

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 IUOE LOCAL 30 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1954
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) BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357-3055	2b Employer Identification Number (EIN) 51-6045848 2c Plan Sponsor's telephone number 718-847-8484 2d Business code (see instructions) 238900

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.	07/25/2023	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

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 4511
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) 2219
a(2) Total number of active participants at the end of the plan year		6a(2) 2205
b Retired or separated participants receiving benefits		6b 952
c Other retired or separated participants entitled to future benefits.....		6c 1090
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 4247
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 333
f Total. Add lines 6d and 6e		6f 4580
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)		7 148
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)	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	(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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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		01/01/2022	12/31/2022

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	5309

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	
	5309	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** 1293268**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** 1268644**c** Additions: (1) Contributions deposited during the year **7c(1)** 4538
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 25395
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions..... **7c(6)** 29933**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1298577**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)** 5309
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions..... **7e(5)** 5309**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1293268

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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		01/01/2022	12/31/2022

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	16332794

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..... Specify nature of costs ▶	6d	

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► 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 2022	
b Assets	
(1) Current value of assets	1b(1) 314632716
(2) Actuarial value of assets for funding standard account	1b(2) 294542406
c (1) Accrued liability for plan using immediate gain methods	1c(1) 343783831
(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) 343783831
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) 713661528
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 23880314
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 17697564
(3) Expected plan disbursements for the plan year	1d(3) 18697564

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		07/07/2023
Signature of actuary		Date
FRANK SANTASIERO, FSA, FCA, MAAA		23-06798
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	314632716
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	1285	223566691
(2) For terminated vested participants	1090	146070096
(3) For active participants:		
(a) Non-vested benefits		9012824
(b) Vested benefits		335011917
(c) Total active	2205	344024741
(4) Total	4580	713661528
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.09 %

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
07/15/2022	18286236				
Totals ▶			3(b)	18286236	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0**4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	85.7 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	2.22 %
	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
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	964198
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-5789563	-594077
3	3310255	339671

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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	9032722

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers.....

(3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	77727419	9249031
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1279723**e** Total charges. Add lines 9a through 9d.....**9e** 19561476**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 14626554**g** Employer contributions. Total from column (b) of line 3.....**9g** 18286236**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	13859440	1621269

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1724031**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit.....

9j(1)	78003750	
9j(2)	366644318	
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** 36258090**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 16696614**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 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

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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

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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	NONE	153646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SS&C GLOBEOP

06-1169696

(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	132246	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	119923	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)

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	108183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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)

GRAHAM CAPITAL MANAGEMENT LP

06-1398337

(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	88994	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)

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	87007	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

(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	86522	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	0	Yes ☒ No ☐	Yes ☒ No ☐	84267	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)

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	78262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	75513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	67371	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)

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	60173	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	57659	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	54667	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)

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	47500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	45154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAIL DISALVO

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	26569	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)

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	17558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPREHENSIVE HEALTHCARE SYSTEMS IN

47-4496373

(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	15824	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
PRUDENTIAL INSURANCE COMPANY OF AME		84267
(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.	
PGIM QUANT SOLUTIONS VALUE 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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE 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 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)
--------	--

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 22-1211670-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16332794	
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 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17236127	
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 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15945764	
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 81-6507188-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14613328	
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 27-6331814-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28363689	
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 04-6913417-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11581978	
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) 14085439	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>IUOE LOCAL 30 PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan 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	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
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)	19105552493875
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	3436154919015874
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	98168398208496
(2) U.S. Government securities		1c(2)	3720003834746959
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	2381504823966060
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	671540041480610
(6) Real estate (other than employer real property)		1c(6)	4346642143237708
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	128478204101826325
(10) Value of interest in pooled separate accounts		1c(10)	1811840616332794
(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)	131965339786712
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	12686441293268
(15) Other		1c(15)	753468444105

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	43482	26767
f Total assets (add all amounts in lines 1a through 1e)	1f	319144587	302859553

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	345629	321385
i Acquisition indebtedness	1i		
j Other liabilities	1j	4166242	26536553
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4511871	26857938

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	314632716	276001615
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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)	18286236	
(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)		18286236
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	66786	
(B) U.S. Government securities	2b(1)(B)	676146	
(C) Corporate debt instruments	2b(1)(C)	862270	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	97278	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1702480
(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)	53595	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		53595
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	446370496	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	447857896	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1487400
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-228713	
(B) Other	2b(5)(B)	-6366569	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6595282

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-26374587
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1701344
(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)		-3767639
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-19883941
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16901446	
(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)		16901446
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)	287035	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	979286	
(4) Other	2i(4)	579393	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1845714
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18747160
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-38631101
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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?	X		84718318
4g	X		84718318
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 488727.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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.)		
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		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer JONES LANG LA SALLE

b EIN 36-3588029

c Dollar amount contributed by employer 1056887

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 2023

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 CBRE INC

b EIN 52-1616016

c Dollar amount contributed by employer 704492

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 2024

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 COVANTA ENERGY SERVICE INC

b EIN 13-3560729

c Dollar amount contributed by employer 690020

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 2023

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 CUSHMAN & WAKEFIELD INC

b EIN 13-2625361

c Dollar amount contributed by employer 681392

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 2023

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 ABLE ENGINEERING SERVICES

b EIN 94-3226677

c Dollar amount contributed by employer 592458

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 2023

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 NAES CORPORATION

b EIN 91-1111672

c Dollar amount contributed by employer 607041

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 06 Day 30 Year 2025

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): HOURLY AND PERCENTAGE OF

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LINCOLN CENTER

b EIN 13-1847137

c Dollar amount contributed by employer 480189

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 06 Day 30 Year 2024

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): 11% OF GROSS WAGES

a Name of contributing employer ABM ENGINEERING SERVICES INC

b EIN 94-1369354

c Dollar amount contributed by employer 519441

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 2023

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 IUOE LOCAL 30

b EIN 13-5159000

c Dollar amount contributed by employer 402005

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): PERCENTAGE OF GROSS WAGES

a Name of contributing employer NEW YORK PRESBYTERIAN/QUEENS

b EIN 11-1839362

c Dollar amount contributed by employer 431346

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 09 Day 30 Year 2024

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): 8.65% PER HOUR PAID

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	1.04
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: 58.9 % Investment-Grade Debt: 21.8 % High-Yield Debt: 0.0 % Real Estate: 15.4 % Other: 3.9 %

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, 2022

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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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, 2022 and 2021, 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, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the International Union of Operating Engineers Local 30 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. 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
July 12, 2023

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
Common collective trusts	\$ 101,826,325	\$ 128,478,204
U.S. Government and Government		
Agency obligations	34,746,959	37,200,038
Real estate partnership	43,237,708	43,466,421
Corporate obligations	23,966,060	23,815,048
Pooled separate account	16,332,794	18,118,406
Mutual fund	9,786,712	13,196,533
Short-term investments	8,208,496	9,816,839
Limited partnership	10,866,021	6,715,400
Hedge funds of funds	30,614,589	-
Investment contract with insurance company	1,293,268	1,268,644
Municipal obligations	444,105	753,468
Total investments	<u>281,323,037</u>	<u>282,829,001</u>
RECEIVABLES		
Employer contributions	2,493,875	1,910,555
Accrued investment income	377,142	248,027
Due from related entities	61,409	-
Due from related Union	318	2,803
Securities sold and not settled	18,466,144	34,000,000
Total receivables	<u>21,398,888</u>	<u>36,161,385</u>
OTHER		
Property and equipment - net	26,767	43,482
Prepaid expenses	110,861	110,719
Total other	<u>137,628</u>	<u>154,201</u>
Total assets	<u>302,859,553</u>	<u>319,144,587</u>

See accompanying notes to financial statements.

