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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                           |
| 1a      | Name of plan<br>IUOE LOCAL 30 PENSION FUND                                                                                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>07/01/1954                                                                                                                                                                                                                                                                                                                             |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND<br><br>16-16 WHITESTONE EXPRESSWAY<br>WHITESTONE, NY 11357-3055 |
| 2b      | Employer Identification Number (EIN)<br>51-6045848                                                                                                                                                                                                                                                                                                               |
| 2c      | Plan Sponsor's telephone number<br>718-847-8484                                                                                                                                                                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>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. | 07/23/2025 | 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                      |

|                                                                                                                                                                                                                                                                                        |                                            |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN              |      |
|                                                                                                                                                                                                                                                                                        | <b>3c</b> Administrator's telephone number |      |
|                                                                                                                                                                                                                                                                                        |                                            |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN                              |      |
|                                                                                                                                                                                                                                                                                        | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b>                                   | 4805 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                            |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b>                               | 2396 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b>                               | 2514 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b>                                  | 1048 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b>                                  | 1107 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b>                                  | 4669 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b>                                  | 330  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                | <b>6f</b>                                  | 4999 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....                                                                                                                               | <b>6g(1)</b>                               |      |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                     | <b>6g(2)</b>                               |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              | <b>6h</b>                                  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   | <b>7</b>                                   | 149  |

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                     |                                                      |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024          |                                                      |     |
| A Name of plan<br>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<br>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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                               | 4999                                                                        | 01/01/2024              | 12/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 5496                          |

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, LLC  
8403 COLESVILLE ROAD, 13TH FLOOR  
SILVER SPRING, MD 20910

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                       | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose           |                       |
|                                               | 5496                            | ASSET MANAGEMENT FEE. | 3                     |

(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 |                       |
|                                               |                                 |             |                       |

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

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

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

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| (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

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

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

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| (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** 1372871**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** 1331940**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 5685  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 40931  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 46616**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1378556**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**(2) Administration charge made by carrier ..... **7e(2)** 5496(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)** 189

▶ NEW MONEY RATE ADJUSTMENT

(5) Total deductions ..... **7e(5)** 5685**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 1372871

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                     |                                                      |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024          |                                                      |     |
| A Name of plan<br>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<br>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                                                          |
|--------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>PRUDENTIAL INSURANCE COMPANY OF AMERICA |
|--------------------------------------------------------------------------|

| (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                                | 4999                                                                        | 01/01/2024              | 12/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (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 |                       |
|                                               |                                 |             |                       |

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

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

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

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 14902022 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |   |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |   |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |   |
| ▶                                                                                                       |              |   |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |   |
| <b>e</b> Deductions:                                                                                    |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |   |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |   |
| ▶                                                                                                       |              |   |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |   |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

Round off amounts to nearest dollar.

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

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

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 01 Day 01 Year 2024</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>309007809</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>328072289</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>378649787</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>378649787</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>643687254</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>23243352</div>  |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>19957649</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>20907649</div>     |

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.

|                                                                                          |                                                                  |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                     | <div>07/01/2025</div>                                            |
| <div>Signature of actuary</div> <div>FRANK SANTASIERO, FSA, FCA, MAAA</div>              | <div>Date</div> <div>23-06798</div>                              |
| <div>Type or print name of actuary</div> <div>SEGAL</div>                                | <div>Most recent enrollment number</div> <div>212-251-5000</div> |
| <div>Firm name</div> <div>66 HUDSON BLVD E, 20TH FLOOR<br/>NEW YORK, NY 10001-2192</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                           |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 309007809                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 1378                              | 223075679                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 1107                              | 124615737                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 9116577                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 286879261                    |
| <b>(c)</b> Total active .....                                                                                                       | 2514                              | 295995838                    |
| <b>(4)</b> Total .....                                                                                                              | 4999                              | 643687254                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 48.01 %                      |

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

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2024               | 22792616                          |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ►</b>          | <b>3(b)</b>                       | 22792616                        |
|                          |                                   |                                 |                          | <b>3(c)</b>                       |                                 |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

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

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                            | <b>4a</b> | 86.6 %                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here..... <input type="checkbox"/>                       |           |                                                          |
| • 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):

|                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |                                                            |                                                                            |                                             |

|                                                                                                                                                                         |           |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                             | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class)<br>approving the change in funding method ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |                                                                                                  |                                                                                                                                                 |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            | <b>6a</b>                                                                                        |                                                                                                                                                 | 3.29 %                                                                                           |
|                                                                                                                         | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| (1) Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               | A                                                                                                |
| (2) Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               | A                                                                                                |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          | 7.00 %                                                                                           |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                            |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     |                                                                                                                                                 | %                                                                                                |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>                                                                                        |                                                                                                                                                 | 5.7 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>                                                                                        |                                                                                                                                                 | 11.1 %                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>                                                                                        |                                                                                                                                                 | <input type="checkbox"/> N/A                                                                     |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     |                                                                                                                                                 | %                                                                                                |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     |                                                                                                                                                 | 915988                                                                                           |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     |                                                                                                                                                 | <input type="checkbox"/>                                                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5891284             | 604515                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0        |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 11129174 |

**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 |          |
|--------------|---------------------|----------|
| <b>9c(1)</b> | 82287448            | 10540558 |
| <b>9c(2)</b> | 0                   | 0        |
| <b>9c(3)</b> | 0                   | 0        |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1516881**e** Total charges. Add lines 9a through 9d.....**9e** 23186613**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 19433229**g** Employer contributions. Total from column (b) of line 3.....**9g** 22792616**h** Amortization credits as of valuation date.....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 12276721            | 1621270 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 2205078**j** Full funding limitation (FFL) and credits:

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

**9j(1)** 107218688

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

**9j(2)** 272360515

(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** 46052193**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 22865580**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 current 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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

X

YesNo

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

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**(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

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

PRUDENTIAL INSURANCE COMPANY OF AME

22-1211670

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

BLACKSTONE INFRASTRUCTURE ADVISORS

26-0288589

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

BLACKSTONE INFRASTRUCTURE ASSOCIATE

345 PARK AVENUE  
NEW YORK, NY 10154

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

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

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

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

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

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

LORD ABBETT & CO.

13-5620131

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 177084                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COMERICA BANK & TRUST, NA

42-1741646

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 144405                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GRAHAM CAPITAL MANAGEMENT LP

06-1398337

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 142394                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

THE SEGAL COMPANY

06-0839113

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 16 50               | NONE                                                                                              | 132320                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WHITESTAR ADVISORS LLC

03-0496641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 117190                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COLLEEN BRINDISI

51-6045848

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 98357                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

FRANK D. GREENBERG

51-6045848

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 87440                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 80000                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WELLINGTON TRUST COMPANY NA

04-2755549

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 62563                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 62057                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGAL ADVISORS INC

13-2646110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 58000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BARNES,IACCARINO & SHEPHERD,LLP

43-1995226

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | ATTORNEY                                                                                          | 52250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NOVAK FRANCELLA LLC

61-1436956

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 50000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STARFIRE PRINTING

751 COATES AVE N 31  
HOLBROOK, NY 11741

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36 50                  | NONE                                                                                              | 37657                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GAIL DISALVO

51-6045848

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 29749                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

COMPREHENSIVE HEALTHCARE SYSTEMS IN

47-4496373

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 23550                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MARSHALL & MOSS, LLP

11-3360166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 12770                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DYNAMIX GROUP, INC.

58-2195960

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 6258                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| GRAHAM CAPITAL MANAGEMENT LP                            | 28 52                                   | 142394                                    |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRAHAM GLOBAL INVESTMENT FUN P.O. BOX 3170<br>ROAD TOWN VG1110 VG   | INVESTMENT MANAGEMENT                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| GROSVENOR CAPITAL MANAGEMENT LP                         | 28 52                                   | 80000                                     |

| (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. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GCM GROSVENOR MAC FUND III 900 N MICHIGAN AVE, STE 1100<br>CHICAGO, IL 60611 | INVESTMENT MANAGEMENT                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                               |                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                    |                                                                         |  |
| <div>A Name of plan</div> <div>IUOE LOCAL 30 PENSION FUND</div>                                                               | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND</div> | <div>D Employer Identification Number (EIN)</div> <div>51-6045848</div> |  |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                       |                                       |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>PGIM QUANT SOLUTIONS VALUE EQUITY</div>       |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>PRUDENTIAL INSURANCE CO.</div>             |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>22-1211670-009</div>                                                         | <div>d Entity code</div> <div>P</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>14902022</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>BOSTON PARTNERS LARGE CAP VALUE EQU</div>     |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>BNY MELLON TRUST</div>                     |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>61-1603964-001</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>15660900</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>LOOMIS SAYLES HIGH YIELD CONSERVATI</div>     |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>LOOMIS SAYLES TRUST COMPANY LLC</div>      |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>84-6391546-006</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>19405133</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>WEDGE SMALL CAP VALUE CIT</div>               |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>COMERICA BANK &amp; TRUST, NA</div>        |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>81-6507188-001</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>19142478</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>WILLIAM BLAIR GLOBAL LEADERS COLLEC</div>     |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>GLOBAL TRUST COMPANY - WILLIAM BLAIR</div> |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>27-6331814-013</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>32713701</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>WTC-CIF II GROWTH FUND</div>                  |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>WELLINGTON TRUST COMPANY NA</div>          |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>04-6913417-183</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>16263192</div> |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>BNYM AFL-CIO CF SL STOCK INDEX FUND</div>     |                                       |                                                                                                                             |
| <div>b Name of sponsor of entity listed in (a):</div> <div>THE BANK OF NEW YORK MELLON</div>          |                                       |                                                                                                                             |
| <div>c EIN-PN</div> <div>84-7064589-001</div>                                                         | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>15706582</div> |

**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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

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

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

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 2832217               | 2509732         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 22415233              | 15051561        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 11562844              | 15793751        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 39033718              | 47121885        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               | 30463066              | 28649133        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 12930992              | 29661832        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 43245350              | 43106386        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 107760145             | 118891986       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 13302336              | 14902022        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 14453721              | 16838082        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 1331940               | 1372871         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 31752300              | 33241844        |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                              | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                           | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 29812                 | 16007           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 331113674             | 367157092       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 297132                | 182788          |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    | 21808733              | 28861855        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 22105865              | 29044643        |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 309007809             | 338112449       |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 22792616   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 22792616  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 361389     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 1288758    |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 1365602    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 45461      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3061210   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 91666      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 91666     |
| <b>(3)</b> Rents .....                                                                                     | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 313618913  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 311212496  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> | -138964    |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 5630299    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 11849168  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 1671377   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2292819   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 49656608  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 18698117 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through (3) .....                        | <b>2e(4)</b>  |          | 18698117 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 301040   |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 74827    |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 50000    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 846784   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 132320   |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 52250    |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 17009    |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 379621   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through (11) .....               | <b>2i(12)</b> |          | 1853851  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 20551968 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 29104640 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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 FRANCELLE, LLC**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |           |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 5000000   |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 105707359 |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | <input checked="" type="checkbox"/> |                                     |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     |                                     |           |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |           |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561193.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>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<br>BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>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):<br>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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

**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 1968023

**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 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): \_\_\_\_\_

**a** Name of contributing employer CBRE INC

**b** EIN 52-1616016

**c** Dollar amount contributed by employer 570594

**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 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): \_\_\_\_\_

**a** Name of contributing employer CUSHMAN & WAKEFIELD INC

**b** EIN 13-2625361

**c** Dollar amount contributed by employer 908525

**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 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): \_\_\_\_\_

**a** Name of contributing employer ABLE ENGINEERING SERVICES

**b** EIN 94-3226677

**c** Dollar amount contributed by employer 619905

**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 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): \_\_\_\_\_

**a** Name of contributing employer NAES CORPORATION

**b** EIN 91-1111672

**c** Dollar amount contributed by employer 738719

**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 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 \_\_\_\_\_

**a** Name of contributing employer LINCOLN CENTER

**b** EIN 13-1847137

**c** Dollar amount contributed by employer 681401

**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 2026

**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): 11.5% OF GROSS WAGES

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

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

**a** Name of contributing employer **ABM ENGINEERING SERVICES INC**

**b** EIN **94-1369354**

**c** Dollar amount contributed by employer **652507**

**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 **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): \_\_\_\_\_

**a** Name of contributing employer **NEW YORK PRESBYTERIAN/QUEENS**

**b** EIN **11-1839362**

**c** Dollar amount contributed by employer **483310**

**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 **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): **8.65% PER HOUR PAID**

**a** Name of contributing employer **CORE FACILITY SERVICES, LLC**

**b** EIN **27-4450918**

**c** Dollar amount contributed by employer **502704**

**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 **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): \_\_\_\_\_

