	42,515,179	82,076,723
2034	37,845,936	3,190,715	40,274,451	81,311,102
2035	38,923,905	3,338,489	38,005,528	80,267,922
2036	39,863,566	3,442,106	35,717,196	79,022,868
2037	40,604,537	3,509,679	33,419,355	77,533,571
2038	41,218,745	3,486,397	31,122,850	75,827,992
2039	41,625,976	3,515,387	28,839,452	73,980,815
2040	41,847,618	3,525,997	26,581,659	71,955,274
2041	41,964,138	3,505,641	24,362,367	69,832,146
2042	41,824,670	3,547,798	22,194,693	67,567,161
2043	41,553,638	3,456,433	20,091,596	65,101,667
2044	41,103,339	3,464,275	18,065,519	62,633,133
2045	40,501,632	3,404,327	16,128,191	60,034,150

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment D to 2024 Schedule MB of Form 5500
Schedule MB, Line 8b(1) - Projection of Expected Benefit Payments
(Continued)*

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2046	39,795,390	3,419,969	14,290,525	57,505,884
2047	38,894,495	3,320,494	12,562,296	54,777,285
2048	37,858,128	3,207,383	10,951,765	52,017,276
2049	36,703,525	3,080,363	9,465,372	49,249,260
2050	35,411,525	3,010,736	8,107,412	46,529,673
2051	34,130,909	2,944,357	6,879,848	43,955,114
2052	32,784,983	2,812,920	5,782,232	41,380,135
2053	31,254,361	2,739,291	4,811,868	38,805,520
2054	29,673,495	2,625,637	3,963,950	36,263,082
2055	28,135,858	2,471,792	3,231,838	33,839,488
2056	26,540,517	2,311,966	2,607,418	31,459,901
2057	24,938,208	2,181,939	2,081,457	29,201,604
2058	23,367,496	2,048,524	1,644,043	27,060,063
2059	21,807,395	1,883,593	1,284,990	24,975,978
2060	20,306,214	1,727,210	994,178	23,027,602
2061	18,821,737	1,603,906	761,806	21,187,449
2062	17,370,187	1,470,231	578,610	19,419,028
2063	15,997,122	1,344,403	436,073	17,777,598
2064	14,671,385	1,218,572	326,562	16,216,519
2065	13,403,267	1,100,874	243,407	14,747,548
2066	12,200,541	990,379	180,937	13,371,857
2067	11,064,745	886,810	134,436	12,085,991
2068	9,999,956	790,625	100,072	10,890,653
2069	8,998,925	701,367	74,792	9,775,084
2070	8,063,747	618,892	56,217	8,738,856
2071	7,194,962	542,841	42,525	7,780,328
2072	6,390,485	473,019	32,358	6,895,862
2073	5,648,629	409,252	24,732	6,082,613

**International Union of Operating Engineers of
Eastern Pennsylvania and Delaware Pension Fund
EIN: 23-6405239 / Plan Number: 001**

*Attachment F to 2024 Schedule MB of Form 5500
Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments*

Summarized below are the projected employer contributions and Withdrawal Liability Payments under the same assumptions stated in the Actuarial Certification for the 2024 Plan Year.

Plan Year Begin	Employer Contributions	Withdrawal Liability Payments	Total
2024	37,915,354	0	37,915,354
2025	38,424,604	0	38,424,604
2026	39,000,004	0	39,000,004
2027	39,605,854	0	39,605,854
2028	40,256,854	0	40,256,854
2029	40,928,854	0	40,928,854
2030	41,643,904	0	41,643,904
2031	42,391,504	0	42,391,504
2032	43,158,665	0	43,158,665
2033	43,945,897	0	43,945,897

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

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

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

A Name of plan <u>INTL UNION OF OPERATING ENG. PEN FUND OF EASTERN PA AND DELAWARE</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF IUOE PEN FUND OF EASTERN PA AND DELAWARE</u>	D Employer Identification Number (EIN) <u>23-6405239</u>

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

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

b Assets

(1) Current value of assets.....	1b(1)	<u>1002030441</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>1055746005</u>
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	<u>1084124637</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>990983426</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	<u>1671122701</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>78008453</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>72106287</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>73693287</u>

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

SIGN HERE	<u>Emily Lucini, FSA</u>	<u>9/18/2025</u>
	Signature of actuary	Date
	<u>EMILY LUCINI</u> <u>THE MCKEOGH COMPANY</u> <u>1001 CONSHOCKEN STATE ROAD, SUITE 1-407, WEST CONSHOCKEN, PA 19428</u>	<u>23-08740</u> <u>484-530-0692</u>
	Type or print name of actuary	Most recent enrollment number
	Firm name	Telephone number (including area code)
	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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.29 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	N/A		N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00%	
e Salary scale	6e	3.50%	<input type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.4%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.9%		
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1587000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	10220435	1048737
1	-15071028	-1546465

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	30138301

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	207821396	33259430
9c(2)	0	0
9c(3)	0	0

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

9d	4437841
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e Total charges. Add lines 9a through 9d.....

9e	67835572
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Credits to funding standard account:

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

9f	100596959
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g Employer contributions. Total from column (b) of line 3.....

9g	40866816
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	78845805	14193452

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

9i	9449484
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j Full funding limitation (FFL) and credits:

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

9j(1)	227727518	
9j(2)	506659648	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
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(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	165106711
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	97271139
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No