

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>IUOE LOCAL 30 PENSION FUND</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>07/01/1954</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND</u> <u>16-16 WHITESTONE EXPRESSWAY</u> <u>WHITESTONE, NY 11357-3055</u>
2b	Employer Identification Number (EIN) <u>51-6045848</u>
2c	Plan Sponsor's telephone number <u>718-847-8484</u>
2d	Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2022	DARREN TURTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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v. 210624

3a Plan administrator's name and address ☒ 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	4457
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2178
a(2) Total number of active participants at the end of the plan year		6a(2)	2219
b Retired or separated participants receiving benefits.....		6b	893
c Other retired or separated participants entitled to future benefits		6c	1072
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	327
f Total. Add lines 6d and 6e		6f	4511
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	144
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INS. CO.

(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
13-1423090	69744	GA00537		01/01/2021	12/31/2021

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	(b) Total amount of fees paid
0	5238

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
ULLICO INVESTMENT COMPANY
1625 EYE STREET,NW
WASHINGTON, DC 20006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5238	ASSET MANAGEMENT FEE	7

(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** 1268644**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** 1245031**c** Additions: (1) Contributions deposited during the year **7c(1)** 3931
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 24920
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 28851**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1273882**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)** 5238(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 5238**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1268644

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848

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.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(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
22-1211670	68241	030341		01/01/2021	12/31/2021

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	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	18118406

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)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	278620474
(2) Actuarial value of assets for funding standard account	1b(2)	269097252
c (1) Accrued liability for plan using immediate gain methods	1c(1)	324570121
(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)	324570121
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)	662220438
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	21317483
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	16246979
(3) Expected plan disbursements for the plan year.....	1d(3)	17196979

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	06/02/2022
Signature of actuary	Date
FRANK SANTASIERO, FSA, FCA, MAAA	20-06798
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402	
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 ☐

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

Schedule MB (Form 5500) 2021
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	278620474
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1220	202013977
(2) For terminated vested participants	1072	137654267
(3) For active participants:		
(a) Non-vested benefits.....		7692928
(b) Vested benefits.....		314859266
(c) Total active	2219	322552194
(4) Total	4511	662220438
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	42.07 %

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
07/15/2021	16116928				
			Totals ▶	3(b)	16116928
					3(c)
					3(d)
					0

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.9 %
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?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ 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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ 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?.....		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ 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	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ 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 Expense loading	6e	12.2 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	18406964	1888772
1	-4088831	-419562

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ 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?	☐ Yes ☒ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	8410071
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	79012949
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1251199
e Total charges. Add lines 9a through 9d.....	9e	19125466

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	14970945
g Employer contributions. Total from column (b) of line 3.....	9g	16116928
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	8569135
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1027193
		1636954
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	84373657
(2) "RPA '94" override (90% current liability FFL)	9j(2)	345227414
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	33752020
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14626554
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(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
(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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

Part I	Service Provider Information (see instructions)
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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
WILLIAM BLAIR & COMPANY LLC
36-2214610
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP INC
23-1945930
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PGIM INC
22-3468527
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BNY MELLON
25-6078093

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

POMONA CAPITAL

780 THIRD AVENUE, 46TH FLOOR
NEW YORK, NY 10017

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

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

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

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

LORD ABBETT & CO.

13-5620131

(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	173036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

06-0839113

(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 16 50	NONE	151500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK & TRUST, NA

42-1741646

(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	123448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WHITESTAR ADVISORS LLC

03-0496641

(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	93752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

(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	91792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	85920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

METROPOLITAN MANAGEMENT SERVICES

45-3845437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	83968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE COMPANY OF AME

22-1211670

(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 72	NONE	83702	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

QUANTITATIVE MANAGEMENT ASSOCIATES

33-1077887

(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 ☒ No ☐	Yes ☐ No ☒	83702	Yes ☐ No ☒

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)

DARREN TURTON

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES,IACCARINO & SHEPHERD,LLP

43-1995226

(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	ATTORNEY	65664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL ADVISORS INC

13-2646110

(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	58000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MICHAEL SPILLANE

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	45125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
28 51	NONE	35963	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

FRANK D. GREENBERG

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH PLAN SYSTEMS INC.

2025 LINCOLN HIGHWAY, STATE RTE 27
EDISON, NJ 08817

(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	15428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSHALL & MOSS, LLP

11-3360166

(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	14967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STARFIRE PRINTING

751 COATES AVE N 31
HOLBROOK, NY 11741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	11670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF NY

13-4920330

(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 28	NONE	6390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
QUANTITATIVE MANAGEMENT ASSOCIATES	28 52	83702

(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.
PRUDENTIAL VALUE EQUITY FUND 22-1211670	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>IUOE LOCAL 30 PENSION FUND</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>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND</u>	D Employer Identification Number (EIN) <u>51-6045848</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: PGIM QUANT SOLUTIONS VALUE EQUITY

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.

c EIN-PN <u>22-1211670-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18118406</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGE CAP 500 INDEX FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK OF NY TRUST

c EIN-PN <u>13-4920330-009</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>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU

b Name of sponsor of entity listed in (a): BNY MELLON TRUST

c EIN-PN <u>61-1603964-001</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>18009645</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSERVATI

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN <u>84-6391546-006</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>18355442</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WEDGE SMALL CAP VALUE CIT

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NA

c EIN-PN <u>81-6507188-001</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>16137488</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR GLOBAL LEADERS COLLEC

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR

c EIN-PN <u>27-6331814-013</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>40187287</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II GROWTH FUND

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA

c EIN-PN <u>04-6913417-183</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>17432314</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM AFL-CIO CF SL STOCK INDEX FUND**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 84-7064589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18356028
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2179932	1910555
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	500634	34361549
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5218523	9816839
(2) U.S. Government securities	1c(2)	50411728	37200038
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	25446113	23815048
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4335166	6715400
(6) Real estate (other than employer real property)	1c(6)	41243196	43466421
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	136555072	128478204
(10) Value of interest in pooled separate accounts	1c(10)	13812110	18118406
(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)	12484410	13196533
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1245031	1268644
(15) Other.....	1c(15)	1688042	753468

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	65197	43482
f Total assets (add all amounts in lines 1a through 1e)	1f	295185154	319144587

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	418266	345629
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16146414	4166242
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16564680	4511871

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	278620474	314632716
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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)	16116928	
(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)		16116928
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15122	
(B) U.S. Government securities	2b(1)(B)	185619	
(C) Corporate debt instruments	2b(1)(C)	748728	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	51371	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1000840
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	48783	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		48783
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	408121893	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	403819180	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4302713
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-340357	
(B) Other	2b(5)(B)	-14340	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-354697

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		26730197
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		4389998
(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)		663340
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		52898102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15242023	
(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)		15242023
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	369049	
(2) Contract administrator fees.....	2i(2)	83968	
(3) Investment advisory and management fees.....	2i(3)	662011	
(4) Other.....	2i(4)	528809	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1643837
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16885860
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		36012242
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 FRANCELLO, LLC

(2) EIN: 61-1436956

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		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.)			
4c		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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
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	
4f		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?			
4g	X		50181821
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?			
4h		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.)			
4i	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.)			
4j	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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
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 447960 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848

Part I	Distributions
---------------	----------------------

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): 51-6045848		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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
-----------------	-------------------

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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer JONES LANG LA SALLE

b EIN 36-3588029

c Dollar amount contributed by employer 877746

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 12 Day 31 Year 2022

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 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

1.01

b The corresponding number for the second preceding plan year

15b

1.04

- 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) through (c)

a Enter the percentage of plan assets held as:

Stock: 57.2 % Investment-Grade Debt: 26.5 % High-Yield Debt: 0.0 % Real Estate: 14.1 % Other: 2.2 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2021