	<u>2022</u>	<u>2021</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	\$ 321,385	\$ 345,629
Due to related entities	-	35,282
Securities purchased and not settled	<u>26,536,553</u>	<u>4,130,960</u>
Total liabilities	<u>26,857,938</u>	<u>4,511,871</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 276,001,615</u>	<u>\$ 314,632,716</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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (40,201,535)	\$ 35,171,921
Interest and dividends	<u>2,031,358</u>	<u>1,609,253</u>
	(38,170,177)	36,781,174
Less investment expenses	<u>(979,286)</u>	<u>(662,011)</u>
Investment income (loss) - net	(39,149,463)	36,119,163
 Employer contributions	 <u>18,286,236</u>	 <u>16,116,928</u>
 Total additions	 <u>(20,863,227)</u>	 <u>52,236,091</u>
 DEDUCTIONS		
Retirement benefits	16,901,446	15,242,023
Administrative expenses	<u>866,428</u>	<u>981,826</u>
 Total deductions	 <u>17,767,874</u>	 <u>16,223,849</u>
 NET INCREASE (DECREASE)	 (38,631,101)	 36,012,242
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>314,632,716</u>	<u>278,620,474</u>
 End of year	 <u><u>\$ 276,001,615</u></u>	 <u><u>\$ 314,632,716</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

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 partnerships and hedge funds of funds are carried at fair value as determined by the partnerships. 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 \$16,715 and \$21,715 for the years ended December 31, 2022 and 2021, 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, 2022 and 2021, 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, 2022 and 2021:

Fair Value Measurements at December 31, 2022				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government				
Agency obligations:				
United States Treasuries	\$ 17,928,827	\$ 17,928,827	\$ -	\$ -
Government Agencies	16,818,132	-	16,818,132	-
Mutual fund	9,786,712	9,786,712	-	-
Corporate obligations	23,966,060	-	23,966,060	-
Short-term investments	8,208,496	8,208,496	-	-
Municipal obligations	444,105	-	444,105	-
Total assets in the fair value hierarchy	77,152,332	\$ 35,924,035	\$ 41,228,297	\$ -
Investments measured at NAV*	204,170,705			
Total investments	\$ 281,323,037			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	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			

* 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, 2022 and 2021:

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
Loomis Sayles High Yield Conservative Trust	\$ 15,945,764	\$ -	Daily	3 days
Boston Partners Large Cap Value Fund	17,236,127	-	Daily	5 days
Wedge Capital Small Cap Value CIT	14,613,328	-	Monthly	10 days
WTC-CIF II Growth Fund	11,581,978	-	Daily	1 day
William Blair Global Leaders CIT	28,363,689	-	Daily	1 day
BNYM Stock Index	14,085,439	-	Daily	1 day
Real estate partnership	43,237,708	-	(a)	(a)
Pooled separate account:				
Prudential Value Equity Fund	16,332,794	-	Daily	15 days
Investment contract with insurance company:				
Union Labor Life Insurance Company	1,293,268	-	Monthly	90 days
Limited partnerships:				
Pomona Capital IX, LP	2,124,550	7,602,044	(b)	(b)
Pomona Capital X, LP	4,668,158	8,367,166	(c)	(c)
GCM Grosvenor Multi-Asset Class Fund III	4,073,313	-	(f)	(f)
Hedge funds of funds:				
Graham Global Investment Fund II	17,301,581	-	(d)	(d)
Select Equity SEGP	13,313,008	-	(e)	(e)
	\$ 173,556,116	\$ 15,969,210		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
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>		

(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, 2022 and 2021, the estimated fair value of the Plan's interest was \$43,237,708 and \$43,466,421, 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 2.0% for the year ended December 31, 2022 and 2.00% for 2021.

(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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(c) The Pomona Capital X,L.P (the “Fund”) was formed for the purpose of building a diversified portfolio of investments. The Fund was formed to purchase secondary interests in high-quality buyout, growth equity, venture capital and secondary direct portfolios. The Fund has a ten-year life.

(d) Graham Global Investment Fund II SPC Ltd. (the “Fund” or “GGIF II”) commenced as an open-ended limited liability investment company. GGIF I enables investors to invest in various master trading entities through its sixteen different share classes (“Segregated Portfolios”). The investment objective of each Segregated Portfolio of the Fund is to achieve long-term capital appreciation through professionally managed trading in various financial markets using derivative contracts and other financial instruments. As a Segregated Portfolio Company, each series of the Quant Macro Segregated Portfolios are legally segregated, and the assets associated with each series of the Quant Macro Segregated Portfolios are held separately and accounted for in separate and distinct records from the assets of any other Segregated Portfolio of the Fund.

(e) All of the investable assets of SEG Partners Offshore Ltd (the “Feeder Fund”) shall be invested in SEG Partners Offshore Master Fund, Ltd (the “Master Fund”). The Master Fund’s investment objective is to achieve maximum total return by investing primarily in equity securities. The Investment Manager will attempt to realize this objective by selecting long term individual portfolio securities on the basis of research and fundamental analysis, and seeking to take opportunistic advantage of the market inefficiencies by trading securities with a shorter time horizon. The Master Fund may also invest in the other types of securities to achieve its investment objective.

(f) GCM Grosvenor Multi-Asset Class Master Fund III, L.P. (the Fund) was formed to provide attractive risk-adjusted returns through intermediate-term liquidity investment opportunities. The Fund seeks to achieve its investment objective by investing broadly across alternative asset classes, including in hedge funds and in private equity, real estate, and infrastructure investments and may implement its investments through funds/accounts acquired on both a primary and a secondary basis, seed investments, co-investments and direct investments.

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, 2022 and 2021:

	2022	2021
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>(309,559)</u>	<u>(292,844)</u>
Property and equipment - net	<u>\$ 26,767</u>	<u>\$ 43,482</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)

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 \$411,811 for the year ended December 31, 2022 and \$421,839 for 2021.

The Plan's share of allocated expenses from the Union totaled \$15,685 for the year ended December 31, 2022 and \$14,848 for 2021.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

As of December 31, 2022 and 2021, the amounts due to (from) the Plan for each of the related entities were as follows:

	<u>2022</u>	<u>2021</u>
IUOE Local 30 Union	\$ 318	\$ 2,803
IUOE Local 30 Benefits Fund	48,808	(35,282)
Stationary Engineers Industry Stabilization Fund, Inc.	<u>12,600</u>	<u>-</u>
	<u>\$ 61,726</u>	<u>\$ (32,479)</u>

Master Lease

On August 17, 2010, 5225, LLC (the Company) was formed to acquire, develop, finance, construct, maintain, own, operate, manage, lease, rent, renovate, improve, and sell the company. As the sole member of the Company, the Pension Fund executed the Operating Agreement. On June 1, 2012, the existing agreement was amended and restated to admit the Benefits Fund as a member of the Company. The WhiteStar Advisors, LLC were appointed the initial manager and responsible for day-to-day management of the Company.

In October 2011, the Company purchased the 16-16 Whitestone Expressway property located in Whitestone, NY and the Benefits Fund and Pension Fund entered into a lease agreement with the Company for the entire building. The building was completed during 2015 and the Benefits Fund and Pension Fund moved into the property in December 2015.

