

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513
2b Employer Identification Number (EIN): 43-1712261
2c Plan Sponsor's telephone number: 314-739-2973
2d Business code (see instructions): 813930

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.

Form 5500 (2024) v. 240311

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	9626
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)	9100
	6a(2)	9570
	6b	30
	6c	8
	6d	9608
	6e	5
	6f	9613
	6g(1)	8696
6g(2)	9094	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	457

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	D Employer Identification Number (EIN) 43-1712261	

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

LIGHTHOUSE INVESTMENT PARTNERS LLC	3801 PGA BOULEVARD SUITE 500 PALM BEACH GARDENS, FL 33410
20-3528185	

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

FIERA CAPITAL INC	
13-2726734	

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

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

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

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(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?
52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	425661	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BNY MELLON INVESTMENT MANAGEMENT CA

121 SOUTH CHURCH STREET
GRAND CAYMAN, KY KY

(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	206834	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(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 51	NONE	170773	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)

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	123087	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	110450	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)

COMMERCE BANK

48-0962626

(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 51	NONE	105886	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)

BOSTON TRUST WALDEN COMPANY

04-2273811

(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 28 51	NONE	45449	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)

HARTNETT REYES-JONES, LLC

4399 LACLEDE AVENUE
ST. LOUIS, MO 63108

(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	41087	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)

LOCAL 513

43-0338091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	RELATED ADMINISTRATION	36327	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)

ANDERS MINKLER HUBER HELM LLP

43-0831507

(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	NONE	26500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMO HARRIS BANK NA

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	24783	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
WELLINGTON TRUST COMPANY, NA	52	425661
(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.	
WELLINGTON TRUST COMPANY, NA 280 CONGRESS STREET BOSTON, MA 02211	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 05/01/2024 and ending 04/30/2025

A Name of plan <u>ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513</u>	D Employer Identification Number (EIN) <u>43-1712261</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>SSGA S&P 500 INDEX SL SERIES FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>32-6528132-065</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>50495807</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA U.S. EXTENDED MARKET INDEX SL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>32-6528132-077</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>8319758</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL ALL CAP EQUITY EX-U.S.</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>32-6528132-078</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>32963756</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA REAL ASSET NON-LENDING SERIES</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>32-6528132-059</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>21868573</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA U.S. INFLATION PROTECTED BOND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>32-6528132-037</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>15181010</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON CORE PLUS SERIES 5</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-229</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>63684703</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	D Employer Identification Number (EIN) 43-1712261

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		638531
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1974626	2463801
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	443784	233527
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11508564	12782048
(2) U.S. Government securities	1c(2)	20994318	1420
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	19207634	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5691660	
(5) Partnership/joint venture interests	1c(5)	115076797	44469684
(6) Real estate (other than employer real property)	1c(6)	11914214	13884909
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		192513607
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67600154	55065004
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	43359706	1116197

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	297771457	323168728
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	213240	160753
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1573236	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1786476	160753
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	295984981	323007975

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)	23074923	
(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)		23074923
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	564487	
(B) U.S. Government securities.....	2b(1)(B)	495009	
(C) Corporate debt instruments.....	2b(1)(C)	861735	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2515297	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4436528
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	88137	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1879340	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1967477
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	528132693	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	523902461	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4230232
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	1124231	
(B) Other.....	2b(5)(B)	-1817969	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-693738

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1463502
c Other income	2c		8985261
d Total income. Add all income amounts in column (b) and enter total	2d		43464185

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15489198	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15489198
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	116021	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26500	
(5) Investment advisory and investment management fees	2i(5)	613399	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	50470	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	145603	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		951993
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16441191

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27022994
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:

(2) EIN:

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		2000000
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	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

LOCAL UNION 513 ANNUITY FUND

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED APRIL 30, 2025 AND 2024**

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Independent Auditors' Report

Board of Trustees
Local Union 513 Annuity Fund
Bridgeton, Missouri

Opinion

We have audited the accompanying financial statements of the Local Union 513 Annuity Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2025 and 2024, 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 ("GAAP").

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 Auditors' 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 requirement 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 these financial statements in accordance with GAAP 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.