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
the International Union of Operating Engineers
Local 30 Pension Fund

Opinion

We have audited the financial statements of the International Union of Operating Engineers Local 30 Pension 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 December 31, 2021 and 2020, 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 International Union of Operating Engineers Local 30 Pension Fund as of December 31, 2021, and changes therein for the year then ended, and its financial status as of December 31, 2020, and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the International Union of Operating Engineers Local 30 Pension Fund 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 International Union of Operating Engineers Local 30 Pension Fund 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 International Union of Operating Engineers Local 30 Pension Fund 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 International Union of Operating Engineers Local 30 Pension Fund 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. Such 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

New York, New York
June 27, 2022

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS - at fair value		
Common collective trusts	\$ 128,478,204	\$ 136,555,072
U.S. Government and Government		
Agency obligations	37,200,038	50,411,728
Real estate partnership	43,466,421	41,243,196
Corporate obligations	23,815,048	25,903,377
Pooled separate account	18,118,406	13,812,110
Mutual fund	13,196,533	12,484,410
Short-term investments	9,816,839	5,218,523
Limited partnership	6,715,400	4,335,166
Investment contract with insurance company	1,268,644	1,245,031
Municipal obligations	753,468	1,230,778
Total investments	<u>282,829,001</u>	<u>292,439,391</u>
RECEIVABLES		
Employer contributions	1,910,555	2,179,932
Accrued investment income	248,027	379,173
Due from Union	2,803	4,349
Securities sold and not settled	34,000,000	-
Total receivables	<u>36,161,385</u>	<u>2,563,454</u>
OTHER		
Property and equipment - net	43,482	65,197
Prepaid expenses	110,719	117,112
Total other	<u>154,201</u>	<u>182,309</u>
Total assets	<u>319,144,587</u>	<u>295,185,154</u>

See accompanying notes to financial statements.

	<u>2021</u>	<u>2020</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	\$ 345,629	\$ 418,266
Due to funds and related entities	35,282	110,142
Securities purchased and not settled	<u>4,130,960</u>	<u>16,036,272</u>
Total liabilities	<u>4,511,871</u>	<u>16,564,680</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 314,632,716</u>	<u>\$ 278,620,474</u>

See accompanying notes to financial statements.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 35,171,921	\$ 25,777,706
Interest and dividends	<u>1,609,253</u>	<u>2,032,578</u>
	36,781,174	27,810,284
Less investment expenses	<u>(662,011)</u>	<u>(557,093)</u>
Investment income - net	36,119,163	27,253,191
 Employer contributions	 <u>16,116,928</u>	 <u>15,481,644</u>
 Total additions	 <u>52,236,091</u>	 <u>42,734,835</u>
 DEDUCTIONS		
Retirement benefits	15,242,023	14,180,681
Administrative expenses	<u>981,826</u>	<u>945,919</u>
 Total deductions	 <u>16,223,849</u>	 <u>15,126,600</u>
 NET INCREASE	 36,012,242	 27,608,235
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>278,620,474</u>	<u>251,012,239</u>
 End of year	 <u><u>\$ 314,632,716</u></u>	 <u><u>\$ 278,620,474</u></u>

See accompanying notes to financial statements.

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the International Union of Operating Engineers Local 30 Pension Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan maintained under the terms of the Agreement and Declaration of Trust entered into as of July 29, 1954. The Plan covers employees of employers having collective bargaining agreements with International Union of Operating Engineers Local 30 who are required to make contributions to the Plan pursuant to those agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at age 65. The Plan permits early retirement at age 55 and other forms of retirement based on age and years of credited service (pension credits). Pension credits are based on hours, days, weeks or months worked in covered employment. A participant may accumulate up to a maximum of 1 credit per year at 1/25 credit increments. Monthly pension benefits are based on the amount of pension credits earned. Pre-retirement and post-retirement death benefits are also available.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments and Income Recognition - Investments in U.S. Treasuries and mutual funds are based on quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. Government agency obligations, corporate obligations and municipal obligations are valued using pricing models that maximize the use of observable inputs of similar securities, including yields, credit ratings and broker quotes, if available. Investments in the common collective trusts are carried at fair value as estimated by the Trusts. The investment in the pooled separate account is carried at fair value as estimated by the insurance company. The investment in the real estate partnership is valued at fair value. The investment contract with insurance company is carried at estimated fair value as reported by the insurance company. The limited partnership is carried at fair value as reported on their Schedule K-1. Short-term investments are stated at cost, which approximate fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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

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 lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives for furniture and fixtures of five to ten years by the straight-line method. Depreciation expense totaled \$21,715 and \$38,753 for the years ended December 31, 2021 and 2020, respectively.

Securities Sold or Purchased and not Settled - This represents the amounts due from or to the custodian bank for the sale or purchase of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accrued Vested 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.

The Plan is presenting the actuarial present value of accumulated plan benefits and the changes therein in the notes to the financial statements.

Payment of Benefits - Benefit payments to participants are recorded when paid.

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

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are specified in the applicable collective bargaining agreements.

NOTE 4. 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 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.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The 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.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on November 18, 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) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since the last submission for determination. The Plan Trustees and Plan Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. FAIR VALUE MEASUREMENTS

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Basis of Fair Value Measurement:

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

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

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

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

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

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 reporting period.

For the years ended December 31, 2021 and 2020, there were no transfers in or out of levels 1, 2, or 3.

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2021 and 2020:

Fair Value Measurements at December 31, 2021				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government				
Agency obligations:				
United States Treasuries	\$ 32,533,367	\$ 32,533,367	\$ -	\$ -
Government Agencies	4,666,671	-	4,666,671	-
Mutual fund	13,196,533	13,196,533	-	-
Corporate obligations	23,815,048	-	23,815,048	-
Short-term investments	9,816,839	9,816,839	-	-
Municipal obligations	753,468	-	753,468	-
Total assets in the fair value hierarchy	84,781,926	\$ 55,546,739	\$ 29,235,187	\$ -
Investments measured at NAV*	198,047,075			
Total investments	\$ 282,829,001			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2020			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government				
Agency obligations:				
United States Treasuries	\$ 33,496,101	\$ 33,496,101	\$ -	\$ -
Government Agencies	16,915,627	-	16,915,627	-
Mutual fund	12,484,410	12,484,410	-	-
Corporate obligations	25,903,377	-	25,903,377	-
Short-term investments	5,218,523	5,218,523	-	-
Municipal obligations	1,230,778	-	1,230,778	-
Total assets in the fair value hierarchy	95,248,816	\$ 51,199,034	\$ 44,049,782	\$ -
Investments measured at NAV*	197,190,575			
Total investments	\$ 292,439,391			

* In accordance with subtopic 820-10, 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 statements of net assets available for benefits.