On February 1, 2016, as part of the Company the Fund obtained a term loan from the Northeastern Engineers Federal Credit Union for the principal amount of \$2,700,000 to be paid in full not later than December 31, 2025. Interest on the outstanding principal amount will accrue at the Base Lending Rate in effect the first day of the period not to exceed 3.25% per annum. As of December 22, 2022 the loan was fully paid off.

On September 13, 2016, the Company's name was changed from 5225, LLC to 1616 WSE, LLC. On March 1, 2016, a limited liability company operating agreement was entered into between 16-16 MT, LLC and the Benefits Fund and Pension Fund. The WhiteStar Advisors, LLC were appointed the manager of the Company and responsible for day-to-day management, which includes subleasing space within the Whitestone property to affiliated and non-affiliated entities. The sub-lessees are invoiced monthly and make payments to 16-16 MT, LLC. The payments from the sublease cover a portion of the amount owed to 1616 WSE, LLC for the monthly Master Tenant lease payment so the two Master Tenant members (Pension Fund and Benefit 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>	
2023	\$ 2,478,790
2024	2,536,391
2025	2,595,773
2026	2,656,936
2027	2,719,881
Thereafter	<u>23,986,914</u>
Total	<u>\$ 36,974,685</u>

The Plan made payments of \$1,225,465 and \$1,235,379, in accordance with the master lease during the year ended December 31, 2022 and 2021, respectively.

Office Space Lease

On November 19, 2015, the Plan entered into a twenty year lease with 16-16 MT, LLC. Effective September 1, 2021, the lease was amended and extended to November 30, 2042. 16-16 MT, LLC is 75% owned by the Pension Fund and 25% owned by the Plan. The lease has a base rent with provisions for additional rent that is proportionately paid by the Plan. Rent expense totaled \$49,357 and \$43,942 for the years ended December 31, 2022 and 2021, respectively.

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

<u>Year Ending December 31,</u>	
2023	\$ 9,353
2024	9,634
2025	9,923
2026	10,221
2027	10,527
Thereafter	<u>200,276</u>
Total	<u>\$ 249,934</u>

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, 2022 and 2021 are as follows:

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

	<u>2022</u>	<u>2021</u>
IUOE Local 30 Pension Fund	\$ 10,505	\$ 10,045
The General Pension Plan International Union of Operating Engineers	19,001	16,361
IUOE Local 30 Benefits Fund	18,352	15,699
IUOE Local 30 Annuity Fund	19,448	18,127
Stationary Engineers Industry Stabilization Fund, Inc.	6	49
IUOE Local 30 Apprentice Training and Skill Improvement Fund	<u>10</u>	<u>77</u>
	<u>\$ 67,322</u>	<u>\$ 60,358</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, 2022. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 144,332,319
Other vested benefits	<u>196,669,298</u>
	341,001,617

Nonvested benefits

Total actuarial present value of accumulated plan benefits	<u>2,782,214</u>
	<u>\$ 343,783,831</u>

NOTE 10. ACTUARIAL INFORMATION (continued)

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	<u>\$ 324,570,121</u>
Increase (decrease) during the year attributable to:	
Benefit accumulated, net experience gain or loss, changes in data	9,003,496
Interest	22,141,982
Benefits paid	(15,242,023)
Plan amendment	<u>3,310,255</u>
Net increase	<u>19,213,710</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 343,783,831</u></u>

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, 2022 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.
- Retirement age assumption:

The Plan was valued assuming active participants will retire according to the following rates for January 1, 2022:

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

NOTE 10. ACTUARIAL INFORMATION (continued)

- Administrative expenses - \$1,000,000 for 2022.
- 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 7.0%
- Administrative expenses, previously \$950,000

For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% 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 Plan was amended to eliminate the supplemental funding allocation of 30% of contributions that applied to the benefit accrual formula beginning January 1, 2008 through June 30, 2009 for participants who worked in covered employment on or after January 1, 2022. This change was reflected in the funding standard account beginning January 1, 2022.

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, 2022 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, 2022 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, 2022. The complete financial status is presented as of December 31, 2021.

As of January 1, 2023, 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 July 12, 2023, 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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Payroll	\$ 150,229	\$ 145,788
PBGC	144,352	138,167
Actuary	108,183	151,500
Employee benefits	67,322	60,359
Payroll audits	57,659	91,792
Legal	56,135	65,664
Rent	49,357	43,942
Printing	48,180	13,069
Audit	47,500	45,125
Conference and meetings	37,213	27,192
Insurance	19,401	37,703
Accounting	17,558	14,968
Computer	17,457	15,428
Depreciation and amortization	16,715	21,715
Payroll taxes	10,641	10,531
Office	18,526	14,915
Management services	<u>-</u>	<u>83,968</u>
Total administrative expenses	<u>\$ 866,428</u>	<u>\$ 981,826</u>

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2022

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				Cost	Current Value
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares		
	<u>Interest bearing cash:</u>						
*	Amalgamated Bank	MMA	Demand	Variable %	158,368	\$ 158,368	\$ 158,368
*	Northeastern Engineers Federal Credit Union	Cash	Demand	Variable	6,920,851	6,920,851	6,920,851
	JP Morgan Prime Money Market Fund	MMA	Demand	Variable	1,129,277	1,129,277	1,129,277
	Total interest bearing cash					<u>8,208,496</u>	<u>8,208,496</u>
	<u>United States Government and Government Agency obligations:</u>						
	CPPIB Capital	VAR	04/04/25	VAR	360,000	369,979	366,599
	Export Development Canada	Bond	05/26/24	0.520	200,000	187,733	188,352
	Export Finance Australia	Bond	10/26/27	2.500	200,000	199,188	202,022
	Federal Home Loan Bank	Pool	12/08/23	3.375	530,000	523,683	522,373
	Federal Home Loan Mortgage	Pool	07/01/52	5.000	112,892	116,809	112,999
	Federal Home Loan Mortgage	Pool	08/01/52	5.000	171,077	179,525	170,757
	Federal Home Loan Mortgage	Pool	08/01/52	4.500	256,178	264,974	249,213
	Federal Home Loan Mortgage	Pool	08/01/52	5.000	257,101	265,326	255,896
	Federal Home Loan Mortgage	Pool	02/01/46	3.500	101,239	98,317	94,612
	Federal National Mortgage Association	Pool	08/01/50	2.500	612,921	567,526	528,548
	Federal National Mortgage Association	Pool	09/01/50	2.500	558,453	521,543	481,491
	Federal National Mortgage Association	Pool	12/01/51	2.500	205,942	189,258	176,113
	Federal National Mortgage Association	Pool	05/01/52	4.000	115,702	116,629	110,206
	Federal National Mortgage Association	Pool	05/01/52	4.000	85,424	85,845	81,180
	Federal National Mortgage Association	Pool	08/01/50	2.500	387,743	361,086	335,035
	Federal National Mortgage Association	Pool	08/01/50	2.500	87,460	81,734	75,544
	Federal National Mortgage Association	Pool	06/01/51	2.500	204,038	168,651	174,581
	Federal National Mortgage Association	Pool	09/01/51	2.500	84,771	78,003	72,598
	Federal National Mortgage Association	Pool	09/01/51	3.500	47,712	47,824	44,186
	Federal National Mortgage Association	Pool	12/01/51	2.500	128,853	118,877	111,236
	Federal National Mortgage Association	Pool	12/01/48	3.000	572,696	554,934	511,132
	Federal National Mortgage Association	Pool	06/01/52	4.000	221,388	223,153	209,177
	Federal National Mortgage Association	Pool	04/01/52	3.500	208,097	199,660	190,897
	Federal National Mortgage Association	Pool	07/01/52	5.000	68,933	71,225	68,998
	Federal National Mortgage Association	Pool	07/01/52	5.000	85,756	89,020	86,145
	Federal National Mortgage Association	Pool	01/01/51	2.500	245,452	228,041	210,897
	Federal National Mortgage Association	Pool	08/01/52	5.000	233,986	241,847	232,890
	Federal National Mortgage Association	Pool	05/01/52	2.500	114,582	97,126	97,413
	Federal National Mortgage Association	Pool	06/01/51	2.000	317,495	253,748	259,057
	Federal National Mortgage Association	Pool	07/01/45	3.500	116,012	113,420	107,311
	Inter-American Investment Corporation	Bond	04/22/25	2.625	156,000	155,518	149,392
	Japan International Cooperation Agenc	Bond	05/25/27	3.250	200,000	199,314	189,538
	Kommunalbanken AS SR	VAR	06/17/26	VAR	216,000	222,381	219,793
	Ontario Provincial CDA GLBL	Bond	05/19/27	3.100	274,000	270,015	260,031
	Swedish Export Credit Corporation	Bond	11/28/25	4.625	434,000	433,640	434,152
	U.S. Treasury	Bill	04/11/23	0.000	453,000	446,541	447,632
	U.S. Treasury	Note	11/15/32	4.125	777,000	809,435	792,905