**a** Name of contributing employer **IUOE LOCAL 30**

**b** EIN **13-5159000**

**c** Dollar amount contributed by employer **477627**

**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 **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): **7% OF GROSS WAGES**

**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**

1.03

**b** The corresponding number for the second preceding plan year.....

**15b**

1.05

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: 4.8 % Private Equity: 46.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.2 %

High-Yield Debt: 0.0 % Real Assets: 12.3 % Cash or Cash Equivalents: 4.5 % Other: 0.5 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024 AND 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

### **Report on Supplemental Information**

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

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

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

*Novak Francella LLC*

New York, New York  
May 29, 2025

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

|                                            | <u>2024</u>        | <u>2023</u>        |
|--------------------------------------------|--------------------|--------------------|
| <b>ASSETS</b>                              |                    |                    |
| <b>INVESTMENTS - at fair value</b>         |                    |                    |
| Common collective trusts                   | \$ 118,891,986     | \$ 107,760,145     |
| U.S. Government and Government             |                    |                    |
| Agency obligations                         | 47,121,885         | 39,033,718         |
| Real estate partnership                    | 43,106,386         | 43,245,350         |
| Corporate obligations                      | 28,649,133         | 30,463,066         |
| Pooled separate account                    | 14,902,022         | 13,302,336         |
| Mutual fund                                | 16,838,082         | 14,453,721         |
| Short-term investments                     | 15,793,751         | 11,562,844         |
| Limited partnership                        | 29,661,832         | 12,930,992         |
| Hedge funds of funds                       | 33,241,844         | 31,752,300         |
| Investment contract with insurance company | 1,372,871          | 1,331,940          |
| Total investments                          | <u>349,579,792</u> | <u>305,836,412</u> |
| <b>RECEIVABLES</b>                         |                    |                    |
| Employer contributions                     | 2,509,732          | 2,832,217          |
| Accrued investment income                  | 640,032            | 595,021            |
| Due from related funds and entities        | -                  | 134,654            |
| Securities sold and not settled            | 14,304,849         | 21,580,951         |
| Total receivables                          | <u>17,454,613</u>  | <u>25,142,843</u>  |
| <b>OTHER</b>                               |                    |                    |
| Property and equipment - net               | 16,007             | 29,812             |
| Prepaid expenses                           | 106,680            | 104,607            |
| Total other                                | <u>122,687</u>     | <u>134,419</u>     |
| Total assets                               | <u>367,157,092</u> | <u>331,113,674</u> |

See accompanying notes to financial statements.

|                                      | <u>2024</u>                  | <u>2023</u>                  |
|--------------------------------------|------------------------------|------------------------------|
| LIABILITIES AND NET ASSETS           |                              |                              |
| LIABILITIES                          |                              |                              |
| Accrued administrative expenses      | \$ 182,788                   | \$ 297,132                   |
| Due to related Union                 | 4,157                        | 2,743                        |
| Due to related funds and entities    | 76,566                       | 17,561                       |
| Securities purchased and not settled | <u>28,781,132</u>            | <u>21,788,429</u>            |
| Total liabilities                    | <u>29,044,643</u>            | <u>22,105,865</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS    | <u><u>\$ 338,112,449</u></u> | <u><u>\$ 309,007,809</u></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, 2024 AND 2023

|                                               | <u>2024</u>                      | <u>2023</u>                      |
|-----------------------------------------------|----------------------------------|----------------------------------|
| ADDITIONS                                     |                                  |                                  |
| Investment income                             |                                  |                                  |
| Net appreciation in fair value of investments | \$ 23,325,630                    | \$ 28,611,337                    |
| Interest and dividends                        | <u>3,538,362</u>                 | <u>3,079,030</u>                 |
|                                               | 26,863,992                       | 31,690,367                       |
| Less investment expenses                      | <u>(846,784)</u>                 | <u>(893,097)</u>                 |
| Investment income - net                       | 26,017,208                       | 30,797,270                       |
| <br>Employer contributions                    | <br><u>22,792,616</u>            | <br><u>20,622,429</u>            |
| <br>Total additions                           | <br><u>48,809,824</u>            | <br><u>51,419,699</u>            |
| DEDUCTIONS                                    |                                  |                                  |
| Retirement benefits                           | 18,698,117                       | 17,485,055                       |
| Administrative expenses                       | <u>1,007,067</u>                 | <u>928,450</u>                   |
| <br>Total deductions                          | <br><u>19,705,184</u>            | <br><u>18,413,505</u>            |
| <br>NET INCREASE                              | <br>29,104,640                   | <br>33,006,194                   |
| NET ASSETS AVAILABLE FOR BENEFITS             |                                  |                                  |
| Beginning of year                             | <u>309,007,809</u>               | <u>276,001,615</u>               |
| <br>End of year                               | <br><u><u>\$ 338,112,449</u></u> | <br><u><u>\$ 309,007,809</u></u> |

See accompanying notes to financial statements.

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

**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**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.

Effective January 1, 2025, the Plan was amended to increase the accrual rate from 1.3% to 1.8% for the 2025 plan year, reverting back to 1.3% for plan years 2026 and later. This change was not reflected in the Funding Standard Account for the year beginning January 1, 2024.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**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 and corporate 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 as provided by the investment manager. 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.

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 \$13,805 and \$14,516 for the years ended December 31, 2024 and 2023, 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:

### 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, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2024 and 2023:

| Fair Value Measurements at December 31, 2024 |                |               |               |         |
|----------------------------------------------|----------------|---------------|---------------|---------|
|                                              | Total          | Level 1       | Level 2       | Level 3 |
| U.S. Government and Government               |                |               |               |         |
| Agency obligations:                          |                |               |               |         |
| United States Treasuries                     | \$ 25,087,253  | \$ 25,087,253 | \$ -          | \$ -    |
| Government Agencies                          | 22,034,632     | -             | 22,034,632    | -       |
| Mutual fund                                  | 16,838,082     | 16,838,082    | -             | -       |
| Corporate obligations                        | 28,649,133     | -             | 28,649,133    | -       |
| Short-term investments                       | 15,793,751     | 15,793,751    | -             | -       |
| Total assets in the fair value hierarchy     | 108,402,851    | \$ 57,719,086 | \$ 50,683,765 | \$ -    |
| Investments measured at NAV*                 | 241,176,941    |               |               |         |
| Total investments                            | \$ 349,579,792 |               |               |         |
| Fair Value Measurements at December 31, 2023 |                |               |               |         |
|                                              | Total          | Level 1       | Level 2       | Level 3 |
| U.S. Government and Government               |                |               |               |         |
| Agency obligations:                          |                |               |               |         |
| United States Treasuries                     | \$ 22,325,324  | \$ 22,325,324 | \$ -          | \$ -    |
| Government Agencies                          | 16,708,394     | -             | 16,708,394    | -       |
| Mutual fund                                  | 14,453,721     | 14,453,721    | -             | -       |
| Corporate obligations                        | 30,463,066     | -             | 30,463,066    | -       |
| Short-term investments                       | 11,562,844     | 11,562,844    | -             | -       |
| Total assets in the fair value hierarchy     | 95,513,349     | \$ 48,341,889 | \$ 47,171,460 | \$ -    |
| Investments measured at NAV*                 | 210,323,063    |               |               |         |
| Total investments                            | \$ 305,836,412 |               |               |         |

\* 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.

## NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information and redemption period are as follows at December 31, 2024 and 2023:

| December 31, 2024                                 | Fair Value            | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|---------------------------------------------------|-----------------------|-------------------------|-------------------------|-----------------------------|
| Common collective trusts:                         |                       |                         |                         |                             |
| Loomis Sayles High Yield Conservative Trust       | \$ 19,405,133         | \$ -                    | Daily                   | 3 days                      |
| Boston Partners Coll Inv Large Cap Val Eq Fd Cl C | 15,660,900            | -                       | Daily                   | 5 days                      |
| Comerica - Wedge Capital Small Cap Value CIT      | 19,142,478            | -                       | Monthly                 | 10 days                     |
| WTC-CIF II Growth Fund                            | 16,263,192            | -                       | Daily                   | 1 day                       |
| William Blair Global Leaders CIT Class S          | 32,713,701            | -                       | Daily                   | 1 day                       |
| BNYM AFL-CIO SL Stock Index Fund                  | 15,706,582            | -                       | Daily                   | 1 day                       |
| Real estate partnership                           | 43,106,386            | -                       | (a)                     | (a)                         |
| Pooled separate account:                          |                       |                         |                         |                             |
| PGIM Quant Solutions Value Equity Fund            | 14,902,022            | -                       | Daily                   | 15 days                     |
| Investment contract with insurance company:       |                       |                         |                         |                             |
| Union Labor Life Insurance Company                | 1,372,871             | -                       | Monthly                 | 90 days                     |
| Limited partnerships:                             |                       |                         |                         |                             |
| Pomona Capital IX, LP                             | 5,130,063             | 5,871,012               | (b)                     | (b)                         |
| Pomona Capital X, LP                              | 2,626,529             | 7,602,044               | (c)                     | (c)                         |
| GCM Grosvenor Multi-Asset<br>Class Fund III       | 10,116,655            | -                       | (f)                     | (f)                         |
| Blackstone Infrastructure Partners - V Feeder L.P | 11,788,585            | -                       | (g)                     | (g)                         |
| Hedge funds of funds:                             |                       |                         |                         |                             |
| Graham Global Investment Fund II                  | 18,166,161            | -                       | (d)                     | (d)                         |
| Select Equity SEGP                                | 15,075,683            | -                       | (e)                     | (e)                         |
|                                                   | <u>\$ 241,176,941</u> | <u>\$ 13,473,056</u>    |                         |                             |

| December 31, 2023                            | Fair Value            | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|----------------------------------------------|-----------------------|-------------------------|-------------------------|-----------------------------|
| Common collective trusts:                    |                       |                         |                         |                             |
| Loomis Sayles High Yield Conservative Trust  | \$ 17,593,949         | \$ -                    | Daily                   | 3 days                      |
| Boston Partners Large Cap Value Fund Class C | 17,176,865            | -                       | Daily                   | 5 days                      |
| Wedge Capital Small Cap Value CIT Class S    | 17,649,461            | -                       | Monthly                 | 10 days                     |
| WTC-CIF II Growth Fund                       | 12,686,848            | -                       | Daily                   | 1 day                       |
| William Blair Global Leaders CIT             | 30,092,874            | -                       | Daily                   | 1 day                       |
| BNYM-CIO SL Stock Index Fund                 | 12,560,148            | -                       | Daily                   | 1 day                       |
| Real estate partnership                      | 43,245,350            | -                       | (a)                     | (a)                         |
| Pooled separate account:                     |                       |                         |                         |                             |
| PGIM Quant Solutions Value Equity Fund       | 13,302,336            | -                       | Daily                   | 15 days                     |
| Investment contract with insurance company:  |                       |                         |                         |                             |
| Union Labor Life Insurance Company           | 1,331,940             | -                       | Monthly                 | 90 days                     |
| Limited partnership:                         |                       |                         |                         |                             |
| Pomona Capital IX, LP                        | 3,277,445             | 7,602,044               | (b)                     | (b)                         |
| Pomona Capital X, LP                         | 3,672,937             | 7,466,012               | (c)                     | (c)                         |
| GCM Grosvenor Multi-Asset<br>Class Fund III  | 5,980,610             | -                       | (f)                     | (f)                         |
| Hedge fund of funds:                         |                       |                         |                         |                             |
| Graham Global Investment Fund II             | 17,687,134            | -                       | (d)                     | (d)                         |
| Select Equity SEGP                           | 14,065,166            | -                       | (e)                     | (e)                         |
|                                              | <u>\$ 210,323,063</u> | <u>\$ 15,068,056</u>    |                         |                             |

## **NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

(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, 2024 with a 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, 2024 and 2023, the estimated fair value of the Plan's interest was \$43,106,386 and \$43,245,350, 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 3.49% for the year ended December 31, 2024 and 3.04% for 2023.

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

(c) The 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.

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

(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.

(g) Blackstone Infrastructure Partners - V Feeder L.P. was registered as a limited partnership. The partnership and its wholly owned blockers invests in infrastructure assets through the Lower Fund and its affiliated alternative investment vehicle (BIP-V AIV). The Lower Funds will participate in infrastructure investments alongside their parallel investment vehicles and may also include one or more additional collective investment vehicles.