The unfunded commitments and redemption information and redemption period are as follows at December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Loomis Sayles High Yield Conservative Trust	\$ 18,355,441	-	Daily	3 days
Boston Partners Large Cap Value Fund	18,009,646	-	Daily	5 days
Wedge Capital Small Cap Value CIT	16,137,488	-	Monthly	10 days
WTC-CIF II Growth Fund	17,432,314	-	Daily	1 day
William Blair Global Leaders CIT	40,187,287	-	Daily	1 day
BNYM Stock Index	18,356,028	-	Daily	1 day
Real estate partnership	43,466,421	-	(a)	(a)
Pooled separate account:				
Prudential Value Equity Fund	18,118,406	-	Daily	15 days
Investment contract with insurance company:				
Union Labor Life Insurance Company	1,268,644	-	Monthly	90 days
Limited partnership:				
Pomona Capital IX, LP	6,715,400	7,602,044	(b)	(b)
Pending Commitments (c):				
Graham Global Investment Fund II	-	15,000,000		
Select Equity SEGP	-	15,000,000		
GCM Grosvenor Multi-Asset				
Class Fund III	-	4,000,000		
	<u>\$ 198,047,075</u>	<u>\$ 41,602,044</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
LongView LargeCap 500 Index Fund	\$ 24,743,490	\$ -	Daily	N/A
Loomis Sayles High Yield Conservative Trust	17,657,399	-	Daily	3 days
Boston Partners Large Cap Value Fund	13,831,665	-	Daily	5 days
Wedge Capital Small Cap Value CIT	12,775,209	-	Monthly	10 days
WTC-CIF II Growth Fund	28,767,008	-	Daily	1 day
William Blair Global Lenders CIT	38,780,301	-	Daily	1 day
Real estate partnership	41,243,196	-	(a)	(a)
Pooled separate account:				
Prudential Value Equity Fund	13,812,110	-	Daily	15 days
Investment contract with insurance company:				
Union Labor Life Insurance Company	1,245,031	-	Monthly	90 days
Limited partnership:				
Pomona Capital IX, LP	4,335,166	6,961,090	(b)	(b)
	<u>\$ 197,190,575</u>	<u>\$ 6,961,090</u>		

(a) - The Plan has a 75% interest in the 1616 WSE, LLC (formerly 5225, LLC) real estate partnership. 1616 WSE, LLC owns a building located at 16-16 Whitestone Expressway in Whitestone, NY which was last valued by an independent appraiser as of December 31, 2021 with a prospective post-completion market value of \$57,200,000. The Plan's proportionate interest in the appraised value is included in the determination of the Plan's partnership interest. The IUOE Local 30 Benefits Fund owns the remaining 25% interest in 1616 WSE, LLC. The 1616 WSE, LLC real estate partnership is measured at estimated fair value by the investment advisor and reported on the Schedule K-1, without adjustment by the Plan. As of December 31, 2021 and 2020, the estimated fair value of the Plan's interest was \$43,466,421 and \$41,243,196, respectively.

The investment with insurance company is in the Union Labor Life Insurance Company (ULLICO) Accumulation Account, an experience-rated group annuity contract offered by ULLICO. Through this investment, the Plan participates in the investment results of ULLICO's general account, a large, professionally managed and diversified investment portfolio. The amount in the account at any time will be equal to the contributions and earnings credited to the account less the withdrawals and expenses deducted from the account. The rate of return before expenses was 2.00% for the year ended December 31, 2021 and 2.5% for 2020.

(b) The Pomona Capital Fund is a limited partnership specializing in secondaries investing. The Fund's approach is to buy high quality assets at better than market prices. The partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Partnership Agreement.

(c) The Plan commenced the purchase of the Graham Global Investment Fund II, the Select Equity SEGP, and the GCM Grosvenor Multi-Asset Class Fund III for a total of \$34,000,000 in December 2021. The three investments were subsequently funded in January 2022.

NOTE 7. 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 if investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of 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 financial statements.

NOTE 8. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at cost, as of December 31, 2021 and 2020:

	2021	2020
Furniture and fixtures	\$ 102,928	\$ 102,928
Computer equipment	106,338	106,338
Computer system	127,060	127,060
	<u>336,326</u>	<u>336,326</u>
Less: accumulated depreciation and amortization	<u>(292,844)</u>	<u>(271,129)</u>
Property and equipment - net	<u><u>\$ 43,482</u></u>	<u><u>\$ 65,197</u></u>

NOTE 9. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- IUOE Local 30 Union (Union)
- IUOE Local 30 Benefits Fund
- IUOE Local 30 Annuity Fund
- IUOE Local 30 Group Legal Services Fund
- IUOE Local 30 Apprentice Training and Skill Improvement Fund
- IUOE Local 30 City Employees Annuity Fund
- Engineers Charitable Trust
- Local 30 Municipal Employees Welfare Trust Fund
- Stationary Engineers Industry Stabilization Fund, Inc.
- Northeastern Operating Engineers Federal Credit Union (Credit Union)

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

All of the above entities qualify as tax-exempt organizations. The entities above share common Trustees or officers with the Plan.

Administrative Expenses

The Plan shares facilities and staff with related organizations. The Plan reimburses the IUOE Local 30 Benefits Fund, the Union and the Credit Union for its portion of shared administrative expenses, which includes salaries, payroll taxes and employee benefits. The shared administrative expenses are allocated on a basis approved by the Board of Trustees. The Plan's share of allocated expenses from the Benefits Fund totaled \$421,839 for the year ended December 31, 2021 and \$365,559 for 2020.

The Plan's share of allocated expenses from the Union totaled \$14,848 for the year ended December 31, 2021 and \$15,451 for 2020.

As of December 31, 2021 and 2020, the amounts due to (from) the Plan for each of the related entities were as follows:

	2021	2020
IUOE Local 30 Union	\$ 2,803	\$ 4,349
IUOE Local 30 Benefits Fund	(35,282)	(110,142)
Stationary Engineers Industry Stabilization Fund, Inc.	-	(6,178)
	<u>\$ (32,479)</u>	<u>\$ (111,971)</u>

Master Lease

In October 2011, jointly with the IUOE Local 30 Benefits Fund, the Plan entered a master lease agreement with 1616 WSE, LLC to rent office space at a building to be constructed at 16-16 Whitestone Expressway, Whitestone, New York. Effective March 24, 2014, the lease was amended to be a twenty-year lease term with certain renewal options. The building was completed during 2015 and the Plan moved in December 2015.

1616 WSE, LLC is the owner of the 16-16 Whitestone Expressway, Whitestone, New York property. 1616 WSE, LLC has one Master Tenant lease with the Pension Fund and Benefit Funds for the entire building. The two funds (16-16 MT LLC) pay 1616 WSE, LLC for monthly rent, taxes, interest and other general and administrative expenses.

Activity is maintained by White Star Advisors for the 16-16 MT LLC. The Master Tenant subleases with various affiliates and two non-affiliated tenants for space within the building. The sub-leases are invoiced monthly and make payments to 1616 MT, LLC. The payments from the sub-lease cover only a portion of the amount owed to 1616 WSE, LLC for the monthly Master Tenant lease payment so the two Master Tenant members (Pension and Benefits Fund) transfer money for the shortage into 16-16 MT, LLC.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

The minimum annual future rental payments under the above lease are summarized as follows:

<u>Year ending December 31,</u>	
2022	\$ 2,422,563
2023	2,478,790
2024	2,536,391
2025	2,595,773
2026	2,656,936
Thereafter	<u>26,706,795</u>
Total	<u><u>\$ 39,397,248</u></u>

The Plan made payments of \$1,235,379 and \$1,775,179 in accordance with the master lease during the year ended December 31, 2021 and 2020, respectively.

Benefits

Contributions are made to related benefit plans on behalf of all employee groups. Contributions are generally at fixed hourly rates or a percentage of salary. Contributions for the years ended December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
IUOE Local 30 Pension Fund	\$ 10,045	\$ 11,523
The General Pension Plan International		
Union of Operating Engineers	16,361	13,726
IUOE Local 30 Benefits Fund	15,699	17,310
IUOE Local 30 Annuity Fund	18,127	20,943
Stationary Engineers Industry Stabilization Fund, Inc.	49	54
IUOE Local 30 Apprentice Training and Skill		
Improvement Fund	<u>77</u>	<u>51</u>
	<u><u>\$ 60,358</u></u>	<u><u>\$ 63,607</u></u>

Certain plan investments are shares of a common collective trust fund managed by Amalgamated Bank, 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 schedule of assets held at end of year.