(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	Current Value
United States Government and Government Agency obligations (continued):						
U.S. Treasury	Note	12/31/24	%	5,134,000	\$ 5,123,973	\$ 5,116,134
U.S. Treasury	Note	11/30/27	3.875	3,867,000	3,849,162	3,845,848
U.S. Treasury	Bond	11/15/42	4.000	1,798,000	1,792,908	1,760,350
U.S. Treasury	Note	12/31/27	3.875	550,000	547,250	546,821
U.S. Treasury	Note	12/15/25	4.000	462,000	463,155	459,039
U.S. Treasury	Note	10/31/24	4.375	1,282,000	1,281,599	1,278,345
U.S. Treasury	Bond	05/15/50	1.250	796,000	430,711	428,375
U.S. Treasury	Bond	11/15/41	2.000	617,000	438,359	440,550
U.S. Treasury	Bond	08/15/52	3.000	3,414,000	2,892,827	2,812,828
Federal National Mortgage Association 15 Year TBA	Bond	01/15/38	5.000	417,000	418,274	418,822
Federal National Mortgage Association 30 Year TBA	Bond	02/13/36	6.000	101,000	103,079	102,388
Federal National Mortgage Association 30 Year TBA	Bond	11/01/35	6.000	152,000	154,632	154,244
Federal National Mortgage Association 15 Year TBA	Bond	02/15/25	4.000	118,000	115,059	114,971
Federal National Mortgage Association 15 Year TBA	Bond	02/15/26	4.500	684,000	683,054	679,014
Federal National Mortgage Association 30 Year TBA	Bond	01/14/43	3.000	868,000	755,551	761,557
Federal National Mortgage Association 30 Year TBA	Bond	01/12/41	3.500	453,000	404,497	411,460
Federal National Mortgage Association 30 Year TBA	Bond	01/13/41	6.500	305,000	313,232	312,314
Federal National Mortgage Association 30 Year TBA	Bond	02/10/41	6.500	177,000	181,950	180,967
Federal National Mortgage Association TBA	Bond	01/01/41	4.500	61,000	59,038	58,698
Federal National Mortgage Association TBA	Bond	02/15/38	5.000	29,000	29,368	29,054
GNMA-II 30 Year TBA	Bond	02/19/39	5.000	655,000	653,644	648,725
GNMA-II 30 Year TBA	Bond	01/22/37	5.500	39,000	39,305	39,218
GNMA-II 30 Year TBA	Bond	01/21/39	4.500	63,000	61,419	61,104
GNMA-II 30 Year TBA	Bond	01/21/39	5.000	194,000	192,468	192,202
GNMA-II 30 Year TBA	Bond	01/20/40		456,000	434,649	431,422
GNMA-II 30 Year TBA	Bond	02/19/43	3.000	1,080,000	981,115	961,945
GNMA-II 30 Year TBA	Bond	01/23/41	3.500	125,000	111,572	114,828
GNMA-II 30 Year TBA	Bond	02/18/40	4.500	574,000	562,160	556,773
GNMA-II 30 Year TBA	Bond	02/20/37	5.500	570,000	575,178	572,651
GNMA-II Jumbo TBA	Bond	02/15/53	6.000	633,000	642,326	641,672
Uniform Mortgage Backed Securities TBA 30YR	Bond	02/15/51	3.000	513,000	452,402	450,409
Uniform Mortgage Backed Securities TBA 30YR	Bond	02/15/52	4.000	272,000	258,430	255,065
Uniform Mortgage Backed Securities TBA 30YR	Bond	02/15/51	2.000	321,000	267,834	261,397
Federal Home Loan Mortgage UMBS	Pool	11/01/50	2.500	140,677	130,610	120,477
Federal Home Loan Mortgage UMBS	Pool	07/01/51	2.500	216,792	179,599	185,323
Federal Home Loan Mortgage UMBS	Pool	10/01/51	2.000	251,133	196,551	204,674
Federal Home Loan Mortgage UMBS	Pool	08/01/51	2.500	65,699	56,050	56,769
Federal Home Loan Mortgage UMBS	Pool	12/01/51	2.500	194,918	166,199	166,443
Federal Home Loan Mortgage UMBS	Pool	01/01/51	3.000	104,150	93,735	93,182
Total United States Government and Government Agency obligations					35,244,452	34,746,959
Corporate obligations:						
7-Eleven Inc.	Bond	02/10/24	0.800	181,000	172,238	172,243
ABN Amro Bank	Bond	03/13/37	VAR	200,000	200,000	144,586
Advanced Micro Devices	Bond	06/01/52	4.393	93,000	93,000	81,668
AEP Transmission Company LLC	Bond	06/15/52	4.500	72,000	71,642	63,327
Aircastle Ltd	Bond	01/26/28	2.850	105,000	106,092	85,875
Alcoa Nederland Holding	Bond	05/15/28	6.125	200,000	211,500	197,024
Amazon Com	Bond	12/01/32	4.700	395,000	396,171	390,983
Ameren Illinois	Bond	09/01/32	3.850	121,000	120,791	112,405
American Express	Bond	08/03/33	VAR	110,000	110,000	103,908
American Tower Corporation	Bond	01/15/25	2.950	46,000	44,828	43,873
American Tower Corporation	Bond	08/15/29	3.800	140,000	129,763	127,004
American Transmission	Bond	01/15/32	2.650	206,000	191,600	169,056