Auditors' Responsibilities for the Audits 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 audits.
- 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 audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

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

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

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

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Anders Minkler Huber & Helms LLP

February 9, 2026
Chesterfield, Missouri

Local Union 513 Annuity Fund
Statements of Net Assets Available for Benefits
April 30, 2025 and 2024

Assets	2025	2024
Investments, at Fair Value	\$ 319,832,869	\$ 295,353,047
Receivables		
Employer contributions	2,463,801	1,974,626
Accrued interest	148,869	354,815
Due from broker	31,604	-
Due from related party	53,054	23,436
Total Receivables	2,697,328	2,352,877
Cash - Noninterest Bearing	638,531	-
Prepaid Expenses	-	65,533
Total Assets	323,168,728	297,771,457
Liabilities		
Cash Overdraft	-	1,573,236
Accounts Payable and Accrued Expenses	88,198	143,673
Reciprocity Payable	72,555	69,567
Total Liabilities	160,753	1,786,476
Net Assets Available for Benefits	\$ 323,007,975	\$ 295,984,981

Local Union 513 Annuity Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 4,999,996	\$ 1,810,853
Interest and dividends	6,404,005	4,932,996
Partnership income	<u>8,984,937</u>	<u>7,773,624</u>
	20,388,938	14,517,473
Less: investment expense	<u>(521,699)</u>	<u>(424,314)</u>
Net Investment Income	<u>19,867,239</u>	<u>14,093,159</u>
Employer Contributions	23,074,923	21,682,531
Other Income	<u>324</u>	<u>9,664</u>
Total Additions	<u>42,942,486</u>	<u>35,785,354</u>
Deductions from Net Assets:		
Benefits Paid Directly to Participants	15,489,198	15,103,781
Administrative Expenses	<u>430,294</u>	<u>359,829</u>
Total Deductions	<u>15,919,492</u>	<u>15,463,610</u>
Net Increase	27,022,994	20,321,744
Net Assets Available for Benefits, Beginning of Year	<u>295,984,981</u>	<u>275,663,237</u>
Net Assets Available for Benefits, End of Year	<u>\$ 323,007,975</u>	<u>\$ 295,984,981</u>

**Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024**

1. Plan Description

The following description of the Local Union 513 Annuity Fund (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution retirement plan. The Plan was established May 1, 1995, pursuant to the Trust Agreement and Indenture of Local 513 Annuity Fund as a money purchase plan, but was amended May 1, 2017 to convert it to a profit sharing plan. The Plan, under a collective bargaining agreement ("CBA") between the International Union of Operating Engineers Local 513 (the "Union") and participating employers (the "Employers"), is to provide retirement benefits to eligible participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

Employees are eligible to participate in the Plan if employed with an Employer under a CBA with the Union requiring Employer contributions to the Plan for hours worked by the employee.

Employer Contributions

Employers pay contributions to the Plan with respect to each of their employees in the hourly amounts required by the applicable CBA. Participants are not required or permitted to contribute to the Plan.

Participant Accounts

Each participant's account is credited with the Employer contributions received on behalf of a participant and a pro rata share of the Plan's investment gain or loss, net of all expenses. The allocation of the Plan's investment gain or loss, net of expenses, is based on the participant's account balances at the end of the fiscal year in relation to the total of all participants' accounts at the end of the fiscal year. Participants accounts may include a money purchase account and a profit-sharing account, established for each employee, depending on their date of entry into the Plan.

Vesting

Participants are at all times one hundred percent vested in their account balances.

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

Payment of Benefits

Benefits are paid to participants upon occurrence of any of the following events: a) commencement of payment of benefits to the participant from any pension fund affiliated with the International Union of Operating Engineers, AFL-CIO, or any of its local unions; b) reaching age 55 and ceasing to work in covered employment due to retirement; c) reaching age 62; d) death before retirement; e) issuance of a determination of entitlement to a Social Security Disability, Supplemental Disability, or a Veteran's Administration Disability benefit; f) a time lapse of thirty-six consecutive months following termination of covered employment; g) April 1 following the calendar year in which an individual attains the required beginning date. Benefits may be paid in a lump sum to those participants whose account balances are less than or equal to \$1,000.