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

NOTE 10. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the consulting actuary as of January 1, 2021. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 131,962,694
Other vested benefits	190,056,995

322,019,689

Nonvested benefits

2,550,432

Total actuarial present value of
accumulated plan benefits

\$ 324,570,121

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2021 were as follows:

Actuarial present value of accumulated plan benefits

at beginning of year

\$ 292,581,590

Increase (decrease) during the year attributable to:

Benefit accumulated, net experience
gain or loss, changes in data

6,394,719

Interest

21,367,529

Benefits paid

(14,180,681)

Change in actuarial assumptions

18,406,964

Net increase

31,988,531

Actuarial present value of accumulated plan benefits

at end of year

\$ 324,570,121

The actuarial cost method used in the valuations is the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2020 valuations were:

- Mortality rates:

Non-Annuitant:

RP-2006 Blue Collar Employee Mortality Table with generational projection
using Scale MP-2020.

Healthy participants:

RP-2006 Blue Collar Healthy Annuitant Mortality with generational
projection using Scale MP-2020.

Disabled participants:

RP-2006 Disabled Retiree Mortality Table with generational projection using
Scale MP-2020.

NOTE 10. ACTUARIAL INFORMATION (continued)

- Retirement age assumption:

The Plan was valued assuming active participants will retire according to the following rates for January 1, 2021:

<u>Age</u>	<u>Probability</u>
55-61	1%
62-64	10%
65	25%
66-69	20%
70+	100%

- Administrative expenses - \$950,000 in 2021.
- Investment rate of return: 7.0%

Based on past experience and future expectations, the following actuarial assumptions were changed with this valuation:

- Net Investment return, previously 7.5%
- Administrative expenses, previously \$1,000,000

For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Sections 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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 agreement with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2021 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, 2021 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2021. The complete financial status is presented as of December 31, 2020.

As of January 1, 2021, the actuary reported that Plan was in neither endangered nor critical status as identified under the Pension Protection Act of 2006.

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 27, 2022, 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
LOCAL 30 PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Actuary	\$ 151,500	\$ 115,500
Payroll	145,788	169,392
PBGC	138,167	130,230
Payroll audits	91,792	67,326
Management services	83,968	115,878
Legal	65,664	56,514
Employee benefits	60,359	63,607
Audit	45,125	45,325
Rent	43,942	38,803
Insurance	37,703	31,366
Conference and meetings	27,192	12,915
Depreciation and amortization	21,715	38,753
Computer	15,428	11,802
Accounting	14,968	17,021
Printing	13,069	742
Payroll taxes	10,531	10,204
Office	7,500	9,664
Auto	3,048	4,924
Postage and stationary	2,792	4,244
Telephone	<u>1,575</u>	<u>1,709</u>
Total administrative expenses	<u>\$ 981,826</u>	<u>\$ 945,919</u>

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

E.I.N. 51-6045848
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Par / Maturity					
		Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
<u>Interest bearing cash:</u>							
*	Amalgamated Bank	MMA	Demand	Variable %	707	\$ 707	\$ 707
*	Northeastern Engineers Federal Credit Union	Cash	Demand	Variable	8,275,852	8,275,852	8,275,852
	JP Morgan Prime Money Market Fund	MMA	Demand	Variable	1,540,280	1,540,280	1,540,280
	Total interest bearing cash					<u>9,816,839</u>	<u>9,816,839</u>
<u>United States Government and Government Agency obligations:</u>							
	Federal National Mortgage Association	Pool	09/01/47	3.500	315,515	323,995	337,158
	Federal National Mortgage Association	Pool	03/01/50	3.500	187,108	192,137	200,176
	Federal National Mortgage Association TBA	Pool	01/14/43	3.000	3,986,000	4,130,960	4,129,337
	U.S. Treasury	Bill	04/21/22	0.000	5,259,000	5,257,759	5,257,843
	U.S. Treasury	Note	10/31/23	0.375	3,941,000	3,931,301	3,917,748
	U.S. Treasury	Note	11/30/23	0.004	3,267,000	3,256,930	3,254,487
	U.S. Treasury	Note	11/15/24	0.750	7,559,000	7,527,661	7,516,518
	U.S. Treasury	Note	10/31/26	1.125	4,718,000	4,702,810	4,686,673
	U.S. Treasury	Note	11/15/31	1.375	978,000	970,980	965,619
	U.S. Treasury	Bond	05/15/40	1.125	690,000	621,319	604,771
	U.S. Treasury	Bond	08/15/41	1.750	3,282,000	3,178,298	3,181,997
	U.S. Treasury	Bond	11/15/51	1.875	3,173,000	3,252,325	3,147,711
	Total United States Government and Government Agency obligations					<u>37,346,475</u>	<u>37,200,038</u>
<u>Corporate obligations:</u>							
	ABN Amro Bank	Bond	03/13/37	VAR	200,000	200,000	199,832
	Aercap Ireland Cap/Glob	Bond	01/15/25	0.035	150,000	143,507	156,582
	Aercap Ireland Cap-Glob	Bond	01/23/28	0.039	300,000	302,904	318,105
	Affiliated Managers Group	Bond	01/30/32	0.033	150,000	149,436	152,815
	Aircastle Ltd	Bond	01/26/28	0.029	155,000	156,613	155,897
	Alabama Power Co	Bond	03/01/45	0.038	270,000	277,957	298,760
	American Airline PAS	ABS	01/11/36	0.029	174,000	174,000	172,343
	American Campus Communities	Bond	01/30/03	0.039	169,000	185,660	187,159
	American Homes 4 Rent	Bond	07/15/31	0.024	77,000	75,855	75,463
	American Money Management Abs Fltg	ABS	01/20/35	VAR	250,000	250,000	249,999
	American Transmission	Bond	01/15/32	0.027	132,000	131,636	133,226
	Angel Oak Mortgage	ABS	12/25/59	0.025	17,834	17,834	17,827
	Apache Corp	Bond	04/15/43	0.048	137,000	128,679	150,499
	Apidos CLO	Bond	04/20/34	VAR	250,000	250,000	249,303
	Assurant Inc	Bond	01/15/32	0.027	52,000	51,918	50,996
	AT&T Inc	Bond	09/15/53	0.035	187,000	168,160	188,664
	Aviation Cap Group LLC	Bond	01/30/26	0.020	115,000	114,450	112,169
	Avolon Holdings FDG Ltd	ABS	02/21/26	0.021	97,000	96,076	95,204
	Avolon Holdings Ltd	Bond	05/15/24	0.053	171,000	183,383	183,447
	Baidu Inc SR GLBL NT	Bond	08/23/31	0.024	200,000	194,638	192,418
	Bain Capital Credit	Bond	10/17/32	VAR	250,000	250,000	249,904
	Bank of America Corp	Bond	01/22/25	0.040	208,000	213,155	222,142
	Bank of America Corp	Bond	03/03/26	0.045	96,000	99,105	105,692
	Bank of America Corp	Bond	07/21/28	0.036	268,000	288,653	288,443
	Bank of America Corp	Bond	03/05/29	FLT	181,000	211,003	198,056