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Corporate obligations (continued):</u>							
Angel Oak Mortgage		ABS	05/25/65	VAR %	75,618	\$ 72,712	\$ 64,739
Anheuser Busch		Bond	02/01/36	4.700	137,000	135,334	129,388
Apache Corp		Bond	04/15/43	4.750	137,000	128,679	103,367
Apidos CLO		ABS	07/16/31	VAR	250,000	245,000	241,319
Apple Inc		Bond	08/08/29	3.250	226,000	225,720	208,901
Assurant Inc		Bond	01/15/32	2.650	52,000	51,918	38,460
AT&T Inc		Bond	02/15/30	4.300	189,000	182,500	177,962
Aviation Cap Group LLC		Bond	01/30/26	1.950	115,000	114,450	100,117
Avolon Holdings FDG Ltd		Bond	05/15/24	5.250	171,000	183,383	167,594
Avolon Holdings Ltd		ABS	02/21/26	2.125	97,000	96,076	83,486
Bain Capital Credit		Bond	10/17/32	VAR	250,000	250,000	245,330
Baltimore Gas and Electric Company		Bond	06/01/52	4.550	129,000	128,770	113,929
Bank of America Corp		Bond	07/21/28	3.593	268,000	288,653	246,718
Bank of America Corp		Bond	01/22/25	4.000	108,000	110,677	105,706
Bank of America Corp		Bond	03/05/29	FLTG	181,000	211,003	167,014
Bank of America Corp		Bond	03/11/27	1.658	96,000	88,266	84,931
Bank of America Corp		Bond	04/22/32	VAR	194,000	199,272	155,274
Bank of Montreal Corp		Bond	12/15/32	FLTG	200,000	218,344	176,104
Bank of New York Mellon Corp		Bond	07/26/30	VAR	107,000	107,448	103,287
BAT Capital Corp		Bond	08/15/24	3.222	133,000	126,894	128,064
Baxalta Inc		Bond	06/23/25	4.000	35,000	34,910	34,087
Bayer Corp		Bond	02/15/28	6.650	44,000	53,839	44,952
British Airways PLC		ABS	05/15/34	4.250	98,307	103,800	87,940
Broadcom Inc		Bond	04/15/32	4.150	111,000	110,757	97,442
Capital One Prime		ABS	06/16/25	2.670	466,732	466,689	460,615
Cargill Inc		Bond	06/22/32	4.000	133,000	132,121	122,502
Carlyle Global		Bond	04/20/31	VAR	250,000	250,000	244,518
Carmax Auto Owner		ABS	05/15/25	2.860	421,427	421,395	417,276
Centene Corp		Bond	02/15/30	3.375	188,000	161,741	158,930
Centerpoint Energy Resources		Bond	07/01/32	4.400	134,000	134,037	128,470
CIFC Funding Var		ABS	04/25/33	VAR	250,000	250,000	245,875
Cigna Corp		Bond	03/15/30	2.400	207,000	176,964	173,410
Cigna Corp		Bond	10/15/28	4.375	36,000	35,236	34,719
Citigroup Inc		Bond	01/10/28	3.887	365,000	402,607	341,082
Citigroup Inc		Bond	01/29/31	FLTG	231,000	234,514	189,462
Citigroup Inc		Bond	03/20/30	FLTG	222,000	251,650	200,220
Citigroup Inc		Bond	05/24/25	FLTG	54,000	54,000	52,955
Cleveland Electric Illuminating		Bond	04/01/28	3.500	64,000	63,325	58,301
CME Group Inc		Bond	03/15/32	2.650	199,000	198,357	166,690
Comcast Corp		Bond	11/15/32	5.500	303,000	312,754	315,935
Continental Resources Inc		Bond	01/15/31	5.750	71,000	84,136	66,091
Continental Resources Inc		Bond	06/01/44	4.900	147,000	151,226	108,978
Credit Suisse Mortgage		ABS	05/25/65	0.809	111,246	105,337	93,069
Crown Castle International Corp		Bond	07/01/30	3.300	159,000	139,647	139,092
CVS Health Corp		Bond	08/21/30	1.750	132,000	107,492	104,028
CVS Health Corp		Bond	08/15/29	3.250	264,000	247,751	236,177
Danske Bank		Bond	03/28/25	VAR	200,000	200,000	193,790
Deep Haven Residential		Bond	08/25/66	VAR	113,180	113,180	92,025
Diamondback Energy Inc		Bond	12/01/29	3.500	221,000	206,985	193,888
Dryden Senior Loan Fund		Bond	01/17/32	VAR	250,000	250,000	245,437
Dryden Senior Loan Fund		Bond	04/15/28	VAR	250,000	250,000	244,289
DTE Energy Corp		Bond	11/01/24	4.220	49,000	49,003	48,165
Duke Energy Corp		Bond	08/15/32	4.500	194,000	182,958	181,720
East Ohio Gas Co		Bond	06/15/25	1.300	204,000	185,900	184,834
Eastern Gas Transmission		Bond	11/15/29	3.000	134,000	143,395	115,680

(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		Current
	Type	Date	Interest		Shares	Cost	Value
	<u>Corporate obligations (continued):</u>						
	Eastern Gas Transmission Inc	Bond	12/15/44	4.600 %	134,000	\$ 164,406	\$ 110,017
	EIG Pearl Holding	Bond	08/31/36	3.545	200,000	200,000	167,382
	ENI Spa	Bond	10/01/40	5.700	135,000	136,257	122,556
	ENI USA Inc	Bond	11/15/27	7.300	65,000	79,980	68,855
	Entergy Corp	Bond	09/15/25	0.900	185,000	167,823	164,744
	EQT Corp	Bond	02/01/30	VAR	212,000	247,591	219,869
	Exelon Generation	Bond	10/01/39	6.250	98,000	125,139	99,961
	Factset Research Systems	Bond	03/01/32	3.450	210,000	196,867	176,064
	First American Financial Corp	Bond	08/15/31	2.400	83,000	82,720	60,651
	First Union Corp	Bond	08/01/26	7.574	399,000	504,931	430,154
	Flagship CR TR 2021	ABS	06/16/25	0.000	12,720	12,720	12,656
	GA Global Funding Trust	Bond	04/11/25	3.850	150,000	148,224	143,562
	Galaxy Pipeline Assets	Bond	09/30/40	3.250	200,000	200,000	154,638
	GE Healthcare Holding LLC	Bond	11/15/27	5.650	225,000	224,098	227,633
	Global Payments Inc	Bond	06/01/23	4.000	184,000	183,858	182,889
	GMAC LLC	Bond	11/01/31	8.000	106,000	147,769	109,429
	GM Financial Auto Leasing	ABS	10/21/24	2.930	242,195	242,184	239,396
	GSK Consumer Health Cap	Bond	03/24/32	3.625	250,000	249,625	219,470
	Goldman Sachs Group Inc	Bond	07/21/21	VAR	332,000	314,951	257,602
	Halliburton Co	Bond	09/15/39	7.450	100,000	134,790	112,763
	HGI CRE	Bond	09/19/26	VAR	180,000	180,000	169,092
	Humana Inc	Bond	02/03/27	1.350	160,000	133,670	138,336
	Humana Inc	Bond	03/01/33	5.875	157,000	160,935	162,071
	Intercontinental	Bond	09/15/27	4.000	252,000	251,332	243,394
	Intercontinental	Bond	10/01/25	1.230	195,000	168,284	172,249
	Ipalco Enterprises	Bond	05/01/30	4.250	120,000	137,704	106,604
	Japan Bank for International Cooperation	Bond	09/16/25	3.875	266,000	265,274	259,980
	JPMorgan Chase & Co	Bond	02/01/28	3.782	744,000	787,869	695,119
	JPMorgan Chase & Co	Bond	04/22/32	VAR	210,000	214,643	168,218
	JPMorgan Chase & Co	Bond	01/25/33	VAR	123,000	123,000	100,110
	Kayne CLO	Bond	04/23/34	VAR	250,000	250,000	243,467
	Kinder Morgan Energy Part	Bond	09/01/24	4.250	126,000	126,224	123,848
	LoanCore Issuer LTD	ABS	01/21/37	VAR	120,000	120,000	116,162
	Logan CLO I LTD	Bond	07/20/34	VAR	250,000	250,000	244,441
	Macquarie BK LTD	Bond	03/03/36	3.052	200,000	200,000	144,662
	Macquarie Group LTD	Bond	03/27/29	FLTG	110,000	109,256	102,683
	Magallanes Inc	Bond	03/15/24	3.428	64,000	63,076	62,129
	Magnetite VII LTD	ABS	01/18/28	VAR	228,104	223,998	225,589
	Met Life Global Funding	Bond	08/25/25	4.050	150,000	144,783	146,655
	Minejesa Capital Bv	Bond	08/10/30	4.625	200,000	208,900	175,040
	Morgan Stanley	Bond	07/21/32	VAR	134,000	132,278	102,803
	Morgan Stanley	Bond	09/16/36	VAR	97,000	97,000	70,338
	Morgan Stanley	Bond	01/23/30	VAR	103,000	117,698	95,862
	National Australia Bk	Bond	05/21/31	2.990	250,000	250,000	195,693
	National Fuel Gas Company	Bond	09/15/27	3.950	270,000	281,822	249,156
	National Oilwell Varco	Bond	12/01/29	3.600	119,000	123,322	104,594
	Netflix Inc	Bond	11/15/28	5.875	126,000	123,795	127,705
	Neuberger Berman Group	Bond	04/15/45	4.875	29,000	28,072	23,397
	Neuberger Berman Group	Bond	03/15/27	4.500	43,000	43,845	40,871
	Nextra Energy Cap	Bond	07/15/32	5.000	57,000	59,143	55,902
	Nextra Energy Cap	Bond	03/21/24	VAR	189,000	187,248	187,953
	NGPL Pipeco LLC	Bond	07/15/31	3.250	122,000	122,572	99,235
	NiSource Inc	Bond	09/01/29	2.950	92,000	80,639	79,791
	nVent Finance SARL	Bond	04/15/28	4.550	203,000	205,184	186,382
	Oglethorpe Power Corp	Bond	11/01/39	5.950	250,000	328,417	242,610