Plan Management

BeneSys, Inc., an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Plan on a contractual basis. Under a management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by BeneSys, Inc.

The Operating Engineers Local Union 513 Pension Fund ((the "Pension fund"), Welfare Fund, Vacation Fund, Journeymen Apprenticeship Training Fund, and the Plan (the "Fringe Benefit Funds") have retained BeneSys, Inc. to administer a field audit program to determine that Employers are complying with their contractual obligations to make contributions to the Fringe Benefit Funds. The Trustees will determine the number of audits to be performed during the course of the year.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements, in conformity with GAAP, requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

Investment Valuation and Income Recognition

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

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. Partnership income is the Plan's proportionate share of income attributable to the partnership as a whole. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represent Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considers an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivable are written off when deemed uncollectible. Management is of the opinion that no allowance for credit losses is necessary as of April 30, 2025 and 2024.

Payments of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits and are allocated to participant accounts at the end of the fiscal year.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified to conform to the current year presentation.

**Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024**

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. 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:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for instruments measured at fair value.

Level 1 investments consist of interest-bearing cash, registered investment companies ("mutual funds"), and common stocks. Interest-bearing cash is valued at the cost plus accrued interest, which approximates fair value. Mutual funds are recorded at the closing price reported by the fund. These are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Level 2 investments consist of corporate bonds, municipal bonds, foreign bonds, U.S. government and agency securities, and limited partnerships. Corporate bonds, municipal bonds, foreign bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. Limited partnerships are valued at estimated fair value as determined by the partnerships' management and supported by independent sources and valuations. The fair values are based on estimates made in accordance with valuation guidelines in the Partnership Agreement and GAAP.

Level 3 investments consist of limited partnerships. The limited partnerships are valued at estimated fair value as determined by the partnerships' management and supported by independent sources and valuations. The fair value is based on estimates made in accordance with valuation guidelines in the Partnership Agreement and GAAP.

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

Investments also include common collective trust funds and a real estate investment fund ("REIF") and hedge funds, which are directly invested in mutual fund, equity securities, or fixed maturity securities. These securities are valued at the NAV based on the observable underlying investments. The NAV is used as a practical expedient to estimate fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value of investments is measured as of April 30, as follows:

	2025			
	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 12,782,048	\$ 12,782,048	\$ -	\$ -
U.S. government and agency securities	1,420	-	1,420	-
Limited partnerships	44,469,684	-	1,590,449	42,879,235
Mutual funds	<u>55,065,004</u>	<u>55,065,004</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	112,318,156	<u>\$ 67,847,052</u>	<u>\$ 1,591,869</u>	<u>\$ 42,879,235</u>
Investments measured at NAV	<u>207,514,713</u>			
	<u>\$319,832,869</u>			

	2024			
	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Interest bearing cash	\$ 11,508,564	\$ 11,508,564	\$ -	\$ -
U.S. government and agency securities	20,994,318	-	20,994,318	-
Municipal bonds	1,165,453	-	1,165,453	-
Common stocks	5,691,660	5,691,660	-	-
Corporate bonds	16,867,093	-	16,867,093	-
Foreign bonds	2,340,541	-	2,340,541	-
Limited partnership	115,076,797	-	27,041,109	88,035,688
Mutual funds	<u>67,600,154</u>	<u>67,600,154</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	241,244,580	<u>\$ 84,800,378</u>	<u>\$ 68,408,514</u>	<u>\$ 88,035,688</u>
Investments measured at NAV	<u>54,108,467</u>			
	<u>\$295,353,047</u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024**