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
		Par / Maturity					
		Identity of Issuer, Borrower, Lessor or Similar Party	Maturity	Rate of	Value or		
	Type	Date	Interest	Shares	Cost	Value	
<u>Corporate obligations (continued):</u>							
Bank of America Corp	Bond	04/22/32	FLT	%	437,000	\$ 448,875	\$ 443,481
Bank of Montreal Corp	Bond	12/15/32	FLT		200,000	218,344	214,520
Bashon CLO LTD	Bond	04/20/31	VAR		250,000	250,000	249,595
BAT Capital Corp	Bond	08/15/22	FLT		133,000	123,354	133,326
Bayer Corp	Bond	02/15/28	0.067		44,000	53,839	53,578
Bayer US II Finance LLC	Bond	12/15/28	0.044		300,000	354,303	335,082
BNP Paribas	VAR	03/01/33	VAR		200,000	219,676	216,932
British Airways PLC	ABS	05/15/34	0.043		71,774	76,003	76,358
Carlyle Global	Bond	04/20/31	VAR		250,000	250,000	249,909
Carmax Auto Owner	ABS	02/15/24	0.002		230,654	230,652	230,600
CIFC Funding Var	ABS	04/25/33			250,000	250,000	249,470
Citigroup Inc	Bond	03/20/30	FLT		222,000	251,650	245,064
Citigroup Inc	Bond	01/10/28	0.039		365,000	402,607	395,722
Citigroup Inc	Bond	01/29/31	FLT		231,000	234,514	234,497
Cleveland Electric Illuminating	Bond	04/01/28	0.035		64,000	63,325	68,138
Continental Resources Inc	Bond	06/01/44	0.049		147,000	151,226	162,913
Continental Resources Inc	Bond	01/15/31	0.058		71,000	84,136	83,611
Deep Haven Residential	Bond	08/25/66	VAR		149,538	149,637	147,886
Dell Equipment Finance Trust	ABS	10/22/24	0.019		90,340	91,759	90,727
Dell International LLC	Bond	12/15/41	0.034		98,000	97,606	96,887
Dell International LLC	Bond	07/15/46	FLT		42,000	62,714	69,825
Diamondback Energy Inc	Bond	05/31/25	0.048		113,000	126,776	123,785
Diamondback Energy Inc	Bond	12/01/29	0.035		215,000	225,446	227,988
Dryden Senior Loan Fund	Bond	04/15/28	VAR		250,000	250,000	249,644
Dryden Senior Loan Fund	Bond	01/17/32	VAR		250,000	250,000	249,916
Eastern Gas Transmission	Bond	12/15/44	0.046		134,000	164,407	159,294
Eastern Gas Transmission Inc	Bond	11/15/29	0.030		134,000	143,395	138,277
Emera Finance LP	Bond	06/15/46	0.048		101,000	117,936	118,982
ENI Spa	Bond	10/01/40	0.057		135,000	136,257	172,001
ENI USA Inc	Bond	11/15/27	0.073		65,000	79,980	82,293
EPR Properties	Bond	08/15/29	0.038		133,000	135,735	134,232
Exelon Generation	Bond	10/01/39	0.063		134,000	171,109	167,345
First American Financial Corp	Bond	08/15/31	0.024		83,000	82,720	81,203
First Union Corp	Bond	08/01/26	0.076		399,000	504,931	495,897
Flagship Cr Auto	ABS	07/15/24	0.015		6,392	6,392	6,403
Flagship CR TR 2021	ABS	06/16/25	0.000		93,458	93,454	93,248
Flex Ltd	Bond	02/01/26	0.038		206,000	210,843	220,010
Ford Cr Auto Lease	ABS	07/15/23	0.005		219,179	249,161	249,085
Galaxy Pipeline Assets	Bond	09/30/40	0.033		200,000	200,000	201,906
General Motors Co	Bond	04/01/36	0.066		124,000	134,591	167,716
Glencore Funding LLC	Bond	04/27/31	0.029		98,000	97,890	96,871
GMAC LLC	Bond	11/01/31	0.080		171,000	238,382	242,062
Goldman Sachs Group Inc	Bond	07/21/21	FLT		339,000	338,232	333,779
Goldman Sachs Group Inc	Bond	10/01/37	0.068		46,000	65,142	65,223
Halliburton Co	Bond	09/15/39	0.075		100,000	134,790	146,939
Halliburton Co	Bond	11/15/45	0.050		135,000	156,406	161,287
Harbor Group International Closes	Bond	09/19/26	VAR		180,000	180,000	178,819
HCA Inc	Bond	06/15/26	0.053		21,000	24,697	23,616
Helmerich & Payne	Bond	09/29/31	0.029		82,000	81,809	80,471
Invesco CLO LTD	Bond	10/22/34	VAR		250,000	250,000	249,998
Invitaiton Homes Operating Partnership	Bond	08/15/31	0.020		159,000	155,638	149,729
Ipalco Enterprises	Bond	05/01/30	0.043		120,000	137,704	131,695
Japan Financial Organization Municipal	Bond	04/21/22	0.020		300,000	305,190	301,820
JPMorgan Chase & Co	Bond	02/01/28	0.038		744,000	787,869	805,402
JPMorgan Chase & Co	Bond	04/22/32	FLT		210,000	214,643	212,698
Kayne CLO	Bond	04/23/34	VAR		250,000	250,000	249,999
Logan CLO I LTD	Bond	07/20/34	VAR		250,000	250,000	250,039
Macquarie BK LTD	Bond	03/03/36	0.031		200,000	200,000	197,166