(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>Corporate obligations (continued):</u>							
	Ohio Edison Co	Bond	10/15/38	8.250 %	33,000	\$ 48,916	\$ 39,253
	Oracle Corp	Bond	07/15/40	5.375	96,000	102,366	88,093
	Oracle Corp	Bond	07/08/39	6.125	104,000	150,292	103,446
	Oracle Corp SR NT	Bond	03/25/31	2.875	183,000	190,227	151,731
	Palmer Square	ABS	04/20/29	VAR	142,108	139,863	140,556
	Park Aerospace Holdings	Bond	02/15/24	5.500	142,000	153,506	140,148
	Pennsylvania Electric Co	Bond	06/01/29	3.600	61,000	61,875	54,739
	Perkinelmer Inc	Bond	09/15/24	0.850	149,000	138,975	138,075
	Philip Morris Intl Inc	Bond	11/17/29	5.625	121,000	122,859	122,752
	Public Service Electric and Gas Company	Bond	12/15/32	4.900	95,000	94,938	95,170
	Republic of Panama	Bond	09/29/32	2.252	200,000	154,300	148,102
	Royal Bank of Canada	Bond	11/01/27	6.000	135,000	135,321	140,729
	Sabine Pass Liquefaction	Bond	03/01/25	5.625	46,000	47,118	46,065
	Santander UK Holdings Group	Bond	01/05/24	3.373	200,000	199,980	200,000
	Southern Co	Bond	08/01/24	4.475	214,000	215,155	211,319
	Southwest Gas Corp	Bond	03/15/32	4.050	87,000	81,436	76,392
	StarWood Mtg	Bond	05/25/65	VAR	216,921	206,038	200,226
	State Street Corp	Bond	08/04/33	VAR	110,000	108,092	101,610
	TCI-Flatiron CLO	Bond	04/20/34	VAR	250,000	250,000	245,579
	Teachers Insurance & Annuity	Bond	09/15/44	4.900	240,000	278,179	219,384
	Time Warner Cable	Bond	07/01/38	7.300	74,000	95,236	73,406
	T-Mobile USA Inc	Bond	04/15/25	3.500	79,000	75,197	75,976
	T-Mobile USA Inc	Bond	04/15/30	3.875	299,000	274,183	270,840
	Toronto Dominion Bank	Bond	06/08/32	4.456	92,000	92,000	87,692
	UBS AG	Bond	05/15/24	5.125	200,000	196,750	199,000
	United Health Group Inc	Bond	05/15/29	4.000	113,000	112,592	107,915
	US Bancorp	Bond	07/22/33	VAR	207,000	210,309	196,397
	Verizon Communications	Bond	03/15/32	2.355	137,000	112,580	108,600
	Verus Securitization	Bond	02/25/64	VAR	162,252	153,477	147,076
	Wachovia Bank	Bond	02/01/37	5.850	34,000	44,593	34,284
	Wells Fargo & Company	Bond	04/30/26	VAR	132,000	119,698	122,847
	Wells Fargo & Company	Bond	03/02/33	VAR	121,000	121,000	101,930
	Wells Fargo & Company	Bond	06/02/28	FLTG	264,000	277,199	233,004
	Wisconsin Power and Light	Bond	09/01/32	3.950	140,000	138,351	128,127
	Xilinx Inc	Bond	06/01/30	2.375	139,000	119,632	116,879
	Total corporate obligations					26,364,579	23,966,060
<u>Municipal bonds:</u>							
	Bay Area Toll Authority	Bond	04/01/55	3.126	184,000	184,263	122,630
	Foothill Eastern Transportation	Bond	01/15/49	4.094	53,000	53,689	40,022
	New York City NY	Bond	05/01/33	2.690	330,000	349,054	261,641
	University of California	Bond	05/15/50	3.006	30,000	30,000	19,812
	Total municipal bonds					617,006	444,105
<u>Common collective trusts:</u>							
	BNYM AFL SL Stock Index Fund				1,119,669	13,626,375	14,085,439
	CIF II Growth Fund				589,714	9,029,689	11,581,978
	Comerica- Wedge Capital Small Cap Value CIT				973,573	11,789,806	14,613,328
	Loomis Sayles High Yield Conservative Trust				636,050	12,867,783	15,945,764
	RCIT RCT Large Cap Value Fund Class B				533,461	16,677,540	17,236,127
	William Blair				2,279,159	20,716,380	28,363,689
	Total common collective trusts					84,707,573	101,826,325
<u>Mutual funds:</u>							
	Vanguard S-C Grow Index Fund				173,339	6,190,012	9,786,712

(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>Pooled separate account:</u>						
	Prudential Value Equity Fund				137,738	\$ 9,646,632	\$ 16,332,794
	<u>Partnerships:</u>						
	Pomona Capital IX, L.P.					6,079,841	4,668,158
	Pomona Capital X, L.P.					2,100,000	2,124,550
	GCM Grosvenor MAC Fund III					4,000,000	4,073,313
	Total partnerships					12,179,841	10,866,021
	<u>Hedge funds of funds:</u>						
	Select Equity SEGP Offshore LP				19,297	15,000,000	13,313,008
	Graham Global Investment Fund II SPC Ltd				101,675	15,000,000	17,301,581
	Total hedge funds of funds					30,000,000	30,614,589
	<u>Investment contract with insurance company:</u>						
	Union Labor Life Insurance Company				1,293,268	1,293,268	1,293,268
	<u>Real estate partnership:</u>						
	1616 WSE, LLC				43,237,708	43,237,708	43,237,708
	Total investments					\$ 257,689,567	\$ 281,323,037