Investments measured at fair value based on NAV per share practical expedient as of April 30, are as follows:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2025</u>				
Collective Trust Funds:				
SSGA S&P 500 INDEX SL SERIES FUND (A)	\$50,495,807	N/A	Daily	N/A
SSGA U.S. EXTENDED MARKET INDEX SL SERIES FUND (A)	\$ 8,319,758	N/A	Daily	N/A
SSGA GLOBAL ALL CAP EQUITY EX-U.S. INDEX SL SERIES FUND (A)	\$32,963,756	N/A	Daily	N/A
SSGA REAL ASSET NON- LENDING SERIES FUND (A)	\$21,868,573	N/A	Daily	N/A
SSGA U.S. INFLATION PROTECTED BOND INDEX SL SERIES FUND (A)	\$15,181,010	N/A	Daily	N/A
WELLINGTON CORE PLUS SERIES 5 (B)	\$63,684,703	N/A	Daily	N/A
Hedge Funds:				
ABS LONG & SHORT STRATEGIES FUND (C)	\$ 1,116,197	N/A	Quarterly	N/A
REIF:				
INTERCONTINENTAL ENHANCED CORE U.S. REAL ESTATE INCOME FUND CLASS O (E)	\$13,884,909	N/A	Quarterly	N/A
<u>2024</u>				
Hedge Funds:				
ABS LONG & SHORT STRATEGIES FUND (C)	\$21,216,737	N/A	Quarterly	N/A
LIGHTHOUSE GLOBAL LONG/SHORT FUND LIMITED (D)	\$20,977,516	N/A	Monthly/ Quarterly	90/60 days
REIF:				
INTERCONTINENTAL US REAL ESTATE INVESTMENT FUND LLC (E)	\$11,914,214	N/A	Quarterly	N/A

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

- A. This common collective trust's investment objective is to seek an investment return that approximates as closely as practicable, before expenses, the performance of a custom index over the long term.
- B. This common collective trust's investment objective is to provide long-term return in excess of the US bond market as represented by the Bloomberg US Aggregate Bond Index by investing principally in the Welling Trust CIF II Core Bond Plus Portfolio.
- C. This hedge fund's investment objective is to seek capital appreciation over a full market cycle while maintaining a lower level of volatility when compared to the global equity markets.
- D. This hedge fund's investment objective is to maximize capital appreciation over the long term by investment principally in the global equity markets by employing a long/short investment strategy.
- E. The REIF is organized for the objective and purpose of enabling its operating subsidiaries to make investments in real estate assets; owning, managing, supervising, and disposing of such investments through its subsidiaries; sharing the profits and losses there from and engaging in such activities necessary, incidental, or ancillary thereto; and engaging in any other lawful act or activity for which limited liability companies may be organized under the Delaware Limited Liability Act in furtherance of the foregoing; provided however, that the REIF shall make all qualifying investments only through one or more subsidiaries.

The following table sets forth a summary of changes in the estimated fair value of the Plan's Level 3 assets for the years ended April 30:

	<u>Limited Partnerships</u>
Balance, April 30, 2023	\$ 71,131,818
Total gains (realized or unrealized) included in change in net assets	6,888,075
Purchases, sales, issuances, and settlements (net)	<u>10,015,795</u>
Balance, April 30, 2024	\$ 88,035,688
Total gains(realized or unrealized) included in change in net assets	7,140,597
Purchases, sales, issuances, and settlements (net)	<u>(52,297,050)</u>
Balance, April 30, 2025	<u>\$ 42,879,235</u>

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of April 30, and the significant unobservable inputs and the ranges of values for those inputs:

<u>2025</u>			
<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Unobservable Inputs</u>
Limited partnerships	\$ 42,879,235	Market Approach	Value of underlying assets of the partnership

<u>2024</u>			
<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Unobservable Inputs</u>
Limited partnerships	\$ 88,035,688	Market Approach	Value of underlying assets of the partnership

4. Related Party Transactions

The Pension Fund collects field audit contributions on behalf of each of the Fringe Benefit Funds. The amounts due from the Pension Fund consist of the Plan's share of those field audit contributions held by the Pension Fund. For the years ended April 30, 2025 and 2024, these contributions amounted to \$53,054 and \$23,436, respectively. These amounts were outstanding and receivable at April 30, 2025 and 2024, respectively.

5. Plan Amendments

In December 2023, the Trustees approved an amendment to the Plan to define the retirement date with respect to participants who do not have a defined retirement date because they do not participate in the Pension Fund.