**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 of 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, 2024 and 2023:

|                                                 | 2024             | 2023             |
|-------------------------------------------------|------------------|------------------|
| Furniture and fixtures                          | \$ 120,490       | \$ 120,490       |
| Computer equipment                              | 106,338          | 106,338          |
| Computer system                                 | 127,060          | 127,060          |
|                                                 | 353,888          | 353,888          |
| Less: accumulated depreciation and amortization | (337,881)        | (324,076)        |
| Property and equipment - net                    | <u>\$ 16,007</u> | <u>\$ 29,812</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 (Benefits Fund)
- IUOE Local 30 Annuity Fund (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. (ISF)
- Northeastern Operating Engineers Federal Credit Union
- The General Pension Plan International Union of Operating Engineers (General Pension)

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 Benefits Fund and the 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 \$492,343 for the year ended December 31, 2024 and \$489,001 for 2023.

The Plan's share of allocated expenses from the Union totaled \$16,229 for the year ended December 31, 2024 and \$16,261 for 2023.

The Plan's share of building improvements paid for by the ISF was \$17,561 for the year ended December 31, 2023.

As of December 31, 2024 and 2023, the amounts due to (from) the Plan for each of the related entities were as follows:

|               | 2024               | 2023              |
|---------------|--------------------|-------------------|
| Union         | \$ (4,157)         | \$ (2,743)        |
| Benefits Fund | (76,566)           | 134,654           |
| (ISF)         | -                  | (17,561)          |
|               | <u>\$ (80,723)</u> | <u>\$ 114,350</u> |

## NOTE 9. RELATED PARTY TRANSACTIONS (continued)

### 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 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 Benefits Fund) transfer money for the shortage into 16-16 MT, LLC.

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

| <u>Year ending December 31,</u> |                      |
|---------------------------------|----------------------|
| 2025                            | \$ 2,595,773         |
| 2026                            | 2,656,936            |
| 2027                            | 2,719,881            |
| 2028                            | 2,784,645            |
| 2029                            | 2,851,598            |
| Thereafter                      | <u>18,350,671</u>    |
| Total                           | <u>\$ 31,959,504</u> |

The Plan made payments of \$1,816,916 and \$1,164,200, in accordance with the master lease during the year ended December 31, 2024 and 2023, respectively.

**NOTE 9. RELATED PARTY TRANSACTIONS (continued)****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 Plan and 25% owned by the Benefits Fund. The lease has a base rent with provisions for additional rent that is proportionately paid by the Plan. Rent expense totaled \$43,314 and \$42,431 for the years ended December 31, 2024 and 2023, respectively.

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

| <u>Year Ending December 31,</u> |                   |
|---------------------------------|-------------------|
| 2025                            | \$ 9,923          |
| 2026                            | 10,221            |
| 2027                            | 10,527            |
| 2028                            | 10,843            |
| 2029                            | 11,168            |
| Thereafter                      | <u>178,265</u>    |
| Total                           | <u>\$ 230,947</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, 2024 and 2023 are as follows:

|                 | <u>2024</u>      | <u>2023</u>      |
|-----------------|------------------|------------------|
| Pension Fund    | \$ 14,238        | \$ 10,277        |
| General Pension | 27,429           | 22,410           |
| Benefits Fund   | 26,732           | 20,719           |
| Annuity Fund    | <u>26,442</u>    | <u>19,555</u>    |
|                 | <u>\$ 94,841</u> | <u>\$ 72,961</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, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |                    |
|-------------------------------------------|--------------------|
| Participants currently receiving benefits | \$ 162,827,063     |
| Other vested benefits                     | 212,250,694        |
|                                           | <u>375,077,757</u> |

|                    |                  |
|--------------------|------------------|
| Nonvested benefits | <u>3,572,030</u> |
|--------------------|------------------|

|                                                               |                              |
|---------------------------------------------------------------|------------------------------|
| Total actuarial present value of<br>accumulated plan benefits | <u><u>\$ 378,649,787</u></u> |
|---------------------------------------------------------------|------------------------------|

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits

|                      |                       |
|----------------------|-----------------------|
| at beginning of year | <u>\$ 359,832,284</u> |
|----------------------|-----------------------|

Increase (decrease) during the year attributable to:

|                                                                      |                     |
|----------------------------------------------------------------------|---------------------|
| Benefit accumulated, net experience<br>gain or loss, changes in data | 11,777,273          |
| Interest                                                             | 24,525,285          |
| Benefits paid                                                        | <u>(17,485,055)</u> |
| Net increase                                                         | <u>18,817,503</u>   |

Actuarial present value of accumulated plan benefits

|                |                              |
|----------------|------------------------------|
| at end of year | <u><u>\$ 378,649,787</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, 2024 valuations were:

- Mortality rates:
  - Non-Annuitant:
    - RP-2006 Blue Collar Employee Mortality Table with generation projection using Scale MP-2021 from 2006.
  - Healthy participants:
    - RP-2006 Blue Collar Healthy Annuitant Mortality Table with generation projection using Scale MP-2021 from 2006.
  - Disabled participants:
    - RP-2006 Disabled Retiree Mortality Table with generation projection using Scale MP-2021 from 2006.
- Retirement age assumption:

**NOTE 10. ACTUARIAL INFORMATION (continued)**

The Plan was valued assuming active participants will retire according to the following rates for January 1, 2024:

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

- Administrative expenses - \$950,000 (previously \$900,000)
- Investment rate of return: 7.0%

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

- Administrative expenses, previously \$900,000

For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Sections 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

As of January 1, 2025, 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 May 29, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

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

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                               | <u>2024</u>                | <u>2023</u>              |
|-------------------------------|----------------------------|--------------------------|
| Payroll                       | \$ 206,199                 | \$ 150,724               |
| PBGC                          | 177,785                    | 160,300                  |
| Actuary                       | 132,320                    | 136,843                  |
| Employee benefits             | 94,841                     | 73,016                   |
| Payroll audits                | 62,057                     | 79,191                   |
| Legal                         | 52,250                     | 61,750                   |
| Audit                         | 50,000                     | 49,000                   |
| Insurance                     | 45,050                     | 55,229                   |
| Rent                          | 43,314                     | 42,431                   |
| Printing                      | 43,142                     | 20,665                   |
| Computer                      | 30,071                     | 18,139                   |
| Conference and meetings       | 17,009                     | 19,791                   |
| Payroll taxes                 | 16,316                     | 11,889                   |
| Depreciation                  | 13,805                     | 14,516                   |
| Accounting                    | 12,770                     | 19,425                   |
| Office                        | 9,508                      | 15,541                   |
| Telephone                     | <u>630</u>                 | <u>-</u>                 |
| Total administrative expenses | <u><u>\$ 1,007,067</u></u> | <u><u>\$ 928,450</u></u> |

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

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**

DECEMBER 31, 2024

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,<br>Rate of Interest, Collateral, Par or Maturity Value |                  |                     |                    |                  |
| Identity of Issuer, Borrower,<br>Lessor or Similar Party           |                                             | Par / Maturity                                                                                            |                  |                     |                    |                  |
|                                                                    |                                             | Type                                                                                                      | Maturity<br>Date | Rate of<br>Interest | Value or<br>Shares | Current<br>Value |
| <u>Interest bearing cash:</u>                                      |                                             |                                                                                                           |                  |                     |                    |                  |
| *                                                                  | Amalgamated Bank                            | MMA                                                                                                       | Demand           | Variable %          | 1,509              | \$ 1,509         |
| *                                                                  | Northeastern Engineers Federal Credit Union | Cash                                                                                                      | Demand           | Variable            | 14,205,531         | 14,205,531       |
|                                                                    | JP Morgan Prime Money Market Fund           | MMA                                                                                                       | Demand           | Variable            | 1,586,537          | 1,586,567        |
|                                                                    | Comerica short-term Fund - Principal Sweep  | MMA                                                                                                       | Demand           | Variable            | 144                | 144              |
|                                                                    | Total interest bearing cash                 |                                                                                                           |                  |                     | 15,793,751         | 15,793,751       |
| <u>United States Government and Government Agency obligations:</u> |                                             |                                                                                                           |                  |                     |                    |                  |
|                                                                    | Federal Home Loan Bank                      | Bond                                                                                                      | 04/01/25         | VAR                 | 2,435,000          | 2,435,122        |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 08/01/39         | 6.000               | 137,934            | 142,029          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 08/01/39         | 6.000               | 141,385            | 145,229          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 07/01/52         | 5.000               | 94,315             | 92,075           |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 08/01/52         | 5.000               | 146,306            | 142,397          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 08/01/52         | 5.000               | 217,837            | 211,880          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 06/01/51         | 2.500               | 200,245            | 163,481          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 11/01/53         | 6.500               | 238,318            | 245,133          |
|                                                                    | Federal Home Loan Mortgage                  | Pool                                                                                                      | 02/01/46         | 3.500               | 81,761             | 74,466           |
|                                                                    | Federal Home Loan Mortgage UMBS             | Pool                                                                                                      | 08/01/51         | 2.500               | 52,954             | 43,604           |
|                                                                    | Federal Home Loan Mortgage UMBS             | Pool                                                                                                      | 12/01/51         | 2.500               | 161,821            | 133,729          |
|                                                                    | Federal Home Loan Mortgage UMBS             | Pool                                                                                                      | 02/01/36         | 2.000               | 112,721            | 100,384          |
|                                                                    | Federal Home Loan Mortgage UMBS             | Pool                                                                                                      | 10/01/52         | 5.000               | 49,207             | 47,661           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 08/01/50         | 2.500               | 520,038            | 431,631          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 09/01/50         | 2.500               | 464,516            | 385,548          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 12/01/51         | 2.500               | 175,007            | 144,435          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 05/01/52         | 4.000               | 97,892             | 91,177           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 05/01/52         | 4.000               | 73,261             | 68,064           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 08/01/50         | 2.500               | 312,274            | 261,139          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 08/01/50         | 2.500               | 72,997             | 61,272           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 06/01/51         | 2.500               | 173,392            | 143,374          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 09/01/36         | 2.500               | 261,257            | 238,479          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 09/01/51         | 3.500               | 38,466             | 34,638           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 12/01/51         | 2.500               | 108,414            | 90,288           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 12/01/48         | 3.000               | 485,963            | 421,573          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 06/01/52         | 4.000               | 188,064            | 173,577          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 04/01/252        | 3.500               | 172,838            | 154,690          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 07/01/52         | 5.000               | 54,705             | 53,440           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 07/01/52         | 5.000               | 70,220             | 68,706           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 01/01/51         | 2.500               | 205,703            | 170,573          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 08/01/52         | 5.000               | 195,629            | 190,249          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 05/01/52         | 2.500               | 97,358             | 80,153           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 04/01/52         | 3.500               | 121,491            | 108,810          |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 02/01/39         | 6.000               | 37,770             | 38,797           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 03/01/37         | 3.000               | 72,933             | 68,238           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 09/01/39         | 6.000               | 66,323             | 67,992           |
|                                                                    | Federal National Mortgage Association       | Pool                                                                                                      | 07/01/45         | 3.500               | 95,795             | 86,515           |