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party		Maturity	Rate of	Par / Maturity Value or		Current
		Type	Date	Interest	Shares	Cost	Value
	<u>Corporate obligations (continued):</u>						
	Macquarie Group LTD	Bond	03/27/29	FLT	% 110,000	\$ 109,256	\$ 123,542
	Marsh & McLennan Companies Inc	Bond	12/15/31	0.024	108,000	107,998	109,025
	Mercedes-Benz Auto	ABS	02/15/23	0.000	189,966	189,964	189,926
	Minejesa Capital Bv	Bond	08/10/30	0.046	200,000	208,900	205,152
	Morgan Stanley	Bond	01/23/30	FLT	73,000	85,401	83,188
	Morgan Stanley	Bond	07/21/32	FLT	268,000	264,555	262,123
	Morgan Stanley	Bond	09/16/36	FLT	97,000	97,000	93,406
	Morgan Stanley	Bond	01/20/27	0.036	41,000	46,739	44,451
	National Australia Bk	Bond	05/21/31	0.030	250,000	250,000	250,725
	National Fuel Gas Company	Bond	09/15/27	0.040	215,000	230,936	228,100
	National Oilwell Varco	Bond	12/01/29	0.036	271,000	280,841	279,924
	Neuberger Berman Group	Bond	03/15/27	0.045	51,000	52,002	56,667
	Neuberger Berman Group	Bond	04/15/45	0.049	29,000	28,072	34,304
	Newark BSL CLO 1	ABS	12/21/29		250,000	246,875	249,668
	NGPL Pipeco LLC	Bond	07/15/31	0.033	122,000	122,572	123,925
	nVent Finance SARL	Bond	04/15/28	0.046	203,000	205,184	225,639
	NVR Inc	Bond	05/15/30	0.030	88,000	90,107	91,439
	Oaktree CLO LTD	Bond	10/20/32	VAR	250,000	250,000	249,999
	Oglethorpe Power Corp	Bond	11/01/39	0.060	25,000	328,417	331,743
	Ohio Edison Co	Bond	10/15/38	0.083	33,000	48,916	52,907
	Oracle Corp	Bond	07/08/39	0.061	200,000	289,023	265,088
	Oracle Corp SR NT	Bond	03/25/31	0.029	183,000	190,227	184,166
	Owl Rock Capital	Bond	06/11/28	0.029	128,000	128,067	125,642
	Pacific Gas and Electric Company	Bond	07/01/30	0.046	114,564	130,800	123,867
	Palmer Square	ABS	07/17/34		248,271	250,000	248,547
	Park Aerospace Holdings	Bond	02/15/24	0.055	142,000	153,506	152,271
	Pennsylvania Electric Co	Bond	06/01/29	0.036	61,000	61,875	64,906
	Pennsylvania Higher Education	ABS	04/25/38		23,666	22,685	22,420
	Physicians Realty LP	Bond	11/01/31	0.026	123,000	122,740	122,879
	Pulte Homes Inc	Bond	05/15/33	0.064	60,000	76,961	78,020
	Residential Mtg Ln T Abs	ABS	02/25/24	0.024	40,887	40,887	41,053
	Santander Drive Auto	Bond	11/15/23	0.003	100	33,847	33,847
	Santander Holdings USA	Bond	07/13/27	0.044	213,000	237,684	233,523
	Skyworks Solutions Inc	Bond	06/01/31	0.030	90,000	92,019	90,715
	TCI-Flatiron CLO	Bond	04/20/34	VAR	250,000	250,000	249,387
	Teachers Insurance & Annuity	Bond	09/15/44	0.049	240,000	278,179	308,098
	Tencent Holding Ltd	Bond	06/03/30	0.024	200,000	197,456	195,950
	Time Warner Cable	Bond	07/01/38	0.073	196,000	252,248	277,401
	T-Mobile USA Inc	Bond	03/15/32	0.027	99,000	98,734	99,610
	Toyota Auto Receivables	ABS	07/17/23	0.002	315,437	315,435	315,315
	UBS AG	Bond	05/15/24	0.051	200,000	196,750	214,416
	Vmware Inc	Bond	05/15/30	0.047	170,000	198,397	197,856
	Voya CLO LTD	Bond	10/17/32	VAR	250,000	250,000	250,000
	Wachovia Bank	Bond	02/01/37	0.059	34,000	44,593	45,521
	Wells Fargo & Company	Bond	06/02/28	FLT	264,000	277,199	268,311
	Wind River CLO	Bond	01/20/35	VAR	250,000	250,000	250,000
	World Omni Auto Recs	ABS	07/17/23	0.029	5,367	5,450	5,379
	World Omni Auto Recs TR	ABS	02/15/24	0.002	241,190	241,183	241,091
	Xstrata Finance Canada	Bond	10/25/42	0.053	121,000	125,716	154,012
	Total corporate onligations					23,585,763	23,815,048
	<u>Municipal Bonds:</u>						
	Bay Area Toll Authority	Bond	04/01/55	0.031	184,000	184,263	184,486
	Foothill Eastern Transportation	Bond	01/15/49	0.041	53,000	53,689	56,968
	Miami-Dade County, Florida	Bond	10/01/37	0.028	40,000	39,928	39,152
	New Jersey Educational Facilities	Bond	09/01/29	0.036	45,000	47,039	48,533
	New Jersey Educational Facilities	Bond	09/01/36	0.038	54,000	56,394	57,813
	New York City NY	Bond	05/01/33	0.027	330,000	349,054	335,650

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Municipal Bonds (continued):</u>						
	University of California	Bond	05/15/50	0.030 %	30,000	\$ 30,000	\$ 30,866
	Total municipal bonds					<u>760,367</u>	<u>753,468</u>
	<u>Common collective trusts:</u>						
	BNYM AFL SL Stock Index Fund				1,195,054	14,543,806	18,356,028
	CIF II Growth Fund				589,328	9,000,807	17,432,314
	Comerica- Wedge Capital Small Cap Value CIT				981,599	11,886,949	16,137,488
	Loomis Sayles High Yield Conservative Trust				639,117	12,929,840	18,355,442
	RCIT RCT Large Cap Value Fund Class B				533,461	16,677,540	18,009,645
	William Blair				2,279,160	25,716,380	40,187,287
	Total common collective trusts					<u>90,755,322</u>	<u>128,478,204</u>
	<u>Mutual funds:</u>						
	Vanguard S-C Grow Index Fund				166,434	5,802,194	13,196,533
	<u>Pooled separate account:</u>						
	Prudential Value Equity Fund				142,274	9,533,373	18,118,406
	<u>Partnerships:</u>						
	Pomona Capital IX, L.P.					5,829,841	6,715,400
	<u>Investment contract with insurance company:</u>						
	Union Labor Life Insurance Company				1,268,644	1,268,644	1,268,644
	<u>Real estate partnership:</u>						
	1616 WSE, LLC				43,466,421	43,466,421	43,466,421
Total Investments						\$228,165,239	\$282,829,001

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 30 PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500, Schedule H, Item 4j

E.I.N. 51-6045848
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	JP Morgan Prime Money Market	\$ 42,565,989	N/A	N/A	\$ 42,565,989	N/A
	JP Morgan Prime Money Market	N/A	\$ 43,416,590	\$ 43,417,023	43,416,590	\$ (433)
	U.S. Treasury Bill	8,187,011	N/A	N/A	8,187,011	N/A
	4/29/2021	N/A	8,187,011	8,187,011	8,187,011	-
	Federal National Mortgage Association	10,387,495	N/A	N/A	10,387,495	N/A
	3.000% due 03/13/2048	N/A	10,357,670	10,387,495	10,357,670	(29,825)
	Federal National Mortgage Association	7,797,483	N/A	N/A	7,797,483	N/A
	3.000% due 01/14/2043	N/A	8,853,954	8,843,734	8,853,954	10,220
	Federal National Mortgage Association	8,178,387	N/A	N/A	8,178,387	N/A
	3.500% due 02/15/2041	N/A	8,206,883	8,178,387	8,206,883	28,496
	Federal National Mortgage Association	8,193,495	N/A	N/A	8,193,495	N/A
	3.500% due 03/04/2041	N/A	8,182,051	8,193,495	8,182,051	(11,444)
	Federal National Mortgage Association	7,549,244	N/A	N/A	7,549,244	N/A
	4.000% due 02/12/2039	N/A	7,552,771	7,549,244	7,552,771	3,527
	U.S. Treasury Notes	5,876,405	N/A	N/A	5,876,405	N/A
	0.125% due 10/31/2022	N/A	9,522,168	9,517,549	9,522,168	4,619
	U.S. Treasury Notes	5,291,005	N/A	N/A	5,291,005	N/A
	0.125% due 12/15/2023	N/A	11,643,915	11,670,876	11,643,915	(26,961)
	U.S. Treasury Notes	9,879,000	N/A	N/A	9,879,000	N/A
	0.375% due 04/15/2024	N/A	9,875,516	9,879,000	9,875,516	(3,484)
	U.S. Treasury Notes	8,089,390	N/A	N/A	8,089,390	N/A
	0.375% due 11/30/2025	N/A	8,009,142	8,089,390	8,009,142	(80,248)
	U.S. Treasury Notes	10,040,963	N/A	N/A	10,040,963	N/A
	0.750% due 03/31/2026	N/A	10,084,989	10,040,963	10,084,989	44,026
	U.S. Treasury Notes	8,786,224	N/A	N/A	8,786,224	N/A
	0.625% due 07/31/2026	N/A	8,675,605	8,786,224	8,675,605	(110,619)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	Longview Largecap 500 Index Fund	N/A	\$ 24,973,015	\$ 11,623,004	\$ 24,973,015	\$ 13,350,011
	WTC - CIF II Growth	\$ 122,060	N/A	N/A	122,660	N/A
	WTC - CIF II Growth	N/A	16,569,443	8,527,422	16,569,443	8,006,059
	UMBS TBA	7,996,813	N/A	N/A	7,996,813	N/A
	3% due 2/15/2015	N/A	8,011,945	7,996,813	8,011,945	15,132