In August 2024, the Trustees approved an amendment to the Plan clarifying eligibility for benefit payments, benefit payment types, and limitation on distributions.

6. Plan 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 by the Trustees. During termination, the Plan's assets should not be used for or diverted to purpose other than the exclusive benefit of the participants and beneficiaries. In the event of termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

7. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated June 17, 2015, that the Plan and related Trust, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Local Union 513 Annuity Fund
Notes to Financial Statements
April 30, 2025 and 2024

In accordance with GAAP, management is required 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 applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of April 30, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the DOL, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

8. Risks and Uncertainties

Investments

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

Employer Contribution Receivables

The majority of the receivables are from Employers concentrated in the operating engineering industries. The Plan generally does not require collateral, but in some cases can require a performance bond.

9. Subsequent Events

The Plan has evaluated subsequent events through February 9, 2026, the date the financial statements were available to be issued.

In August 2025, the Trustees restated the summary plan description to reflect a change from the Trustees fully directing the investment options to a participant directed investment option for participants.

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
INTEREST-BEARING CASH:			
	ENTERPRISE BANK AND TRUST - MONEY MARKET ACCOUNT	\$ 5,833,631	\$ 5,833,631
	GS FIN SQ GOV #465	<u>6,948,417</u>	<u>6,948,417</u>
	TOTAL INTEREST BEARING CASH	<u>12,782,048</u>	<u>12,782,048</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	FHLM CORP MULTICLASS MTG PARTN CTFS GTD SER 2110 01/15/2029	851	832
	FHLM CORP MULTICLASS MTG PARTN CTFS GTD SER 2126 02/15/2029	588	582
	FNMA GTD REMIC PASSTHRU TR REMIC TR SER 2003 14 03/25/2033	<u>6</u>	<u>6</u>
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>1,445</u>	<u>1,420</u>
COMMON COLLECTIVE TRUSTS:			
	SSGA S&P 500 INDEX SL SERIES FUND	49,500,000	50,495,807
	SSGA U.S. EXTENDED MARKET INDEX SL SERIES FUND	8,200,000	8,319,758
	SSGA GLOBAL ALL CAP EQUITY EX-U.S. INDEX SL SERIES FUND	32,500,000	32,963,756
	SSGA REAL ASSET NON-LENDING SERIES FUND	22,000,000	21,868,573
	SSGA U.S. INFLATION PROTECTED BOND INDEX SL SERIES FUND	14,900,000	15,181,010
	WELLINGTON CORE PLUS SERIES 5	<u>63,248,526</u>	<u>63,684,703</u>
	TOTAL COMMON COLLECTIVE TRUSTS	<u>190,348,526</u>	<u>192,513,607</u>
MUTUAL FUNDS:			
	AFL-CIO HOUSING INVESTMENT TRUST	4,751,569	4,234,583
	PIMCO ALL ASSET FUND CLASS I #34	36,000,000	35,837,398
	VANGUARD SHORT-TERM CORPORATE BOND INDEX FUND - ADM #1945	<u>15,000,000</u>	<u>14,993,023</u>
	TOTAL MUTUAL FUNDS	<u>55,751,569</u>	<u>55,065,004</u>
LIMITED PARTNERSHIPS:			
	ARENA SHORT-DURATION HIGH YIELD	23,000,000	27,725,179
	FIERA CAPITAL GLOBAL EQUITY LONG ONLY FUND LP	1,054,933	1,054,933
	NIS ABSOLUTE RETURN QP FUND LLC	130,748	142,701
	NIS HIGH YIELD QP FUND LLC	110,014	112,006
	NIS INTERMEDIATE FIXED INCOME QP FUND LLC	1,292,931	1,249,488
	NIS PREFERRED STOCK QP FUND II LLC	110,010	86,254
	PROLOAN BOND FUND	9,000,000	9,892,605
	RIVERVIEW GLOBAL MACRO FUND (CAYMAN) LP	198,194	198,194
	SCHRODER TAFT-HARTLEY INCOME FUND LP	<u>3,553,040</u>	<u>4,008,324</u>
	TOTAL LIMITED PARTNERSHIPS	<u>38,449,870</u>	<u>44,469,684</u>