| (a) | (b)                                                                     | (c)                                                                                                       |                  |                     |                                      | (d)        | (e)              |
|-----|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------------------------|------------|------------------|
|     |                                                                         | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                  |                     |                                      |            |                  |
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party                | Type                                                                                                      | Maturity<br>Date | Rate of<br>Interest | Par / Maturity<br>Value or<br>Shares | Cost       | Current<br>Value |
|     | United States Government and Government Agency obligations (continued): |                                                                                                           |                  |                     |                                      |            |                  |
|     | Federal National Mortgage Association 15 Year TBA                       | Bond                                                                                                      | 01/15/38         | 5.000 %             | 258,000                              | \$ 256,744 | \$ 256,687       |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 02/13/36         | 5.500               | 866,000                              | 856,335    | 853,919          |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 02/13/36         | 6.000               | 817,000                              | 820,723    | 820,064          |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 11/01/35         | 6.000               | 691,000                              | 695,636    | 694,186          |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 01/12/41         | 3.500               | 346,000                              | 308,116    | 306,009          |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 01/13/39         | 4.000               | 95,000                               | 87,602     | 86,866           |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 01/14/38         | 5.000               | 270,000                              | 260,296    | 260,572          |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 02/12/38         | 5.000               | 60,000                               | 57,612     | 57,877           |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 01/13/41         | 6.500               | 81,000                               | 82,596     | 82,671           |
|     | Federal National Mortgage Association 30 Year TBA                       | Bond                                                                                                      | 02/10/41         | 6.500               | 327,000                              | 333,627    | 333,478          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 01/01/41         | 4.500               | 107,000                              | 101,782    | 100,630          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 02/13/36         | 4.500               | 112,000                              | 106,590    | 105,293          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 02/15/38         | 5.000               | 609,000                              | 609,371    | 605,498          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 01/01/36         | 5.500               | 406,000                              | 401,452    | 400,621          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 01/01/36         | 7.000               | 116,000                              | 119,996    | 120,269          |
|     | Federal National Mortgage Association TBA                               | Bond                                                                                                      | 02/15/36         | 7.000               | 590,000                              | 610,682    | 611,293          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 01/15/51         | 2.500               | 249,000                              | 210,849    | 207,915          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 02/21/42         | 3.500               | 601,000                              | 544,683    | 537,288          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 01/22/37         | 5.500               | 219,000                              | 217,930    | 217,189          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 01/21/39         | 4.500               | 319,000                              | 308,458    | 301,506          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 01/22/43         | 3.000               | 139,000                              | 121,161    | 120,517          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 02/19/43         | 3.000               | 49,000                               | 438,048    | 432,668          |
|     | GNMA-II 30 Year TBA                                                     | Bond                                                                                                      | 01/23/41         | 3.500               | 417,000                              | 377,704    | 372,710          |
|     | GNMA-II Jumbo TBA                                                       | Bond                                                                                                      | 01/15/51         | 2.000               | 200,000                              | 161,695    | 159,922          |
|     | GNMA-II Jumbo TBA                                                       | Bond                                                                                                      | 01/15/53         | 6.000               | 256,000                              | 257,781    | 257,679          |
|     | GNMA-II Jumbo TBA                                                       | Bond                                                                                                      | 02/15/53         | 6.000               | 1,450,000                            | 1,459,830  | 1,457,424        |
|     | GNMA-II Jumbo TBA                                                       | Bond                                                                                                      | 01/15/54         | 6.500               | 173,000                              | 175,518    | 175,962          |
|     | GNMA-II Jumbo TBA                                                       | Bond                                                                                                      | 02/15/54         | 6.500               | 205,000                              | 208,308    | 208,253          |
|     | GNMA-II TBA                                                             | Bond                                                                                                      | 02/20/37         | 5.500               | 495,000                              | 494,106    | 490,446          |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 02/15/42         | 2.375               | 1,225,000                            | 945,832    | 872,029          |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 02/15/43         | 3.875               | 1,465,000                            | 1,390,403  | 1,292,613        |
|     | U.S. Treasury                                                           | Note                                                                                                      | 02/28/29         | 1.875               | 674,000                              | 605,036    | 610,449          |
|     | U.S. Treasury                                                           | Note                                                                                                      | 08/31/29         | 3.125               | 2,742,000                            | 2,666,248  | 2,597,195        |
|     | U.S. Treasury                                                           | Note                                                                                                      | 08/31/27         | 3.125               | 716,000                              | 689,709    | 695,379          |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 05/15/52         | 2.875               | 1,856,100                            | 1,410,742  | 1,298,026        |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 08/15/44         | 4.125               | 2,636,000                            | 2,460,737  | 2,385,501        |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 02/15/54         | 4.250               | 1,029,100                            | 1,001,545  | 938,796          |
|     | U.S. Treasury                                                           | Bond                                                                                                      | 08/15/54         | 4.250               | 1,535,000                            | 1,448,382  | 1,401,762        |
|     | U.S. Treasury                                                           | Note                                                                                                      | 09/30/26         | 3.500               | 750,000                              | 740,771    | 740,550          |
|     | U.S. Treasury                                                           | Note                                                                                                      | 09/30/29         | 3.500               | 1,482,000                            | 1,432,486  | 1,425,966        |
|     | U.S. Treasury                                                           | Note                                                                                                      | 11/30/26         | 4.250               | 3,087,000                            | 3,095,803  | 3,086,383        |
|     | U.S. Treasury                                                           | Bill                                                                                                      | 01/14/25         | 0.000               | 3,240,000                            | 3,219,959  | 3,235,464        |
|     | U.S. Treasury                                                           | Bill                                                                                                      | 04/01/25         | 0.000               | 4,554,000                            | 4,489,415  | 4,507,140        |
|     | Uniform Mortgage Backed Securities TBA                                  | Bond                                                                                                      | 02/15/39         | 5.500               | 1,205,000                            | 1,215,096  | 1,212,110        |
|     | Uniform Mortgage Backed Securities TBA                                  | Bond                                                                                                      | 01/15/39         | 6.000               | 65,000                               | 66,108     | 66,084           |
|     | Uniform Mortgage Backed Securities TBA 15YR                             | Bond                                                                                                      | 01/15/39         | 5.500               | 399,000                              | 401,704    | 401,601          |
|     | Uniform Mortgage Backed Securities TBA 15YR                             | Bond                                                                                                      | 02/15/39         | 6.000               | 151,000                              | 153,641    | 153,472          |
|     | Uniform Mortgage Backed Securities TBA 15YR                             | Bond                                                                                                      | 02/15/36         | 2.000               | 950,000                              | 843,997    | 839,278          |
|     | Uniform Mortgage Backed Securities TBA 30YR                             | Bond                                                                                                      | 02/15/52         | 4.000               | 241,000                              | 221,103    | 220,327          |
|     | Uniform Mortgage Backed Securities TBA 30YR                             | Bond                                                                                                      | 02/15/51         | 2.000               | 1,151,000                            | 900,808    | 895,800          |
|     | Total United States Government and<br>Government Agency obligations     |                                                                                                           |                  |                     |                                      | 48,045,726 | 47,121,885       |

| (a) | (b)                                                      | (c)                                                                                                       |            |          |                            | (d)        | (e)        |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|----------|----------------------------|------------|------------|
|     |                                                          | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |            |          |                            |            |            |
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party |                                                                                                           | Maturity   | Rate of  | Par / Maturity<br>Value or |            | Current    |
|     |                                                          | Type                                                                                                      | Date       | Interest | Shares                     | Cost       | Value      |
|     | Corporate obligations:                                   |                                                                                                           |            |          |                            |            |            |
|     | Accenture Capital Inc                                    | Bond                                                                                                      | 10/04/31   | 4.250 %  | 144,000                    | \$ 143,767 | \$ 138,374 |
|     | AEP Transmission Company                                 | Bond                                                                                                      | 04/01/34   | 5.150    | 91,000                     | 90,940     | 89,527     |
|     | Aes Corporation                                          | Bond                                                                                                      | 07/15/30   | 3.950    | 209,000                    | 188,070    | 192,656    |
|     | Air Lease Corporation                                    | Bond                                                                                                      | 07/15/31   | 5.200    | 88,000                     | 86,515     | 86,949     |
|     | Aircastle Ltd                                            | Bond                                                                                                      | 01/26/28   | 2.850    | 105,000                    | 106,092    | 97,695     |
|     | Alimentation Couche                                      | Bond                                                                                                      | 02/12/54   | 5.610    | 64,000                     | 64,000     | 60,420     |
|     | Amazon Com                                               | Bond                                                                                                      | 12/01/32   | 4.700    | 395,000                    | 396,171    | 392,670    |
|     | American Express Credit                                  | Bond                                                                                                      | 07/26/35   | VAR      | 159,000                    | 159,000    | 157,246    |
|     | American Tower Corporation                               | Bond                                                                                                      | 08/15/29   | 3.800    | 190,000                    | 175,008    | 179,867    |
|     | American Tower Corporation                               | Bond                                                                                                      | 07/15/33   | 5.550    | 69,000                     | 68,759     | 69,513     |
|     | American Transmission                                    | Bond                                                                                                      | 01/15/32   | 2.650    | 206,000                    | 191,600    | 174,618    |
|     | Anglo American Capital                                   | Bond                                                                                                      | 03/16/29   | 3.875    | 200,000                    | 188,246    | 189,782    |
|     | Antofagasta PLC                                          | Bond                                                                                                      | 05/02/34   | 6.250    | 200,000                    | 207,180    | 203,084    |
|     | Apache Corp                                              | Bond                                                                                                      | 04/15/43   | 4.750    | 298,000                    | 245,420    | 237,959    |
|     | Apidos CLO                                               | ABS                                                                                                       | 07/16/31   | VAR      | 250,000                    | 245,000    | 250,608    |
|     | Apple Inc                                                | Bond                                                                                                      | 08/08/29   | 3.250    | 476,000                    | 457,082    | 449,782    |
|     | Applovin Corp                                            | Bond                                                                                                      | 12/01/31   | 5.375    | 86,000                     | 85,892     | 86,022     |
|     | Assurant Inc                                             | Bond                                                                                                      | 01/15/2032 | 2.650    | 52,000                     | 51,918     | 43,530     |
|     | Atlassian Corporation                                    | Bond                                                                                                      | 05/15/34   | 5.500    | 145,000                    | 147,787    | 145,634    |
|     | Aviation Cap Group LLC                                   | Bond                                                                                                      | 07/15/29   | 5.375    | 93,000                     | 92,299     | 93,046     |
|     | Aviation Cap Group LLC                                   | Bond                                                                                                      | 01/30/26   | 1.950    | 224,000                    | 219,243    | 216,886    |
|     | Avolon Holdings FDG Ltd                                  | ABS                                                                                                       | 02/21/26   | 2.125    | 402,000                    | 381,867    | 388,802    |
|     | Bain Capital Credit                                      | ABS                                                                                                       | 01/22/38   | VAR      | 30,000                     | 301,260    | 302,526    |
|     | Bank of America Corp                                     | Bond                                                                                                      | 07/21/28   | 3.593    | 268,000                    | 288,653    | 259,491    |
|     | Bank of America Corp                                     | Bond                                                                                                      | 03/05/29   | FLTG     | 181,000                    | 211,003    | 175,539    |
|     | Bank of America Corp                                     | Bond                                                                                                      | 03/11/27   | VAR      | 96,000                     | 88,266     | 92,505     |
|     | Bank of Montreal Corp                                    | Bond                                                                                                      | 12/15/32   | FLTG     | 200,000                    | 218,344    | 191,282    |
|     | Bank of New York Mellon Corp                             | Bond                                                                                                      | 07/26/30   | VAR      | 107,000                    | 107,448    | 105,685    |
|     | Bank of New York Mellon Corp                             | Bond                                                                                                      | 04/26/34   | VAR      | 95,000                     | 95,000     | 93,103     |
|     | BAT Capital Corp                                         | Bond                                                                                                      | 02/20/31   | 5.834    | 58,000                     | 58,000     | 59,291     |
|     | BAT Capital Corp                                         | Bond                                                                                                      | 08/02/30   | 6.343    | 230,000                    | 228,499    | 241,847    |
|     | Bayer Corp                                               | Bond                                                                                                      | 02/15/28   | 6.650    | 61,000                     | 71,489     | 62,967     |
|     | BAYVW OP MS                                              | Bond                                                                                                      | 10/25/51   | VAR      | 123,299                    | 103,783    | 98,316     |
|     | Blackrock Inc                                            | Bond                                                                                                      | 03/14/34   | 5.000    | 152,000                    | 151,763    | 150,105    |
|     | BMWLT                                                    | ABS                                                                                                       | 09/25/26   | 5.990    | 266,523                    | 266,518    | 268,281    |
|     | Boeing Co                                                | Bond                                                                                                      | 05/01/31   | 6.388    | 142,000                    | 142,000    | 148,464    |
|     | Broadcom Inc                                             | Bond                                                                                                      | 04/15/32   | 4.150    | 88,000                     | 87,807     | 82,520     |
|     | Broadcom Inc                                             | Bond                                                                                                      | 10/15/34   | 4.800    | 131,000                    | 130,729    | 126,414    |
|     | Brown & Brown Inc                                        | Bond                                                                                                      | 06/11/34   | 5.650    | 109,000                    | 108,720    | 109,118    |
|     | Cadence Design System                                    | Bond                                                                                                      | 09/10/34   | 4.700    | 89,000                     | 88,831     | 85,327     |
|     | Carlyle Global                                           | ABS                                                                                                       | 05/15/31   | VAR      | 97,075                     | 96,298     | 97,251     |
|     | Centene Corp                                             | Bond                                                                                                      | 02/15/30   | 3.375    | 304,000                    | 262,515    | 270,767    |
|     | Chase Home Lending                                       | ABS                                                                                                       | 08/25/64   | VAR      | 114,693                    | 100,508    | 101,068    |
|     | Chase Home Lending                                       | ABS                                                                                                       | 12/25/64   | VAR      | 88,009                     | 81,139     | 78,360     |
|     | Cheniere Energy Inc                                      | Bond                                                                                                      | 10/15/28   | 4.625    | 55,000                     | 53,544     | 53,807     |
|     | Chile Electricity                                        | Bond                                                                                                      | 10/20/35   | 5.580    | 200,000                    | 200,002    | 194,306    |
|     | Citigroup Inc                                            | Bond                                                                                                      | 01/10/28   | 3.887    | 365,000                    | 402,607    | 357,788    |
|     | Citigroup Inc                                            | Bond                                                                                                      | 03/20/30   | FLTG     | 222,000                    | 251,650    | 211,952    |
|     | Citigroup Inc                                            | Bond                                                                                                      | 02/13/35   | VAR      | 157,000                    | 157,000    | 156,232    |
|     | Cleveland Electric Illuminating                          | Bond                                                                                                      | 04/01/28   | 3.500    | 64,000                     | 63,325     | 60,940     |
|     | CME Group Inc                                            | Bond                                                                                                      | 03/15/32   | 2.650    | 199,000                    | 198,357    | 171,484    |
|     | Coca Cola Consolidated Inc                               | Bond                                                                                                      | 06/01/34   | 5.450    | 65,000                     | 64,930     | 65,423     |
|     | Columbia Pipeline Group                                  | Bond                                                                                                      | 06/01/25   | 4.500    | 78,000                     | 75,965     | 77,793     |
|     | Continental Resources Inc                                | Bond                                                                                                      | 01/15/31   | 5.750    | 148,000                    | 159,221    | 146,209    |