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

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	\$ 51,274,703	N/A	N/A	\$ 51,274,703	N/A
	JP Morgan Prime Money Market	N/A	\$ 51,685,986	\$ 51,685,706	51,685,986	\$ 280
	U.S. Treasury Notes	10,223,837	N/A	N/A	10,223,837	N/A
	1.50% due 01/31/2027	N/A	9,933,993	10,223,837	9,933,993	(289,844)
	U.S. Treasury Notes	11,857,415	N/A	N/A	11,857,415	N/A
	2.50% due 03/31/2027	N/A	11,724,238	11,857,415	11,724,238	(133,177)
	U.S. Treasury Notes	8,686,650	N/A	N/A	8,686,650	N/A
	3.25% due 08/31/2024	N/A	8,607,087	8,686,650	8,607,087	(79,563)

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 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	The plan was amended to eliminate the Supplemental Funding Allocation of 30% of contributions that applied to the benefit accrual formula beginning January 1, 2008 through June 30, 2009 for participants who worked in Covered Employment on or after January 1, 2022. This change was reflected in the Funding Standard Account beginning January 1, 2022.

9573603v2/01589.001

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended December 31, 2021

Age	Total	Pension Credits									
		Less than 5	5 - 9	10 -14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over	Unknown
Under 20	2	2	-	-	-	-	-	-	-	-	-
	\$102	\$102	-	-	-	-	-	-	-	-	-
20 - 24	47	45	2	-	-	-	-	-	-	-	-
	\$129	\$119	\$344	-	-	-	-	-	-	-	-
25 - 29	132	88	43	1	-	-	-	-	-	-	-
	\$257	\$172	\$426	\$416	-	-	-	-	-	-	-
30 - 34	207	82	92	31	2	-	-	-	-	-	-
	\$425	\$175	\$493	\$831	\$1,241	-	-	-	-	-	-
35 - 39	221	72	61	62	25	1	-	-	-	-	-
	\$597	\$223	\$451	\$855	\$1,517	\$1,836	-	-	-	-	-
40 - 44	206	53	61	41	36	14	1	-	-	-	-
	\$783	\$167	\$497	\$934	\$1,467	\$1,961	\$3,658	-	-	-	-
45 - 49	244	54	47	40	53	38	10	2	-	-	-
	\$1,022	\$176	\$476	\$860	\$1,367	\$2,031	\$2,698	\$3,209	-	-	-
50 - 54	337	45	58	49	68	49	33	28	7	-	-
	\$1,426	\$165	\$461	\$799	\$1,354	\$1,982	\$2,755	\$3,631	\$3,775	-	-
55 - 59	386	53	51	63	61	42	34	52	30	-	-
	\$1,552	\$178	\$451	\$843	\$1,379	\$1,980	\$2,874	\$3,000	\$3,086	-	-
60 - 64	295	36	28	38	60	34	21	35	28	15	-
	\$1,654	\$130	\$458	\$754	\$1,319	\$1,806	\$2,388	\$3,076	\$3,201	\$3,578	-
65 - 69	105	9	12	16	22	9	5	14	5	13	-
	\$1,613	\$106	\$378	\$684	\$1,187	\$1,660	\$2,215	\$2,693	\$2,938	\$3,721	-
70 & over	23	4	3	1	3	4	-	5	-	3	-
	\$1,503	\$94	\$482	\$477	\$1,115	\$1,338	-	\$2,503	-	\$3,681	-
Unknown	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total	2,205	543	458	342	330	191	104	136	70	31	-
	\$1,108	\$198	\$465	\$831	\$1,365	\$1,929	\$2,697	\$3,103	\$3,190	\$3,648	-

Note: Excludes 102 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	\$433,407	8	\$67,834
Plan amendment	01/01/2000	2,321,104	8	363,280
Plan amendment	01/01/2001	170,731	9	24,491
Change in assumptions	01/01/2002	717,178	10	95,430
Change in assumptions	01/01/2005	541,877	13	60,594
Change in assumptions	01/01/2006	121,482	14	12,982
Actuarial loss	01/01/2008	73,450	1	73,450
Actuarial loss	01/01/2009	144,090	2	74,481
Investment loss subject to relief	01/01/2009	15,835,425	16	1,566,636
Investment loss subject to relief	01/01/2010	96,356	16	9,533
Change in assumptions	01/01/2011	518,819	4	143,149
Investment loss subject to relief	01/01/2011	872,956	16	86,364
Investment loss subject to relief	01/01/2012	2,518,739	16	249,185
Investment loss subject to relief	01/01/2013	6,064,644	16	599,990
Actuarial loss	01/01/2014	323,618	7	56,120
Actuarial loss	01/01/2015	1,915,959	8	299,870
Change in assumptions	01/01/2015	4,141,707	8	648,227
Actuarial loss	01/01/2016	4,763,103	9	683,245
Actuarial loss	01/01/2017	6,837,578	10	909,829
Actuarial loss	01/01/2018	3,997,871	11	498,265
Change in assumptions	01/01/2019	393,807	12	46,337
Actuarial loss	01/01/2019	1,856,684	12	218,467
Actuarial loss	01/01/2020	2,082,114	13	232,829
Change in assumptions	01/01/2021	17,674,465	14	1,888,772
Plan amendment	01/01/2022	3,310,255	15	339,671
Total		\$77,727,419		\$9,249,031

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	\$101,592	5	\$23,156
Actuarial gain	01/01/2013	1,090,016	6	213,720
Change in assumptions	01/01/2017	1,913,130	10	254,567
Change in assumptions	01/01/2020	1,039,021	13	116,187
Actuarial gain	01/01/2021	3,926,118	14	419,562
Actuarial gain	01/01/2022	5,789,563	15	594,077
Total		\$13,859,440		\$1,621,269

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 2.43% to 2.22% 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 assumption was changed with this valuation: • Administrative expenses, previously \$950,000

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 rowspan="3">Age</th><th colspan="4">Rate (%)</th></tr><tr><th colspan="2">Mortality¹</th><th rowspan="2">Disability</th><th rowspan="2">Withdrawal²</th></tr><tr><th>Male</th><th>Female</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.	Age	Rate (%)				Mortality ¹		Disability	Withdrawal ²	Male	Female	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
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Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Participants

Age	Annual Retirement Rates
55 – 61	1%
62 – 64	10%
65	25%
66 – 69	20%
70 and above	100%

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.

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, 2022 actuarial valuation.

Retirement Rates for Inactive Vested Participants

Age	Annual Retirement Rates
55 – 60	5%
61 – 64	15%
65	50%
66 – 69	15%
70 and above	100%

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.

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 2021.