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
HEDGE FUNDS:			
	ABS LONG & SHORT STRATEGIES FUND	\$ 1,116,197	\$ 1,116,197
REAL ESTATE INVESTMENT FUND:			
	INTERCONTINENTAL ENHANCED CORE US REAL ESTATE INCOME FUND	13,830,486	13,884,909
	TOTAL ASSETS AT END OF YEAR	\$ 312,280,141	\$ 319,832,869

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended April 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
ABS	Long & Short Strategies Fund	\$ -	\$ 22,323,932	\$ 23,917,721	\$ 22,323,932	\$ (1,593,789)
Fiera Capital	Global Equity Long Fund	-	21,098,670	12,685,717	21,098,670	8,412,953
Independent Franchise Partners	Global Equity Fund L.P.	-	22,420,715	14,992,726	22,420,715	7,427,989
Lighthouse	Global Long/Short Fund	-	22,014,612	13,226,013	22,014,612	8,788,599
PIMCO	All Asset Fund Class	36,000,000	-	36,000,000	36,000,000	-
State Street	U.S. Inflation Protected Bond Index	14,900,000	-	14,900,000	14,900,000	-
Vanguard	Short-Term Corporate Bond Index Fund	15,000,000	-	15,000,000	15,000,000	-
<u>Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Financial Square TR Government	Institutional Class (92)	-	418,893,279	418,893,279	418,893,279	-
Financial Square TR Government	Institutional Class (314)	423,551,806	-	423,551,806	423,551,806	-

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended April 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Series of transactions in excess of five percent of plan assets at beginning of year (continued) :</u>						
NIS	Intermediate Fixed Income QP Fund (3)	\$ -	\$ 21,860,000	\$ 20,714,020	\$ 21,860,000	\$ 1,145,980
State Street	S&P 500 Index Securities Lending Fund (4)	49,500,000	-	49,500,000	49,500,000	-
State Street	Global All Cap Equity Ex-U.S. Index (4)	32,500,000	-	32,500,000	32,500,000	-
State Street	Real Asset Non-Lending Series Fund (3)	22,000,000	-	22,000,000	22,000,000	-
Vanguard	Short-Term Investment Grade Fund (3)	-	29,919,494	28,959,940	29,919,494	959,554
Walter Scott	Group Trust Global Fund (4)	-	20,742,160	19,303,139	20,742,160	1,439,021
Wellington	Core Plus Series 5 (4)	63,000,000	-	63,000,000	63,000,000	-

**Local Union 513 Annuity Fund
Schedules of Administrative Expenses
Years Ended April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Audit fees	\$ 26,500	\$ 24,442
Bank charges	29,347	28,607
Consulting fees	180	180
Delinquent collection expense	36,418	33,767
Insurance	65,535	64,575
Investment consulting fees	91,700	47,500
Legal fees	50,470	17,807
Management fees	116,021	113,634
Meeting expense	936	1,494
Miscellaneous	683	587
Postage	5,056	3,681
Stationery and printing	7,448	23,555
	<u>\$ 430,294</u>	<u>\$ 359,829</u>