| (a) | (b)                                                      | (c)                                                                                                       |                  |                     |                    | (d)        | (e)              |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------|------------|------------------|
|     |                                                          | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                  |                     |                    |            |                  |
|     |                                                          | Par / Maturity                                                                                            |                  |                     |                    |            |                  |
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party | Type                                                                                                      | Maturity<br>Date | Rate of<br>Interest | Value or<br>Shares | Cost       | Current<br>Value |
|     | <u>Corporate obligations (continued):</u>                |                                                                                                           |                  |                     |                    |            |                  |
|     | Continental Resources Inc                                | Bond                                                                                                      | 06/01/44         | 4.900 %             | 147,000            | \$ 151,226 | \$ 118,910       |
|     | Coterra Energy Inc                                       | Bond                                                                                                      | 03/15/34         | 5.600               | 150,000            | 149,580    | 148,659          |
|     | Credit Suisse                                            | Bond                                                                                                      | 08/11/28         | VAR                 | 288,000            | 250,070    | 258,337          |
|     | Crown Castle International Corp                          | Bond                                                                                                      | 04/01/31         | 2.100               | 156,000            | 125,838    | 129,115          |
|     | Crown Castle International Corp                          | Bond                                                                                                      | 07/01/30         | 3.300               | 159,000            | 139,647    | 144,466          |
|     | Danske Bank                                              | Bond                                                                                                      | 09/22/26         | VAR                 | 288,000            | 288,000    | 290,419          |
|     | Discover Card Exe                                        | ABS                                                                                                       | 05/17/27         | 3.320               | 375,000            | 366,606    | 373,254          |
|     | DTE Energy Corp                                          | Bond                                                                                                      | 03/01/34         | 5.200               | 102,000            | 101,952    | 101,615          |
|     | Duke Energy Corp                                         | Bond                                                                                                      | 03/01/34         | 5.250               | 129,000            | 128,573    | 128,952          |
|     | Duke Energy Corp                                         | Bond                                                                                                      | 04/01/53         | 5.400               | 64,000             | 63,942     | 60,621           |
|     | Duke Energy Corp                                         | Bond                                                                                                      | 03/15/33         | 5.250               | 161,000            | 160,961    | 161,336          |
|     | Eastern Gas Transmission                                 | Bond                                                                                                      | 11/15/29         | 3.000               | 134,000            | 143,395    | 122,727          |
|     | Eastern Gas Transmission                                 | Bond                                                                                                      | 12/15/44         | 4.600               | 134,000            | 164,406    | 113,573          |
|     | Encana Corp                                              | Bond                                                                                                      | 02/01/38         | 6.500               | 88,000             | 88,728     | 89,599           |
|     | ENI Spa                                                  | Bond                                                                                                      | 10/01/40         | 5.700               | 135,000            | 136,257    | 126,814          |
|     | ENI Spa                                                  | Bond                                                                                                      | 05/15/34         | 5.500               | 200,000            | 198,666    | 197,674          |
|     | Entergy La LLC                                           | Bond                                                                                                      | 03/15/34         | 5.350               | 276,000            | 275,509    | 275,757          |
|     | Entergy La LLC                                           | Bond                                                                                                      | 03/15/54         | 5.700               | 146,000            | 147,223    | 144,271          |
|     | EQT Corp                                                 | Bond                                                                                                      | 02/01/34         | 5.700               | 96,000             | 95,925     | 95,426           |
|     | Evergy Metro Inc                                         | Bond                                                                                                      | 04/15/33         | 4.950               | 218,000            | 217,723    | 212,613          |
|     | Evergy Mo West Inc                                       | Bond                                                                                                      | 06/01/34         | 5.650               | 197,000            | 200,124    | 199,139          |
|     | F&G Global Funding                                       | Bond                                                                                                      | 04/11/27         | 2.300               | 98,000             | 87,914     | 91,849           |
|     | Factset Research Systems                                 | Bond                                                                                                      | 03/01/32         | 3.450               | 210,000            | 196,867    | 185,317          |
|     | First Union Corp                                         | Bond                                                                                                      | 08/01/26         | 7.574               | 399,000            | 504,931    | 414,154          |
|     | Firstenergy                                              | Bond                                                                                                      | 01/15/35         | 5.000               | 45,000             | 44,924     | 43,476           |
|     | Flagstar Mortgage                                        | Bond                                                                                                      | 06/25/51         | VAR                 | 161,225            | 137,721    | 128,558          |
|     | Ford Motor Credit                                        | Bond                                                                                                      | 03/08/34         | 6.125               | 200,000            | 199,794    | 195,678          |
|     | GA Global Funding Trust                                  | Bond                                                                                                      | 04/11/25         | 3.850               | 150,000            | 148,224    | 149,520          |
|     | GA Global Funding Trust                                  | Bond                                                                                                      | 09/23/27         | 4.400               | 150,000            | 149,913    | 147,861          |
|     | Galaxy Pipeline Assets                                   | ABS                                                                                                       | 09/30/40         | 3.250               | 200,000            | 200,000    | 150,688          |
|     | Gallagher Arthur J & Co                                  | Bond                                                                                                      | 12/15/32         | 5.000               | 103,000            | 103,056    | 101,659          |
|     | General Motor Financial Co                               | Bond                                                                                                      | 04/04/34         | 5.950               | 121,000            | 120,973    | 121,632          |
|     | Glencore Funding LLC                                     | Bond                                                                                                      | 04/04/34         | 5.634               | 139,000            | 139,000    | 138,383          |
|     | GNRT                                                     | ABS                                                                                                       | 07/20/37         | VAR                 | 250,000            | 250,000    | 251,203          |
|     | GS Mtg Security                                          | Bond                                                                                                      | 01/25/53         | VAR                 | 175,063            | 145,412    | 145,678          |
|     | Humana Inc                                               | Bond                                                                                                      | 02/03/27         | 1.350               | 175,000            | 153,344    | 162,701          |
|     | Imperial Tobacco PLC                                     | Bond                                                                                                      | 02/01/30         | 5.500               | 200,000            | 199,378    | 202,120          |
|     | Indianapolis Power                                       | Bond                                                                                                      | 04/01/54         | 5.700               | 93,000             | 92,732     | 91,319           |
|     | International                                            | Bond                                                                                                      | 06/15/31         | 5.250               | 143,000            | 142,864    | 144,379          |
|     | International                                            | Bond                                                                                                      | 10/01/25         | 1.230               | 195,000            | 168,284    | 189,560          |
|     | IPALCO Enterprises                                       | Bond                                                                                                      | 05/01/30         | 4.250               | 120,000            | 137,704    | 112,999          |
|     | Japan Bank for International Corporation                 | Bond                                                                                                      | 07/21/27         | 2.875               | 300,000            | 282,327    | 287,847          |
|     | JP Morgan Mortgage                                       | Bond                                                                                                      | 08/25/52         | VAR                 | 82,588             | 64,593     | 68,858           |
|     | JP Morgan Mortgage                                       | Bond                                                                                                      | 03/25/52         | VAR                 | 246,933            | 212,465    | 205,485          |
|     | JP Morgan Mortgage                                       | Bond                                                                                                      | 10/25/52         | VAR                 | 84,066             | 65,795     | 70,165           |
|     | JP Morgan Mortgage                                       | Bond                                                                                                      | 06/25/52         | 3.000               | 278,530            | 237,534    | 231,779          |
|     | JPMorgan Chase & Co                                      | Bond                                                                                                      | 02/01/28         | 3.782               | 376,000            | 398,170    | 368,025          |
|     | JPMorgan Chase & Co                                      | Bond                                                                                                      | 04/22/32         | VAR                 | 152,000            | 155,361    | 130,387          |
|     | Kayne CLO                                                | Bond                                                                                                      | 04/23/34         | VAR                 | 250,000            | 250,000    | 250,051          |
|     | Kentucky Utility Co                                      | Bond                                                                                                      | 04/15/33         | 5.450               | 329,000            | 336,436    | 332,484          |
|     | L3Harris Technologies                                    | Bond                                                                                                      | 07/31/33         | 5.400               | 115,000            | 115,627    | 114,794          |
|     | Liberty Utilities Co                                     | Bond                                                                                                      | 01/31/34         | 5.869               | 86,000             | 85,996     | 86,077           |
|     | LSEG US Financial Corp                                   | Bond                                                                                                      | 03/28/34         | 5.297               | 200,000            | 200,000    | 199,142          |
|     | Macquarie Group LTD                                      | Bond                                                                                                      | 03/03/36         | 3.052%              | 200,000            | 200,000    | 171,002          |
|     | Macquarie Group LTD                                      | Bond                                                                                                      | 03/27/29         | VAR                 | 110,000            | 109,255    | 108,280          |
|     | Madison Park FDG                                         | ABS                                                                                                       | 04/19/33         | VAR                 | 240,884            | 239,198    | 241,239          |