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	\$1,000,000 for the year beginning January 1, 2022 (equivalent to \$964,198 payable at the beginning of the year). This is equivalent to a 12.0% load on normal cost as of January 1, 2022. 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 market 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> 2.22%, 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-2020 (previously, MP-2019).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 9.5%, for the Plan Year ending December 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 13.0%, for the Plan Year ending December 31, 2021

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.
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Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% 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 assumption was changed with this valuation: • Administrative expenses, previously \$950,000

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$1,360,791	\$707,747	\$15,611,548	\$17,680,086
2023	2,416,062	1,113,199	15,263,910	18,793,171
2024	3,489,962	1,612,520	14,912,270	20,014,752
2025	4,535,125	2,060,431	14,551,101	21,146,657
2026	5,722,978	2,495,787	14,147,901	22,366,666
2027	6,851,709	2,939,278	13,728,491	23,519,478
2028	8,003,781	3,424,425	13,291,286	24,719,492
2029	9,172,695	3,935,948	12,829,082	25,937,725
2030	10,249,677	4,408,552	12,343,578	27,001,807
2031	11,236,413	4,849,781	11,836,754	27,922,948
2032	12,220,121	5,210,516	11,310,896	28,741,533
2033	13,132,974	5,622,362	10,768,569	29,523,905
2034	13,883,096	5,948,567	10,212,606	30,044,269
2035	14,608,796	6,307,255	9,646,075	30,562,126
2036	15,127,469	6,561,676	9,072,189	30,761,334
2037	15,629,666	6,753,163	8,494,163	30,876,992
2038	15,971,039	6,955,596	7,915,179	30,841,814
2039	16,205,508	7,071,671	7,338,439	30,615,618

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$16,408,337	\$7,188,232	\$6,767,170	\$30,363,739
2041	16,513,282	7,218,853	6,204,654	29,936,789
2042	16,491,194	7,256,728	5,654,189	29,402,111
2043	16,399,485	7,235,563	5,119,038	28,754,086
2044	16,243,393	7,180,687	4,602,349	28,026,429
2045	16,061,635	7,094,826	4,107,187	27,263,648
2046	15,816,230	6,971,372	3,636,528	26,424,130
2047	15,505,307	6,830,965	3,193,223	25,529,495
2048	15,131,807	6,646,552	2,779,937	24,558,296
2049	14,708,771	6,438,025	2,398,921	23,545,717
2050	14,263,033	6,242,069	2,051,816	22,556,918
2051	13,784,123	6,000,703	1,739,506	21,524,332
2052	13,263,798	5,749,946	1,462,017	20,475,761
2053	12,707,506	5,478,643	1,218,526	19,404,675
2054	12,150,288	5,205,915	1,007,471	18,363,674
2055	11,573,224	4,930,398	826,684	17,330,306
2056	10,972,532	4,630,601	673,581	16,276,714
2057	10,366,474	4,333,946	545,366	15,245,786

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$9,752,905	\$4,027,525	\$439,151	\$14,219,581
2059	9,159,015	3,734,068	352,058	13,245,141
2060	8,562,490	3,436,114	281,309	12,279,913
2061	7,979,074	3,147,218	224,291	11,350,583
2062	7,405,082	2,869,004	178,634	10,452,720
2063	6,852,176	2,605,375	142,242	9,599,793
2064	6,318,456	2,354,702	113,312	8,786,470
2065	5,813,473	2,118,591	90,326	8,022,390
2066	5,339,516	1,899,040	72,044	7,310,600
2067	4,891,501	1,697,935	57,476	6,646,912
2068	4,467,847	1,511,890	45,838	6,025,575
2069	4,075,247	1,340,897	36,515	5,452,659
2070	3,709,308	1,185,150	29,024	4,923,482
2071	3,369,495	1,043,869	22,988	4,436,352

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$16,887,726	-	\$16,887,726
2023	\$17,142,731	-	\$17,142,731
2024	\$17,197,588	-	\$17,197,588
2025	\$17,213,066	-	\$17,213,066
2026	\$17,213,066	-	\$17,213,066
2027	\$17,213,066	-	\$17,213,066
2028	\$17,213,066	-	\$17,213,066
2029	\$17,213,066	-	\$17,213,066
2030	\$17,213,066	-	\$17,213,066
2031	\$17,213,066	-	\$17,213,066

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, 2022

[illegible]

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, 2022

[illegible]

YEAR ENDED DECEMBER 31, 2022[illegible]

YEAR ENDED DECEMBER 31, 2022

[illegible]

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, 2022

[illegible]

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, 2022

LOCATION (JONES LANG LA SALLE)	PENSION RATE	OT PENSION RATE	CONTRACT EXP DATE
120 LONG RIDGE ROAD	\$ 3.66	\$ 5.49	12/31/2023
424 FIFTH AVENUE	\$ 4.80	\$ 4.80	12/31/2024
600 STEAMBOAT ROAD	\$ 5.31	\$ 7.97	12/31/2023
BASF	\$ 3.12	\$ 4.68	4/30/2024
CONNECTICUT/WESTCHESTER TRAVELING CREW	\$ 3.46	\$ 3.46	9/30/2025
CYRUS ONE	\$ 1.50	\$ 2.25	12/31/2024
DELTA TERMINAL LAGUARDIA AIRPORT	\$ 3.58	\$ 3.58	8/31/2027
GARTNER FACILITIES INC	\$ 1.20	\$ 1.20	12/31/2022
GRAND CENTRAL TERMINAL	\$ 4.50	\$ 6.75	12/31/2022
GREENWICH AMERICAN CENTER	\$ 4.09	\$ 6.14	7/31/2023
IBM HEADQUARTERS	\$ 4.39	\$ 6.58	12/31/2024
IBM LEARNING CENTER	\$ 2.72	\$ 4.07	12/31/2024
IBM NORTH CASTLE	\$ 6.65	\$ 9.97	12/31/2024
YORKTOWN	\$ 1.94	\$ 2.91	12/31/2024
LANDMARK AT EASTVIEW	\$ 4.21	\$ 6.32	5/31/2026
LONG ISLAND TRAVELING CREW	\$ 3.80	\$ 3.80	9/30/2025
REGENERON	\$ 4.21	\$ 6.32	5/31/2026
SWISS RE CORPORATE HEADQUARTERS	\$ 3.80	\$ 5.70	12/31/2022

YEAR ENDED DECEMBER 31, 2022

[illegible]

YEAR ENDED DECEMBER 31, 2022

[illegible]

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 2022

b Assets	
(1) Current value of assets	1b(1) 314,632,716
(2) Actuarial value of assets for funding standard account.....	1b(2) 294,542,406
c (1) Accrued liability for plan using immediate gain methods	1c(1) 343,783,831
(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) 343,783,831
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) 713,661,528
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 23,880,314
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 17,697,564
(3) Expected plan disbursements for the plan year	1d(3) 18,697,564

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 FS	07/07/2023
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Signature of actuary	Date
FRANK SANTASIERO, FSA, FCA, MAAA	2306798

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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	314,632,716
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,285	223,566,691
(2) For terminated vested participants	1,090	146,070,096
(3) For active participants:		
(a) Non-vested benefits		9,012,824
(b) Vested benefits		335,011,917
(c) Total active	2,205	344,024,741
(4) Total	4,580	713,661,528
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.08 %

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
07/15/2022	18,286,236				
Totals ▶			3(b)	18,286,236	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	85.7 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	
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6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability

6a	2.22 %
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- | | 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 Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 7.00 % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 9.5 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 13.0 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 964,198 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-5,789,563	-594,077
3	3,310,255	339,671

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	
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- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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

9,032,722

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)

77,727,419

9,249,031

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

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

9d

1,279,723

e Total charges. Add lines 9a through 9d

9e

19,561,476

Credits to funding standard account:

f Prior year credit balance, if any

9f

14,626,554

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

9g

18,286,236

Outstanding balance

h Amortization credits as of valuation date

9h

13,859,440

1,621,269

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

9i

1,724,031

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

78,003,750

(2) "RPA '94" override (90% current liability FFL)

9j(2)

366,644,318

(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

36,258,090

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

9m

16,696,614

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

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 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