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
INTEREST-BEARING CASH:			
	ENTERPRISE BANK AND TRUST - MONEY MARKET ACCOUNT	\$ 5,833,631	\$ 5,833,631
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	TOTAL INTEREST BEARING CASH	<u>12,782,048</u>	<u>12,782,048</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	FHLM CORP MULTICLASS MTG PARTN CTFS GTD SER 2110 01/15/2029	851	832
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	SSGA S&P 500 INDEX SL SERIES FUND	49,500,000	50,495,807
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	WELLINGTON CORE PLUS SERIES 5	63,248,526	63,684,703
	TOTAL COMMON COLLECTIVE TRUSTS	<u>190,348,526</u>	<u>192,513,607</u>
MUTUAL FUNDS:			
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	PIMCO ALL ASSET FUND CLASS I #34	36,000,000	35,837,398
	VANGUARD SHORT-TERM CORPORATE BOND INDEX FUND - ADM #1945	15,000,000	14,993,023
	TOTAL MUTUAL FUNDS	<u>55,751,569</u>	<u>55,065,004</u>
LIMITED PARTNERSHIPS:			
	ARENA SHORT-DURATION HIGH YIELD	23,000,000	27,725,179
	FIERA CAPITAL GLOBAL EQUITY LONG ONLY FUND LP	1,054,933	1,054,933
	NIS ABSOLUTE RETURN QP FUND LLC	130,748	142,701
	NIS HIGH YIELD QP FUND LLC	110,014	112,006
	NIS INTERMEDIATE FIXED INCOME QP FUND LLC	1,292,931	1,249,488
	NIS PREFERRED STOCK QP FUND II LLC	110,010	86,254
	PROLOAN BOND FUND	9,000,000	9,892,605
	RIVERVIEW GLOBAL MACRO FUND (CAYMAN) LP	198,194	198,194
	SCHRODER TAFT-HARTLEY INCOME FUND LP	3,553,040	4,008,324
	TOTAL LIMITED PARTNERSHIPS	<u>38,449,870</u>	<u>44,469,684</u>

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	HEDGE FUNDS:		
	ABS LONG & SHORT STRATEGIES FUND	\$ 1,116,197	\$ 1,116,197
	REAL ESTATE INVESTMENT FUND:		
	INTERCONTINENTAL ENHANCED CORE US REAL ESTATE INCOME FUND	13,830,486	13,884,909
	TOTAL ASSETS AT END OF YEAR	\$ 312,280,141	\$ 319,832,869

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGI 3449 HOLLENBERG DRIVE BRIDGETON MO 63044-2546</p>	<p>1c Effective date of plan 05/01/1995</p> <p>2b Employer Identification Number (EIN) 43-1712261</p> <p>2c Plan Sponsor's telephone number 314-739-2973</p> <p>2d Business code (see instructions) 813930</p>

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

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

SIGN HERE		2-9-26	BRIAN GRAFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			CHARLIE GOODWIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended April 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Individual transactions in excess of five percent of plan assets at beginning of year:</u>						
ABS	Long & Short Strategies Fund	\$ -	\$ 22,323,932	\$ 23,917,721	\$ 22,323,932	\$ (1,593,789)
Fiera Capital	Global Equity Long Fund	-	21,098,670	12,685,717	21,098,670	8,412,953
Independent Franchise Partners	Global Equity Fund L.P.	-	22,420,715	14,992,726	22,420,715	7,427,989
Lighthouse	Global Long/Short Fund	-	22,014,612	13,226,013	22,014,612	8,788,599
PIMCO	All Asset Fund Class	36,000,000	-	36,000,000	36,000,000	-
State Street	U.S. Inflation Protected Bond Index	14,900,000	-	14,900,000	14,900,000	-
Vanguard	Short-Term Corporate Bond Index Fund	15,000,000	-	15,000,000	15,000,000	-
<u>Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Financial Square TR Government	Institutional Class (92)	-	418,893,279	418,893,279	418,893,279	-
Financial Square TR Government	Institutional Class (314)	423,551,806	-	423,551,806	423,551,806	-

Local Union 513 Annuity Fund
EIN: 43-1712261 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended April 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Series of transactions in excess of five percent of plan assets at beginning of year (continued) :</u>						
NIS	Intermediate Fixed Income QP Fund (3)	\$ -	\$ 21,860,000	\$ 20,714,020	\$ 21,860,000	\$ 1,145,980
State Street	S&P 500 Index Securities Lending Fund (4)	49,500,000	-	49,500,000	49,500,000	-
State Street	Global All Cap Equity Ex-U.S. Index (4)	32,500,000	-	32,500,000	32,500,000	-
State Street	Real Asset Non-Lending Series Fund (3)	22,000,000	-	22,000,000	22,000,000	-
Vanguard	Short-Term Investment Grade Fund (3)	-	29,919,494	28,959,940	29,919,494	959,554
Walter Scott	Group Trust Global Fund (4)	-	20,742,160	19,303,139	20,742,160	1,439,021
Wellington	Core Plus Series 5 (4)	63,000,000	-	63,000,000	63,000,000	-