| (a) | (b)                                                      | (c)                                                                                                       |                  |                     |                    | (d)        | (e)              |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------|------------|------------------|
|     |                                                          | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                  |                     |                    |            |                  |
|     |                                                          | Par / Maturity                                                                                            |                  |                     |                    |            |                  |
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party | Type                                                                                                      | Maturity<br>Date | Rate of<br>Interest | Value or<br>Shares | Cost       | Current<br>Value |
|     | <u>Corporate obligations (continued):</u>                |                                                                                                           |                  |                     |                    |            |                  |
|     | Marsh & McLennan Cos                                     | Bond                                                                                                      | 11/15/31         | 4.850 %             | 178,000            | \$ 177,861 | \$ 175,775       |
|     | MDPK                                                     | Bond                                                                                                      | 10/18/30         | VAR                 | 250,000            | 250,000    | 250,556          |
|     | Merk & Co Inc                                            | Bond                                                                                                      | 12/10/31         | 2.150               | 290,000            | 234,068    | 242,530          |
|     | Midamerican Energy                                       | Bond                                                                                                      | 09/15/54         | 5.850               | 86,000             | 85,900     | 87,403           |
|     | Minejesa Capital Bv                                      | ABS                                                                                                       | 08/10/30         | 4.625               | 171,920            | 179,570    | 165,726          |
|     | Mitsubishi Corp                                          | Bond                                                                                                      | 07/17/34         | 5.125               | 200,000            | 198,626    | 198,730          |
|     | Morgan Stanley                                           | Bond                                                                                                      | 04/20/37         | VAR                 | 88,000             | 84,857     | 85,499           |
|     | Morgan Stanley                                           | Bond                                                                                                      | 07/19/35         | VAR                 | 283,000            | 286,368    | 278,362          |
|     | Morgan Stanley                                           | Bond                                                                                                      | 01/23/30         | VAR                 | 203,000            | 214,139    | 197,572          |
|     | Narragansett El                                          | Bond                                                                                                      | 05/01/34         | 5.350               | 95,000             | 94,926     | 94,713           |
|     | National Fuel Gas Company                                | Bond                                                                                                      | 09/15/27         | 3.950               | 270,000            | 281,822    | 262,337          |
|     | Natwest Group Place                                      | Bond                                                                                                      | 11/10/26         | VAR                 | 200,000            | 204,766    | 204,136          |
|     | Neuberger Berman Group                                   | Bond                                                                                                      | 04/15/45         | 4.875               | 29,000             | 28,072     | 23,973           |
|     | Neuberger Berman Group                                   | Bond                                                                                                      | 03/15/27         | 4.500               | 273,000            | 267,095    | 267,707          |
|     | New York Life Global                                     | Bond                                                                                                      | 01/28/33         | 4.550               | 109,000            | 108,801    | 104,192          |
|     | Nextgear Floorplan                                       | ABS                                                                                                       | 03/15/27         | 2.800               | 235,000            | 228,774    | 234,033          |
|     | NGPL PipeCo LLC                                          | Bond                                                                                                      | 07/15/31         | 3.250               | 122,000            | 122,572    | 105,224          |
|     | Nstar Electric Co                                        | Bond                                                                                                      | 06/01/34         | 5.400               | 144,000            | 143,788    | 144,711          |
|     | Nuveen LLC                                               | Bond                                                                                                      | 04/15/34         | 5.850               | 89,000             | 88,879     | 90,064           |
|     | NVent Finance SARL                                       | Bond                                                                                                      | 04/15/28         | 4.550               | 203,000            | 205,184    | 200,935          |
|     | Occidental Petroleum Corp                                | Bond                                                                                                      | 09/15/36         | 6.450               | 87,000             | 88,305     | 89,065           |
|     | OCP CLO LTD                                              | ABS                                                                                                       | 07/20/29         | VAR                 | 30,602             | 30,403     | 30,604           |
|     | Oglethorpe Power Corp                                    | Bond                                                                                                      | 11/01/39         | 5.950               | 250,000            | 328,417    | 252,420          |
|     | Ohio Edison Co                                           | Bond                                                                                                      | 10/15/38         | 8.250               | 33,000             | 48,916     | 40,713           |
|     | Oracle Corp                                              | Bond                                                                                                      | 07/08/39         | 6.125               | 104,000            | 150,292    | 107,729          |
|     | Oracle Corp                                              | Bond                                                                                                      | 03/25/31         | 2.875               | 183,000            | 190,227    | 161,029          |
|     | Otis Worldwide Corp                                      | Bond                                                                                                      | 11/19/31         | 5.125               | 50,000             | 49,997     | 50,021           |
|     | Park Blue CLO LTD                                        | ABS                                                                                                       | 10/20/37         | VAR                 | 350,000            | 351,925    | 351,746          |
|     | Peru Republic Global                                     | Bond                                                                                                      | 02/08/35         | 5.375               | 49,000             | 48,965     | 47,049           |
|     | Philip Morris Intl Inc                                   | Bond                                                                                                      | 11/17/29         | 5.625               | 121,000            | 122,859    | 124,632          |
|     | PNC Financial Services Group                             | Bond                                                                                                      | 10/28/33         | VAR                 | 150,000            | 162,725    | 155,234          |
|     | PNC Financial Services Group                             | Bond                                                                                                      | 01/22/35         | VAR                 | 64,000             | 64,000     | 64,739           |
|     | PNC Financial Services Group                             | Bond                                                                                                      | 10/21/32         | VAR                 | 158,000            | 158,000    | 153,777          |
|     | Principal Life Global                                    | Bond                                                                                                      | 01/25/29         | 5.100               | 129,000            | 126,775    | 129,284          |
|     | PT Pertamina Geothermal                                  | Bond                                                                                                      | 04/27/28         | 5.150               | 200,000            | 200,640    | 198,660          |
|     | Public Sevice Electric & Gas                             | Bond                                                                                                      | 08/01/34         | 4.850               | 12,000             | 119,663    | 116,663          |
|     | Rad CLO LTD                                              | ABS                                                                                                       | 07/20/37         | VAR                 | 250,000            | 250,000    | 252,287          |
|     | Rate Mortgage Trust                                      | Bond                                                                                                      | 12/25/51         | VAR                 | 84,869             | 72,111     | 67,766           |
|     | Regatta Funding                                          | ABS                                                                                                       | 10/27/31         | VAR                 | 208,213            | 208,213    | 208,282          |
|     | Roche Holdings Inc                                       | Bond                                                                                                      | 03/08/29         | 4.790               | 200,000            | 200,000    | 200,228          |
|     | Royal Bank of Canada                                     | Bond                                                                                                      | 11/01/27         | 6.000               | 84,000             | 84,200     | 86,747           |
|     | Solventum Corp                                           | Bond                                                                                                      | 03/23/34         | 5.600               | 111,000            | 110,926    | 110,454          |
|     | Southwest Gas Corp                                       | Bond                                                                                                      | 03/15/32         | 4.050               | 87,000             | 81,436     | 80,798           |
|     | Sprint Cap Corp                                          | Bond                                                                                                      | 03/15/32         | 8.750               | 341,000            | 396,692    | 407,120          |
|     | Targa Restaurant Partners                                | Bond                                                                                                      | 02/01/31         | 4.875               | 30,000             | 29,387     | 28,966           |
|     | Teachers Insurance & Annuity                             | Bond                                                                                                      | 09/15/44         | 4.900               | 240,000            | 278,179    | 214,282          |
|     | Texas Debt Capital                                       | ABS                                                                                                       | 04/22/37         | VAR                 | 250,000            | 250,000    | 251,734          |
|     | T-Mobile USA Inc                                         | Bond                                                                                                      | 04/15/30         | 3.875               | 88,000             | 80,696     | 82,807           |
|     | Toyota Corp                                              | Bond                                                                                                      | 01/05/34         | 4.800               | 123,000            | 122,865    | 119,499          |
|     | Trust Financial Corporation                              | Bond                                                                                                      | 01/24/35         | VAR                 | 95,000             | 95,000     | 95,727           |
|     | Trust Financial Corporation                              | Bond                                                                                                      | 06/08/34         | VAR                 | 66,000             | 66,218     | 67,195           |
|     | Uber Technologies                                        | Bond                                                                                                      | 08/15/29         | 4.500               | 159,000            | 154,613    | 153,767          |
|     | UBS AG                                                   | Bond                                                                                                      | 09/22/34         | 6.301               | 200,000            | 208,350    | 209,202          |
|     | United Mexican States                                    | Bond                                                                                                      | 05/19/33         | 4.875               | 200,000            | 190,104    | 179,002          |
|     | Universal Health Services                                | Bond                                                                                                      | 10/15/34         | 5.050               | 160,000            | 154,482    | 149,288          |
|     | US Bancorp                                               | Bond                                                                                                      | 02/01/34         | VAR                 | 230,000            | 227,453    | 220,163          |

| (a) | (b)                                                      | (c)                                                                                                       |                  |                     |                                      | (d)            | (e)              |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------------------------|----------------|------------------|
|     |                                                          | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value |                  |                     |                                      |                |                  |
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party | Type                                                                                                      | Maturity<br>Date | Rate of<br>Interest | Par / Maturity<br>Value or<br>Shares | Cost           | Current<br>Value |
|     | <u>Corporate obligations (continued):</u>                |                                                                                                           |                  |                     |                                      |                |                  |
|     | US Bancorp                                               | Bond                                                                                                      | 01/23/35         | VAR %               | 131,000                              | \$ 131,000     | \$ 132,106       |
|     | US Bancorp                                               | Bond                                                                                                      | 07/22/33         | VAR                 | 129,000                              | 131,062        | 123,564          |
|     | Vale Overseas Ltd                                        | Bond                                                                                                      | 06/28/54         | 6.400               | 125,000                              | 124,064        | 122,898          |
|     | Vici Properties                                          | Bond                                                                                                      | 02/01/27         | 5.750               | 455,000                              | 460,760        | 458,913          |
|     | Vici Properties                                          | Note                                                                                                      | 12/01/29         | 4.625               | 196,000                              | 185,526        | 187,737          |
|     | Wachovia Bank                                            | Bond                                                                                                      | 02/01/37         | 5.850               | 34,000                               | 44,593         | 34,680           |
|     | Warnermedia Holdings Inc                                 | Bond                                                                                                      | 03/15/25         | 3.788               | 90,000                               | 86,953         | 89,728           |
|     | Wells Fargo & Company                                    | Bond                                                                                                      | 03/02/33         | VAR                 | 121,000                              | 121,000        | 106,075          |
|     | Wells Fargo & Company                                    | Bond                                                                                                      | 04/30/26         | VAR                 | 132,000                              | 119,698        | 130,805          |
|     | Wells Fargo & Company                                    | Bond                                                                                                      | 06/02/28         | VAR                 | 264,000                              | 277,199        | 248,643          |
|     | Westlake Auto Rec                                        | ABS                                                                                                       | 01/18/28         | 6.020               | 172,475                              | 172,466        | 172,670          |
|     | Total corporate obligations                              |                                                                                                           |                  |                     |                                      | 29,620,596     | 28,649,133       |
|     | <u>Common collective trusts:</u>                         |                                                                                                           |                  |                     |                                      |                |                  |
|     | BNYM AFL-CIO SL Stock Index Fund                         |                                                                                                           |                  |                     | 790,865                              | 9,625,756      | 15,706,582       |
|     | WTC-CIF II Growth Fund                                   |                                                                                                           |                  |                     | 446,423                              | 6,931,541      | 16,263,192       |
|     | Comerica- Wedge Capital Small Cap Value CIT              |                                                                                                           |                  |                     | 960,486                              | 17,548,071     | 19,142,478       |
|     | Loomis Sayles High Yield Conservative Trust              |                                                                                                           |                  |                     | 635,817                              | 12,923,072     | 19,405,133       |
|     | Boston Partners Coll Inv Lrg Cap Val Eq Fd Cl C          |                                                                                                           |                  |                     | 368,886                              | 11,517,418     | 15,660,900       |
|     | William Blair Global Leaders CIT Class S                 |                                                                                                           |                  |                     | 1,963,607                            | 16,316,380     | 32,713,701       |
|     | Total common collective trusts                           |                                                                                                           |                  |                     |                                      | 74,862,238     | 118,891,986      |
|     | <u>Mutual funds:</u>                                     |                                                                                                           |                  |                     |                                      |                |                  |
|     | Vanguard S-C Grow Index Fund                             |                                                                                                           |                  |                     | 213,600                              | 8,731,193      | 16,838,082       |
|     | <u>Pooled separate account:</u>                          |                                                                                                           |                  |                     |                                      |                |                  |
|     | PGIM Quant Solutions Value Equity Fund                   |                                                                                                           |                  |                     | 102,162                              | 7,800,871      | 14,902,022       |
|     | <u>Partnerships:</u>                                     |                                                                                                           |                  |                     |                                      |                |                  |
|     | Blackstone Infrastructure Partners – V Feeder L.P.       |                                                                                                           |                  |                     |                                      | 11,788,585     | 11,788,585       |
|     | Pomona Capital IX, L.P.                                  |                                                                                                           |                  |                     |                                      | 2,626,529      | 2,626,529        |
|     | Pomona Capital X, L.P.                                   |                                                                                                           |                  |                     |                                      | 5,130,063      | 5,130,063        |
|     | GCM Grosvenor MAC Fund III                               |                                                                                                           |                  |                     |                                      | 10,116,655     | 10,116,655       |
|     | Total partnerships                                       |                                                                                                           |                  |                     |                                      | 29,661,832     | 29,661,832       |
|     | <u>Hedge funds of funds:</u>                             |                                                                                                           |                  |                     |                                      |                |                  |
|     | Select Equity SEGP Offshore LP                           |                                                                                                           |                  |                     | 19,297                               | 15,075,683     | 15,075,683       |
|     | Graham Global Investment Fund II SPC Ltd                 |                                                                                                           |                  |                     | 101,326                              | 18,166,161     | 18,166,161       |
|     | Total hedge funds of funds                               |                                                                                                           |                  |                     |                                      | 33,241,844     | 33,241,844       |
|     | <u>Investment contract with insurance company:</u>       |                                                                                                           |                  |                     |                                      |                |                  |
|     | Union Labor Life Insurance Company                       |                                                                                                           |                  |                     | 1,372,871                            | 1,372,871      | 1,372,871        |
|     | <u>Real estate partnership:</u>                          |                                                                                                           |                  |                     |                                      |                |                  |
|     | 1616 WSE, LLC                                            |                                                                                                           |                  |                     | 43,106,386                           | 43,106,386     | 43,106,386       |
|     | Total investments                                        |                                                                                                           |                  |                     |                                      | \$ 292,237,308 | \$ 349,579,792   |

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

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED DECEMBER 31, 2024

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<br>Price | Selling<br>Price | Cost of<br>Asset | Current<br>Value<br>of Asset | Net Gain<br>or (Loss) |
|     | JP Morgan Prime Money Market | \$ 22,955,280     | N/A              | \$ 22,955,280    | \$ 22,955,280                | N/A                   |
|     | JP Morgan Prime Money Market | N/A               | \$ 22,939,500    | 22,939,628       | 22,939,500                   | \$ (128)              |

## 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

## Section 3: Certificate of Actuarial Valuation

### 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.

### 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
- **Normal Retirement Age:** 65, or fifth anniversary of plan participation

### Pro rata and reciprocal pension

- **Age Requirement:** Same as for Regular or Early Retirement Pension.
- **Service Requirement:** 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)
- **Amount:** 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.

## Section 3: Certificate of Actuarial Valuation

### 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.
- **Charge for Coverage:** None

### Post-retirement death benefit

**Husband and Wife:** 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, 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 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.

### 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, 1/25th 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 Calendar year during the Contribution Period in which the employee completes at least 1,000 hours, 100 days, 22 weeks or 5 months of Work in Covered Employment.