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	Age Requirement: 65 Service Requirement: 10 pension credits (five of which must have been earned during the period while the employer was contributing to the Fund) Amount: A monthly benefit equal to the sum of the following: ➤ 1.3% of contributions received on a participant's behalf on or after January 1, 2016 ➤ 1.15% of contributions received on a participant's behalf from July 1, 2009 through December 31, 2015 ➤ 3.0% of 70% of total contributions received on a participant's behalf from January 1, 2008 through June 30, 2009 ➤ 3.3% of contributions received on a participant's behalf from January 1, 2006 through December 31, 2007 ➤ 3.8% of contributions received on a participant's behalf during the period from March 1, 1991 through December 31, 2005 ➤ An amount equal to the average benefit accrual rate (based on the highest contribution rates in effect for a 12 consecutive month period consisting of the last ten calendar years prior to March 1, 1991), times the number of pension credits earned prior to March 1, 1991
Early Retirement	Age Requirement: 55 Service Requirement: 15 pension credits (five of which must have been earned during the period while the employer was contributing to the Fund) Amount: If participant leaves covered employment after age 55: Regular pension accrued reduced by 3% for each year between ages 62 and 65 and then 6% further per year between ages 55 and 62. If participant leaves covered employment before age 55: Regular pension accrued reduced by 3% for each year for retirement date after age 62 or reduced 6% per year for retirement date between ages 55 and 62.

Section 3: Certificate of Actuarial Valuation

Disability	Age Requirement: None Service Requirement: 10 pension credits Amount: Regular or early pension accrued, but not reduced below age 55.
Deferred Pension	Age Requirement: None Service Requirement: Five years of vesting service. Amount: Regular or early pension accrued based on plan in effect when last active <i>Normal Retirement Age:</i> 65, or fifth anniversary of plan participation
Pro Rata and Reciprocal Pension	<i>Age Requirement:</i> Same as for any of the preceding pension types. <i>Service Requirement:</i> Combined pension credits, i.e., Local 30 pension credits plus related pension credits should equal the requirements indicated above (except a Deferred pension requires 15 combined pension credits) <i>Amount:</i> The benefit amount payable is determined based on the years of pension credits and employer contributions under this plan or in the ratio of the years that Local 30 pension credits bear to the years of the combined pension credits.
Spouse's Pre-Retirement Death Benefit	Age Requirement: None Service Requirement: Five years of vesting service. Amount: 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the participant died prior to age 55, the benefit is calculated as if the participant had reached age 55. The benefit is payable immediately following the employee's death. <i>Charge for Coverage:</i> None
Post-Retirement Death Benefit	<i>Husband and Wife:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected and the spouse predeceases the employee and the employee retired May 1, 1992 or later, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with five years of payment guaranteed, without reduction for benefits accrued as of December 31, 2005 and for the life of the employee for benefits accrued after December 31, 2005, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	For participant with a Qualified Spouse: 75% and 100% Husband-and-Wife Pop-up Pension
Pension Credit	For employment during the contribution period, 1/25 th of a pension credit for each 5 days of covered employment to maximum of one pension credit after completion of 120 days, if days are basis on which contributions are made.
Vesting Credit	One year of vesting service for each credit year during the contribution period in which the employee works at least 1,000 hours, 100 days, 22 weeks or 5 months of covered employment, whichever is the basis on which contributions are made.

Section 3: Certificate of Actuarial Valuation

Contribution Rate	Varies by employer
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	56	48	8	—	—	—	—	—	—	—
25 - 29	123	83	38	2	—	—	—	—	—	—
30 - 34	226	102	83	38	3	—	—	—	—	—
35 - 39	206	63	64	48	30	1	—	—	—	—
40 - 44	216	55	59	40	41	17	4	—	—	—
45 - 49	259	60	45	53	47	40	9	5	—	—
50 - 54	335	43	65	55	62	39	39	31	1	—
55 - 59	380	61	48	53	65	43	31	59	20	—
60 - 64	298	35	29	45	54	32	23	35	28	17
65 - 69	96	9	14	12	17	6	6	16	5	11
70 & over	24	3	6	1	3	3	1	3	—	4
Unknown	—	—	—	—	—	—	—	—	—	—
Total	2,219	562	459	347	322	181	113	149	54	32

Note: Excludes 62 participants with less than one pension credit.

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2000	\$472,887	9	\$67,833
Plan amendment	01/01/2000	2,532,536	9	363,280
Plan amendment	01/01/2001	184,053	10	24,491
Change in assumptions	01/01/2002	765,690	11	95,430
Change in assumptions	01/01/2005	567,021	14	60,594
Change in assumptions	01/01/2006	126,517	15	12,982
Actuarial loss	01/01/2007	554,833	1	554,833
Actuarial loss	01/01/2008	142,095	2	73,450
Actuarial loss	01/01/2009	209,146	3	74,482
Investment loss subject to relief	01/01/2009	16,366,096	17	1,566,636
Investment loss subject to relief	01/01/2010	99,585	17	9,533
Change in assumptions	01/01/2011	628,028	5	143,150
Investment loss subject to relief	01/01/2011	902,211	17	86,364
Investment loss subject to relief	01/01/2012	2,603,147	17	249,185
Investment loss subject to relief	01/01/2013	6,267,882	17	599,990
Actuarial loss	01/01/2014	358,567	8	56,120
Actuarial loss	01/01/2015	2,090,487	9	299,871
Change in assumptions	01/01/2015	4,518,981	9	648,227
Actuarial loss	01/01/2016	5,134,743	10	683,245
Actuarial loss	01/01/2017	7,300,089	11	909,829
Actuarial loss	01/01/2018	4,234,593	12	498,265
Change in assumptions	01/01/2019	414,382	13	46,338
Actuarial loss	01/01/2019	1,953,686	13	218,467
Actuarial loss	01/01/2020	2,178,730	14	232,829

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2021	18,406,964	15	1,888,772
Total		\$79,012,949		\$9,464,196

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	01/01/2012	\$118,102	6	\$23,156
Actuarial gain	01/01/2013	1,232,428	7	213,721
Change in assumptions	01/01/2017	2,042,539	11	254,567
Change in assumptions	01/01/2020	1,087,235	14	116,187
Actuarial gain	01/01/2021	4,088,831	15	419,562
Total		\$8,569,135		\$1,027,193

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed with this valuation: - Net investment return, previously 7.5% - Administrative expenses, previously \$1,000,000