## Section 3: Certificate of Actuarial Valuation

### **Contribution rate**

Varies by employer.

### **Changes in plan provisions**

Effective January 1, 2025, the Plan was amended to increase the accrual rate from 1.3% to 1.8% for the 2025 plan year, reverting back to 1.3% for plan years 2026 and later. This change was not reflected in the Funding Standard Account for the year beginning January 1, 2024.

10030080v2/01589.001

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

## Section 3: Certificate of Actuarial Valuation

### Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

#### Pension Credits/Accrued Benefits

| Age       | Total          | 1 - 4        | 5 - 9        | 10 - 14      | 15 - 19        | 20 - 24        | 25 - 29        | 30 - 34        | 35 - 39        | 40 & over      |
|-----------|----------------|--------------|--------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Under 25  | 86             | 84           | 2            | —            | —              | —              | —              | —              | —              | —              |
|           | \$164          | \$155        | —            | —            | —              | —              | —              | —              | —              | —              |
| 25 - 29   | 191            | 143          | 47           | 1            | —              | —              | —              | —              | —              | —              |
|           | \$252          | \$174        | \$473        | —            | —              | —              | —              | —              | —              | —              |
| 30 - 34   | 249            | 122          | 100          | 27           | —              | —              | —              | —              | —              | —              |
|           | \$436          | \$173        | \$580        | \$1,084      | —              | —              | —              | —              | —              | —              |
| 35 - 39   | 267            | 98           | 80           | 61           | 25             | 3              | —              | —              | —              | —              |
|           | \$587          | \$177        | \$505        | \$929        | \$1,442        | —              | —              | —              | —              | —              |
| 40 - 44   | 238            | 80           | 48           | 44           | 53             | 13             | —              | —              | —              | —              |
|           | \$800          | \$199        | \$561        | \$870        | \$1,559        | —              | —              | —              | —              | —              |
| 45 - 49   | 256            | 73           | 53           | 39           | 39             | 32             | 20             | —              | —              | —              |
|           | \$987          | \$182        | \$504        | \$954        | \$1,240        | \$2,130        | \$2,951        | —              | —              | —              |
| 50 - 54   | 335            | 81           | 60           | 40           | 56             | 46             | 27             | 24             | 1              | —              |
|           | \$1,217        | \$153        | \$486        | \$897        | \$1,334        | \$1,961        | \$2,756        | \$3,653        | —              | —              |
| 55 - 59   | 389            | 62           | 54           | 52           | 65             | 50             | 33             | 36             | 37             | —              |
|           | \$1,584        | \$198        | \$490        | \$886        | \$1,368        | \$1,982        | \$2,746        | \$3,264        | \$3,660        | —              |
| 60 - 64   | 328            | 50           | 39           | 35           | 55             | 33             | 36             | 27             | 42             | 11             |
|           | \$1,754        | \$192        | \$545        | \$980        | \$1,370        | \$2,020        | \$2,739        | \$3,222        | \$3,449        | —              |
| 65 - 69   | 135            | 24           | 15           | 14           | 29             | 18             | 6              | 9              | 9              | 11             |
|           | \$1,426        | \$218        | —            | —            | \$1,166        | —              | —              | —              | —              | —              |
| 70 & over | 40             | 7            | 6            | 2            | 8              | 4              | 3              | 3              | 2              | 5              |
|           | \$1,561        | —            | —            | —            | —              | —              | —              | —              | —              | —              |
| Totals    | 2,514          | 824          | 504          | 315          | 330            | 199            | 125            | 99             | 91             | 27             |
|           | <b>\$1,044</b> | <b>\$177</b> | <b>\$517</b> | <b>\$928</b> | <b>\$1,370</b> | <b>\$1,997</b> | <b>\$2,720</b> | <b>\$3,265</b> | <b>\$3,486</b> | <b>\$3,578</b> |

Note: Excludes 138 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       | \$345,964           | 6               | \$67,833            |
| Plan amendment                    | 01/01/2000       | 1,852,802           | 6               | 363,280             |
| Plan amendment                    | 01/01/2001       | 141,225             | 7               | 24,490              |
| Change in assumptions             | 01/01/2002       | 609,729             | 8               | 95,430              |
| Change in assumptions             | 01/01/2005       | 486,184             | 11              | 60,594              |
| Change in assumptions             | 01/01/2006       | 110,331             | 12              | 12,982              |
| Investment loss subject to relief | 01/01/2009       | 14,660,035          | 14              | 1,566,636           |
| Investment loss subject to relief | 01/01/2010       | 89,204              | 14              | 9,533               |
| Change in assumptions             | 01/01/2011       | 276,934             | 2               | 143,149             |
| Investment loss subject to relief | 01/01/2011       | 808,159             | 14              | 86,363              |
| Investment loss subject to relief | 01/01/2012       | 2,331,785           | 14              | 249,185             |
| Investment loss subject to relief | 01/01/2013       | 5,614,493           | 14              | 599,990             |
| Actuarial loss                    | 01/01/2014       | 246,210             | 5               | 56,120              |
| Actuarial loss                    | 01/01/2015       | 1,529,399           | 6               | 299,871             |
| Change in assumptions             | 01/01/2015       | 3,306,083           | 6               | 648,226             |
| Actuarial loss                    | 01/01/2016       | 3,939,957           | 7               | 683,245             |
| Actuarial loss                    | 01/01/2017       | 5,813,162           | 8               | 909,829             |
| Actuarial loss                    | 01/01/2018       | 3,473,555           | 9               | 498,265             |
| Change in assumptions             | 01/01/2019       | 348,237             | 10              | 46,337              |
| Actuarial loss                    | 01/01/2019       | 1,641,834           | 10              | 218,467             |
| Actuarial loss                    | 01/01/2020       | 1,868,119           | 11              | 232,829             |
| Change in assumptions             | 01/01/2021       | 16,052,055          | 12              | 1,888,772           |
| Plan amendment                    | 01/01/2022       | 3,037,574           | 13              | 339,671             |
| Change in assumptions             | 01/01/2023       | 464,349             | 14              | 49,622              |

## Section 3: Certificate of Actuarial Valuation

| Type of Base   | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|----------------|------------------|---------------------|-----------------|---------------------|
| Actuarial loss | 01/01/2023       | 7,348,785           | 14              | 785,324             |
| Actuarial loss | 01/01/2024       | 5,891,284           | 15              | 604,515             |
| <b>Total</b>   |                  | <b>\$82,287,448</b> |                 | <b>\$10,540,558</b> |

## 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       | \$65,024            | 3               | \$23,157            |
| Actuarial gain        | 01/01/2013       | 774,590             | 4               | 213,720             |
| Change in assumptions | 01/01/2017       | 1,626,502           | 8               | 254,567             |
| Change in assumptions | 01/01/2020       | 932,232             | 11              | 116,187             |
| Actuarial gain        | 01/01/2021       | 3,565,725           | 12              | 419,562             |
| Actuarial gain        | 01/01/2022       | 5,312,648           | 13              | 594,077             |
| <b>Total</b>          |                  | <b>\$12,276,721</b> |                 | <b>\$1,621,270</b>  |

## Section 3: Certificate of Actuarial Valuation

### Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 5.7%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 11.1%, for the Plan Year ending December 31, 2023

### 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 2.55% to 3.29% 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 as of January 1, 2024:
  - Administrative expenses, previously \$900,000

## Section 3: Certificate of Actuarial Valuation

### Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

#### Mortality rates

**Healthy:** RP-2006 Blue Collar Employee and Healthy Annuitant Mortality Tables with generational projection using Scale MP-2021 from 2006

**Disabled:** RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2021 from 2006

The underlying tables reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using 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's assumption over the past several years.

## Section 3: Certificate of Actuarial Valuation

### Termination rates

| Age | Mortality Male <sup>1</sup> | Mortality Female <sup>1</sup> | Disability | Withdrawal <sup>2</sup> |
|-----|-----------------------------|-------------------------------|------------|-------------------------|
| 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                    |

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.

### Retirement rates for active participants

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

<sup>1</sup> Mortality rates shown for base table.

<sup>2</sup> Withdrawal rates do not apply at or beyond early retirement age.

## Section 3: Certificate of Actuarial Valuation

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, 2024 actuarial valuation.

### Retirement rates for inactive vested participants

| Age          | Annual Retirement Rates |
|--------------|-------------------------|
| 55 – 60      | 3%                      |
| 61 – 64      | 15%                     |
| 65           | 50%                     |
| 66 – 72      | 15%                     |
| 73 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

Contributions received on a participant's behalf for all future years are assumed to be equal to the participant's annualized contributions in the prior year.

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

## Section 3: Certificate of Actuarial Valuation

anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

### Annual administrative expenses

\$950,000 for the year beginning January 1, 2024 (equivalent to \$915,988 payable at the beginning of the year).

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

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using 2024 Adjusted Scale MP-2021 (previously, RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014).

## Section 3: Certificate of Actuarial Valuation

### Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 5.7%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 11.1%, for the Plan Year ending December 31, 2023

### 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 2.55% to 3.29% 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 as of January 1, 2024:
  - Administrative expenses, previously \$900,000

## Schedule MB, line 6f(1)- Description of Withdrawal Liability Interest Rate

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
  - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
  - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.
- The Trustees elected that the unfunded vested liabilities shall not be greater than the unfunded vested liabilities determined using the Plan's funding assumptions and the actuarial value of assets.

| Assumption              | Description                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest                | For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending December 31, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value). |
| Administrative Expenses | Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.                                                                                                                                                                                                                          |
| Mortality               | Same as used for plan funding as of December 31, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)                                                                                                                                                                                                                            |
| Retirement Rates        | Same as used for plan funding as of December 31, 2023 (the corresponding retirement rate as of a year earlier were used for the prior year's value)                                                                                                                                                                                                                            |

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2024      | \$1,680,156         | \$613,410                      | \$17,658,516                           | \$19,952,082 |
| 2025      | 2,859,412           | 1,065,046                      | 17,284,691                             | 21,209,149   |
| 2026      | 4,121,872           | 1,548,646                      | 16,897,763                             | 22,568,281   |
| 2027      | 5,375,577           | 2,140,050                      | 16,466,617                             | 23,982,244   |
| 2028      | 6,673,624           | 2,699,669                      | 16,008,682                             | 25,381,975   |
| 2029      | 7,964,315           | 3,233,329                      | 15,526,741                             | 26,724,385   |
| 2030      | 9,222,866           | 3,767,558                      | 15,021,210                             | 28,011,634   |
| 2031      | 10,361,718          | 4,278,517                      | 14,488,669                             | 29,128,904   |
| 2032      | 11,504,309          | 4,767,193                      | 13,931,292                             | 30,202,794   |
| 2033      | 12,558,281          | 5,232,133                      | 13,351,440                             | 31,141,854   |
| 2034      | 13,462,038          | 5,616,834                      | 12,751,691                             | 31,830,563   |
| 2035      | 14,368,272          | 6,031,276                      | 12,134,839                             | 32,534,387   |
| 2036      | 15,045,452          | 6,376,426                      | 11,503,843                             | 32,925,721   |
| 2037      | 15,684,541          | 6,708,520                      | 10,861,775                             | 33,254,836   |
| 2038      | 16,168,038          | 6,992,469                      | 10,211,746                             | 33,372,253   |
| 2039      | 16,529,808          | 7,241,561                      | 9,556,882                              | 33,328,251   |
| 2040      | 16,857,079          | 7,424,400                      | 8,900,438                              | 33,181,917   |
| 2041      | 17,078,235          | 7,576,705                      | 8,245,840                              | 32,900,780   |

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        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2042      | \$17,170,749        | \$7,664,264                    | \$7,596,650                            | \$32,431,663 |
| 2043      | 17,197,885          | 7,722,645                      | 6,956,518                              | 31,877,048   |
| 2044      | 17,143,760          | 7,721,146                      | 6,329,153                              | 31,194,059   |
| 2045      | 17,062,482          | 7,702,097                      | 5,718,328                              | 30,482,907   |
| 2046      | 16,914,820          | 7,640,840                      | 5,127,905                              | 29,683,565   |
| 2047      | 16,708,111          | 7,545,433                      | 4,561,833                              | 28,815,377   |
| 2048      | 16,440,027          | 7,407,828                      | 4,024,095                              | 27,871,950   |
| 2049      | 16,107,116          | 7,244,279                      | 3,518,506                              | 26,869,901   |
| 2050      | 15,750,636          | 7,079,380                      | 3,048,474                              | 25,878,490   |
| 2051      | 15,358,276          | 6,844,151                      | 2,616,727                              | 24,819,154   |
| 2052      | 14,914,821          | 6,610,026                      | 2,225,050                              | 23,749,897   |
| 2053      | 14,430,023          | 6,344,398                      | 1,874,182                              | 22,648,603   |
| 2054      | 13,939,929          | 6,078,031                      | 1,563,832                              | 21,581,792   |
| 2055      | 13,410,729          | 5,779,689                      | 1,292,765                              | 20,483,183   |
| 2056      | 12,847,205          | 5,473,927                      | 1,058,968                              | 19,380,100   |
| 2057      | 12,264,491          | 5,158,269                      | 859,826                                | 18,282,586   |
| 2058      | 11,674,789          | 4,846,708                      | 692,295                                | 17,213,792   |
| 2059      | 11,079,519          | 4,517,963                      | 553,058                                | 16,150,540   |

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        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2060      | \$10,481,326        | \$4,199,213                    | \$438,674                              | \$15,119,213 |
| 2061      | 9,888,681           | 3,881,231                      | 345,723                                | 14,115,635   |
| 2062      | 9,321,171           | 3,584,131                      | 270,942                                | 13,176,244   |
| 2063      | 8,750,303           | 3,284,983                      | 211,318                                | 12,246,604   |
| 2064      | 8,195,293           | 3,001,758                      | 164,153                                | 11,361,204   |
| 2065      | 7,655,839           | 2,727,569                      | 127,084                                | 10,510,492   |
| 2066      | 7,141,803           | 2,470,690                      | 98,097                                 | 9,710,590    |
| 2067      | 6,646,985           | 2,231,013                      | 75,523                                 | 8,953,521    |
| 2068      | 6,173,634           | 2,006,341                      | 58,004                                 | 8,237,979    |
| 2069      | 5,728,067           | 1,801,269                      | 44,439                                 | 7,573,775    |
| 2070      | 5,303,119           | 1,611,601                      | 33,959                                 | 6,948,679    |
| 2071      | 4,895,702           | 1,435,682                      | 25,871                                 | 6,357,255    |
| 2072      | 4,514,865           | 1,274,450                      | 19,637                                 | 5,808,952    |
| 2073      | 4,153,074           | 1,127,641                      | 14,839                                 | 5,295,554    |

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- 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        |
|-----------|------------------------|-------------------------------|--------------|
| 2024      | \$21,388,354           | -                             | \$21,388,354 |
| 2025      | \$21,805,427           | -                             | \$21,805,427 |
| 2026      | \$21,975,509           | -                             | \$21,975,509 |
| 2027      | \$21,997,485           | -                             | \$21,997,485 |
| 2028      | \$21,997,485           | -                             | \$21,997,485 |
| 2029      | \$21,997,485           | -                             | \$21,997,485 |
| 2030      | \$21,997,485           | -                             | \$21,997,485 |
| 2031      | \$21,997,485           | -                             | \$21,997,485 |
| 2032      | \$21,997,485           | -                             | \$21,997,485 |
| 2033      | \$21,997,485           | -                             | \$21,997,485 |

**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, 2024**

| <b>LOCATION (JONES LANG LA SALLE)</b>  | <b>PENSION<br/>RATE</b> | <b>OT PENSION<br/>RATE</b> | <b>CONTRACT<br/>EXP DATE</b> |
|----------------------------------------|-------------------------|----------------------------|------------------------------|
| 120 LONG RIDGE ROAD                    | \$ 4.26                 | \$ 6.38                    | 4/30/2025                    |
| 300 LAFAYETTE STREET                   | \$ 1.46                 | \$ 1.46                    | 4/30/2028                    |
| 424 FIFTH AVENUE                       | \$ 5.60                 | \$ 5.60                    | 12/31/2024                   |
| 600 STEAMBOAT ROAD                     | \$ 6.16                 | \$ 9.25                    | 12/31/2026                   |
| CONNECTICUT/WESTCHESTER TRAVELING CREW | \$ 4.02                 | \$ 4.02                    | 9/30/2025                    |
| DELTA TERMINAL LAGUARDIA AIRPORT       | \$ 3.75                 | \$ 3.75                    | 8/31/2027                    |
| GARTNER FACILITIES INC                 | \$ 3.20                 | \$ 4.80                    | 12/31/2025                   |
| GRAND CENTRAL TERMINAL                 | \$ 5.23                 | \$ 7.85                    | 12/31/2025                   |
| GREENWICH AMERICAN CENTER              | \$ 5.41                 | \$ 8.11                    | 7/31/2026                    |
| IBM HEADQUARTERS                       | \$ 5.10                 | \$ 7.65                    | 12/31/2024                   |
| IBM LEARNING CENTER                    | \$ 3.16                 | \$ 4.74                    | 12/31/2024                   |
| IBM NORTH CASTLE                       | \$ 7.73                 | \$ 11.60                   | 12/31/2024                   |
| JP MORGAN CHASE DATA CENTER            | \$ 5.80                 | \$ 8.70                    | 1/31/2026                    |
| LANDMARK AT EASTVIEW                   | \$ 4.89                 | \$ 7.34                    | 5/31/2026                    |
| LONG ISLAND TRAVELING CREW             | \$ 4.40                 | \$ 4.40                    | 9/30/2025                    |
| REGENERON                              | \$ 4.89                 | \$ 7.34                    | 5/31/2026                    |
| SWISS RE CORPORATE HEADQUARTERS        | \$ 4.42                 | \$ 6.63                    | 12/31/2025                   |
| YORKTOWN                               | \$ 2.34                 | \$ 3.51                    | 12/31/2024                   |

**YEAR ENDED DECEMBER 31, 2024**

[illegible]

**YEAR ENDED DECEMBER 31, 2024**

[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, 2024**

[illegible]

**YEAR ENDED DECEMBER 31, 2024**

[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, 2024**

[illegible]

**YEAR ENDED DECEMBER 31, 2024**

[illegible]

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF FIVE PERCENT TRANSACTIONS

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                              |                      |
|--------------------------------------------------------------------------------------------------------------|----------------------|
| 1a Enter the valuation date: Month 01 Day 01 Year 2024                                                       |                      |
| b Assets                                                                                                     |                      |
| (1) Current value of assets .....                                                                            | 1b(1) 309,007,809    |
| (2) Actuarial value of assets for funding standard account.....                                              | 1b(2) 328,072,289    |
| c (1) Accrued liability for plan using immediate gain methods .....                                          | 1c(1) 378,649,787    |
| (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) 378,649,787    |
| 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) 643,687,254 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | 1d(2)(b) 23,243,352  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | 1d(2)(c) 19,957,649  |
| (3) Expected plan disbursements for the plan year .....                                                      | 1d(3) 20,907,649     |

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.

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>FRANK SANTASIERO</div> <div>Signature of actuary</div> <div>FRANK SANTASIERO, FSA, FCA, MAAA</div> <div>Type or print name of actuary</div> <div>SEGAL</div> <div>Firm name</div> <div>66 HUDSON BLVD E, 20TH FLOOR<br/>NEW YORK NY 10001-2192</div> <div>Address of the firm</div> | <div>FS</div> <div>07/01/2025</div> <div>Date</div> <div>2306798</div> <div>Most recent enrollment number</div> <div>212-251-5000</div> <div>Telephone number (including area code)</div> |
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|                                                                                                                                    |                                   |                              |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                          | <b>2a</b>                         | 309,007,809                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                  | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                      | 1,378                             | 223,075,679                  |
| <b>(2)</b> For terminated vested participants .....                                                                                | 1,107                             | 124,615,737                  |
| <b>(3)</b> For active participants:                                                                                                |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                               |                                   | 9,116,577                    |
| <b>(b)</b> Vested benefits .....                                                                                                   |                                   | 286,879,261                  |
| <b>(c)</b> Total active.....                                                                                                       | 2,514                             | 295,995,838                  |
| <b>(4)</b> Total.....                                                                                                              | 4,999                             | 643,687,254                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage..... | <b>2c</b>                         | 48.00 %                      |

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/15/2024               | 22,792,616                        |                                 |                          |                                   |                                 |
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| <p><b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....</p>                                                                                                                                                                                                                                                                                                                                                                    | <p><b>4e</b></p> |  |
| <p><b>f</b> If the plan is in critical status or critical and declining status, and is:</p> <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul> | <p><b>4f</b></p> |  |

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| <b>j</b> If box h is checked, enter period of use of shortfall method ..... | <b>5j</b> |  |
|-----------------------------------------------------------------------------|-----------|--|

**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 3.29 %

|                                                                                                                                | Pre-retirement                                                                                                                                               | Post-retirement                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b> <span style="border: 1px solid black; padding: 0 20px;">A</span>                                                                                | <span style="border: 1px solid black; padding: 0 20px;">A</span>                                 |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b> <span style="border: 1px solid black; padding: 0 20px;">A</span>                                                                                | <span style="border: 1px solid black; padding: 0 20px;">A</span>                                 |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b> <span style="border: 1px solid black; padding: 0 20px;">7.00 %</span>                                                                              | <span style="border: 1px solid black; padding: 0 20px;">7.00 %</span>                            |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b> <span style="border: 1px solid black; padding: 0 20px;">% <input checked="" type="checkbox"/> N/A</span>                                           |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b> <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b> <span style="border: 1px solid black; padding: 0 20px;">%</span>                                                                                |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b> <span style="border: 1px solid black; padding: 0 20px;">5.7 %</span>                                                                               |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b> <span style="border: 1px solid black; padding: 0 20px;">11.1 %</span>                                                                              |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/> N/A</span>                                                        |                                                                                                  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b> <span style="border: 1px solid black; padding: 0 20px;">%</span>                                                                                |                                                                                                  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b> <span style="border: 1px solid black; padding: 0 20px;">915,988</span>                                                                          |                                                                                                  |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/></span>                                                         |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5,891,284           | 604,515                        |
|                  |                     |                                |
|                  |                     |                                |
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**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

|                                                                                                                                                                                                                                                                                                                                                                          |           |  |
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| <b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). | <b>8e</b> |  |
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| <b>9</b> Funding standard account statement for this plan year:    |           |            |
| <b>Charges to funding standard account:</b>                        |           |            |
| <b>a</b> Prior year funding deficiency, if any                     | <b>9a</b> | 0          |
| <b>b</b> Employer's normal cost for plan year as of valuation date | <b>9b</b> | 11,129,174 |

  

|                                                                                                                   |              |                     |            |
|-------------------------------------------------------------------------------------------------------------------|--------------|---------------------|------------|
| <b>c</b> Amortization charges as of valuation date:                                                               |              | Outstanding balance |            |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended | <b>9c(1)</b> | 82,287,448          | 10,540,558 |
| <b>(2)</b> Funding waivers                                                                                        | <b>9c(2)</b> | 0                   | 0          |
| <b>(3)</b> Certain bases for which the amortization period has been extended                                      | <b>9c(3)</b> | 0                   | 0          |

  

|                                                         |           |            |
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| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c | <b>9d</b> | 1,516,881  |
| <b>e</b> Total charges. Add lines 9a through 9d         | <b>9e</b> | 23,186,613 |

  

|                                                                  |           |            |
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| <b>Credits to funding standard account:</b>                      |           |            |
| <b>f</b> Prior year credit balance, if any                       | <b>9f</b> | 19,433,229 |
| <b>g</b> Employer contributions. Total from column (b) of line 3 | <b>9g</b> | 22,792,616 |

  

|                                                                             |              |                     |           |
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| <b>h</b> Amortization credits as of valuation date                          |              | Outstanding balance |           |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h | <b>9h</b>    | 12,276,721          | 1,621,270 |
| <b>j</b> Full funding limitation (FFL) and credits:                         |              |                     |           |
| <b>(1)</b> ERISA FFL (accrued liability FFL)                                | <b>9j(1)</b> | 107,218,688         |           |
| <b>(2)</b> "RPA '94" override (90% current liability FFL)                   | <b>9j(2)</b> | 272,360,515         |           |
| <b>(3)</b> FFL credit                                                       | <b>9j(3)</b> |                     | 0         |

  

|                                                                                       |              |            |
|---------------------------------------------------------------------------------------|--------------|------------|
| <b>k</b> (1) Waived funding deficiency                                                | <b>9k(1)</b> | 0          |
| <b>(2)</b> Other credits                                                              | <b>9k(2)</b> | 0          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)              | <b>9l</b>    | 46,052,193 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference     | <b>9m</b>    | 22,865,580 |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference | <b>9n</b>    |            |

  

|                                                                                                                        |                 |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|
| <b>o</b> Current year's accumulated reconciliation account:                                                            |                 |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year                                 | <b>9o(1)</b>    | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date                                                     | <b>9o(2)(a)</b> | 0 |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))                                              | <b>9o(2)(b)</b> | 0 |
| <b>(3)</b> Total as of valuation date                                                                                  | <b>9o(3)</b>    | 0 |

  

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) | <b>10</b> |  |
|--------------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                                                                     |                                                                            |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|