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	<i>Non-Annuitant: RP-2006 Blue Collar Employee Mortality Tables</i> <i>Healthy Annuitant: RP-2006 Blue Collar Healthy Annuitant Mortality Tables</i> <i>Disabled Annuitant: RP-2006 Disabled Retiree Mortality Table</i> The underlying tables with the generational projection using Scale MP-2020 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years with generational projection to reflect future mortality improvement between the measurement date and those years. The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year assumption over the past several years.																																																												
Termination Rates	<table><tr><th></th><th colspan="4">Rate (%)</th></tr><tr><th></th><th colspan="2">Mortality¹</th><th></th><th></th></tr><tr><th>Age</th><th>Male</th><th>Female</th><th>Disability</th><th>Withdrawal²</th></tr><tr><td>20</td><td>0.07</td><td>0.02</td><td>0.03</td><td>7.94</td></tr><tr><td>25</td><td>0.07</td><td>0.02</td><td>0.03</td><td>7.72</td></tr><tr><td>30</td><td>0.06</td><td>0.02</td><td>0.03</td><td>7.22</td></tr><tr><td>35</td><td>0.07</td><td>0.03</td><td>0.03</td><td>6.28</td></tr><tr><td>40</td><td>0.10</td><td>0.05</td><td>0.05</td><td>5.15</td></tr><tr><td>45</td><td>0.16</td><td>0.09</td><td>0.09</td><td>3.98</td></tr><tr><td>50</td><td>0.26</td><td>0.13</td><td>0.20</td><td>2.56</td></tr><tr><td>55</td><td>0.38</td><td>0.19</td><td>0.43</td><td>0.94</td></tr><tr><td>60</td><td>0.64</td><td>0.31</td><td>0.87</td><td>0.09</td></tr></table> ¹ Mortality rates shown for base table. ² Withdrawal rates do not apply at or beyond early retirement age. The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the past several years.		Rate (%)					Mortality ¹				Age	Male	Female	Disability	Withdrawal ²	20	0.07	0.02	0.03	7.94	25	0.07	0.02	0.03	7.72	30	0.06	0.02	0.03	7.22	35	0.07	0.03	0.03	6.28	40	0.10	0.05	0.05	5.15	45	0.16	0.09	0.09	3.98	50	0.26	0.13	0.20	2.56	55	0.38	0.19	0.43	0.94	60	0.64	0.31	0.87	0.09
	Rate (%)																																																												
	Mortality ¹																																																												
Age	Male	Female	Disability	Withdrawal ²																																																									
20	0.07	0.02	0.03	7.94																																																									
25	0.07	0.02	0.03	7.72																																																									
30	0.06	0.02	0.03	7.22																																																									
35	0.07	0.03	0.03	6.28																																																									
40	0.10	0.05	0.05	5.15																																																									
45	0.16	0.09	0.09	3.98																																																									
50	0.26	0.13	0.20	2.56																																																									
55	0.38	0.19	0.43	0.94																																																									
60	0.64	0.31	0.87	0.09																																																									

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Participants	<table data-bbox="999 240 1419 524"> <tr> <th>Age</th><th>Annual Retirement Rates</th></tr> <tr> <td>55 – 61</td><td>1%</td></tr> <tr> <td>62 – 64</td><td>10%</td></tr> <tr> <td>65</td><td>25%</td></tr> <tr> <td>66 – 69</td><td>20%</td></tr> <tr> <td>70 and above</td><td>100%</td></tr> </table> The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.	Age	Annual Retirement Rates	55 – 61	1%	62 – 64	10%	65	25%	66 – 69	20%	70 and above	100%
Age	Annual Retirement Rates												
55 – 61	1%												
62 – 64	10%												
65	25%												
66 – 69	20%												
70 and above	100%												
Description of Weighted Average Retirement Age	Age 66, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.												
Retirement Rates for Inactive Vested Participants	<table data-bbox="999 821 1419 1105"> <tr> <th>Age</th><th>Annual Retirement Rates</th></tr> <tr> <td>55 – 60</td><td>5%</td></tr> <tr> <td>61 – 64</td><td>15%</td></tr> <tr> <td>65</td><td>50%</td></tr> <tr> <td>66 – 69</td><td>15%</td></tr> <tr> <td>70 and above</td><td>100%</td></tr> </table> The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.	Age	Annual Retirement Rates	55 – 60	5%	61 – 64	15%	65	50%	66 – 69	15%	70 and above	100%
Age	Annual Retirement Rates												
55 – 60	5%												
61 – 64	15%												
65	50%												
66 – 69	15%												
70 and above	100%												
Future Benefit Accruals	Contribution received on a participant's behalf for all future years are assumed to be equal to the participant's annualized contribution in 2020. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.												

Section 3: Certificate of Actuarial Valuation

Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Those who were credited with contributions during the year and also had at least one pension credit by the end of the year.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	55% of participants are assumed to elect the 50% husband-and-wife pop-up pension and 45% of participants are assumed to elect the single life annuity. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.
Delayed Retirement Factors	Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$950,000 for the year beginning January 1, 2021 (equivalent to \$915,988 payable at the beginning of the year). This is equivalent to a 12.2% load on normal cost as of January 1, 2021. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019 (previously, MP-2018).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 8.9%, for the Plan Year ending December 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 10.9%, for the Plan Year ending December 31, 2020

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed with this valuation: • Net investment return, previously 7.5% • Administrative expenses, previously \$1,000,000

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$16,230,281
2022	17,416,307
2023	18,478,942
2024	19,664,773
2025	20,742,426
2026	21,887,868
2027	23,018,163
2028	24,124,709
2029	25,205,739
2030	26,182,073

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2021

LOCATION (JONES LANG LA SALLE)	PENSION RATE	OT PENSION RATE	CONTRACT EXP DATE
120 LONG RIDGE ROAD	\$ 3.66	\$ 5.49	12/31/2023
600 STEAMBOAT ROAD	\$ 5.31	\$ 7.97	12/31/2023
BASF	\$ 2.90	\$ 4.35	4/30/2024
CONNECTICUT/WESTCHESTER TRAVELING CREW	\$ 3.21	\$ 3.21	9/30/2022
CYRUS ONE	\$ 1.50	\$ 2.25	12/31/2024
DELTA TERMINAL LAGUARDIA AIRPORT	\$ 2.39	\$ 2.39	2/29/2024
GARTNER FACILITIES INC	\$ 1.20	\$ 1.20	12/31/2022
GRAND CENTRAL TERMINAL	\$ 4.50	\$ 6.75	12/31/2022
GREENWICH AMERICAN CENTER	\$ 3.64	\$ 5.46	7/31/2023
HBO FACILITIES	\$ 4.10	\$ 4.10	3/31/2022
IBM HEADQUARTERS	\$ 4.07	\$ 6.11	12/31/2021
IBM LEARNING CENTER	\$ 2.52	\$ 3.78	12/31/2021
IBM NORTH CASTLE	\$ 6.17	\$ 9.26	12/31/2021
LANDMARK AT EASTVIEW	\$ 3.91	\$ 5.86	5/31/2022
LONG ISLAND TRAVELING CREW	\$ 3.53	\$ 3.53	9/30/2022
REGENERON	\$ 3.91	\$ 5.86	5/31/2022
SWISS RE CORPORATE HEADQUARTERS	\$ 3.80	\$ 5.70	12/31/2022
YORKTOWN	\$ 1.74	\$ 2.60	12/31/2021

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets	
(1) Current value of assets.....	1b(1) 278,620,474
(2) Actuarial value of assets for funding standard account	1b(2) 269,097,252
c (1) Accrued liability for plan using immediate gain methods	1c(1) 324,570,121
(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) 324,570,121
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) 662,220,438
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 21,317,483
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 16,246,979
(3) Expected plan disbursements for the plan year.....	1d(3) 17,196,979

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	Frank Santasiero 	06/02/2022
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Signature of actuary	Date
FRANK SANTASIERO, FSA, FCA, MAAA	2006798

Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000

Firm name	Telephone number (including area code)
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333 WEST 34TH STREET NEW YORK NY 10001-2402
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	278,620,474
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,220	202,013,977
(2) For terminated vested participants	1,072	137,654,267
(3) For active participants:		
(a) Non-vested benefits		7,692,928
(b) Vested benefits		314,859,266
(c) Total active	2,219	322,552,194
(4) Total	4,511	662,220,438
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	42.07%

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
07/15/2021	16,116,928				
Totals ▶			3(b)	16,116,928	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.9 %
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? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ 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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
- e** ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
- i** ☐ 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?.....	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ 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	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	12.2 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	18,406,964	1,888,772
1	-4,088,831	-419,562

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ 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?	☐ Yes ☒ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	8,410,071
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	79,012,949
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1,251,199
e Total charges. Add lines 9a through 9d.....	9e	19,125,466
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	14,970,945
g Employer contributions. Total from column (b) of line 3.....	9g	16,116,928
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	8,569,135
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,636,954

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	84,373,657
(2) "RPA '94" override (90% current liability FFL)	9j(2)	345,227,414
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	33,752,020
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14,626,554
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(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
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....☒ Yes ☐ No