

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>OPEIU LOCALS 30 & 537 RETIREMENT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537 RETIREMENT FUND</u></p> <p><u>1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017</u></p>	<p>1c Effective date of plan <u>02/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>95-6072309</u></p> <p>2c Plan Sponsor's telephone number <u>562-463-5000</u></p> <p>2d Business code (see instructions) <u>561110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/11/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1336
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	578
	6a(2)	594
	6b	745
	6c	650
	6d	1989
	6e	33
	6f	2022
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	87

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

A Name of plan <u>OPEIU LOCALS 30 & 537 RETIREMENT FUND</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537</u>	D Employer Identification Number (EIN) <u>95-6072309</u>

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

1a Enter the valuation date: Month 02 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>137037405</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>148689005</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>152304213</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>152304213</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>231379646</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>7180161</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>9907108</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>10071740</u>

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

SIGN HERE <u>JONATHAN HASSEN</u> Type or print name of actuary <u>RAEL & LETSON</u> Firm name <u>160 BOVET ROAD, SUITE 203</u> <u>SAN MATEO, CA 94402</u> Address of the firm	<u>10/21/2025</u> Date <u>23-07913</u> Most recent enrollment number <u>650-341-3311</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	137037405
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	758	103482354
(2) For terminated vested participants	652	52693877
(3) For active participants:		
(a) Non-vested benefits		1962582
(b) Vested benefits		73240833
(c) Total active	578	75203415
(4) Total	1988	231379646
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.23 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/01/2024	6505362	0			
			Totals ▶	3(b)	3(c)
				6505362	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	97.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.36 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	5+1
(2) Females	6c(2)	5F+1
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.5 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input checked="" type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3890034	388466
4	-643507	-64262

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3611657

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	47469746	6599456
9c(2)	0	0
9c(3)	0	0

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

9d 663722

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

9e 10874835

Credits to funding standard account:

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

9f 37393065

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

9g 6505362

h Amortization credits as of valuation date.....

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

j Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9h	6461473	2328514
9i		2793327
9j(1)	59929179	
9j(2)	64746195	
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 49020268

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

9m 38145433

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 0

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

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan OPEIU LOCALS 30 & 537 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537	D Employer Identification Number (EIN) 95-6072309	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

DOUBLELINE CAPITAL **333 S GRAND AVE 18TH FL**
LOS ANGELES, CA 90071

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

PNC BANK **1 E PRATT ST FL 5E**
BALTIMORE, MD 21202

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

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

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

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

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15	NONE	126359	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)

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	79681	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)

LOOMIS SAYLES TRUST COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	85130	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	193784	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	NONE	53397	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 MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	45400	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	32200	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)

GILBERT & SACKMAN, A LAW CORP.

95-2906951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	45347	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)

MELLON INVESTMENTS CORPORATION

P.O. BOX 371509
PITTSBURGH, PA 15251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	5017	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	40853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

A Name of plan <u>OPEIU LOCALS 30 & 537 RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537</u>	D Employer Identification Number (EIN) <u>95-6072309</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LS CORE PLUS FULL DISCRETION TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST CO., LLC</u>		
c EIN-PN <u>84-6391546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22994353</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JP MORGAN STRATEGIC PROPERTY FUND</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8050689</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION AS TRUSTEE</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4911609</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON AFL-CIO SL STOCK INDEX</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70626790</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan OPEIU LOCALS 30 & 537 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537	D Employer Identification Number (EIN) 95-6072309

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	846556	1052115
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	545340	533877
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	422866	105631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	126315	2099
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2454370	2063446
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	94886462	106583441
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37801006	41291406
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	8749	17779
f Total assets (add all amounts in lines 1a through 1e).....	1f	137091664	151649794
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	54259	78932
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	54259	78932
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	137037405	151570862

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6505362	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	2120	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6507482
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12032	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12032
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2200360	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2200360
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5650098	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4678842	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		971256
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-821555	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16353723
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		116264
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		25339562

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9904437	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9904437
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	126359	
(3) Recordkeeping fees	2i(3)	40853	
(4) IQPA audit fees	2i(4)	32200	
(5) Investment advisory and investment management fees	2i(5)	258260	
(6) Bank or trust company trustee/custodial fees	2i(6)	12061	
(7) Actuarial fees	2i(7)	193784	
(8) Legal fees	2i(8)	45347	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	24307	
(11) Other expenses	2i(11)	168497	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		901668
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10806105

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14533457
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560472.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan OPEIU LOCALS 30 & 537 RETIREMENT FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537	D Employer Identification Number (EIN) 95-6072309	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	13

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

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

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

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

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

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 OPERATING ENGINEERS BEN. TRUST

b EIN 95-2694167

c Dollar amount contributed by employer

805486

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 310.00

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

a Name of contributing employer PIPE TRADES TRUST FUND

b EIN 95-4557526

c Dollar amount contributed by employer

677115

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 08 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 4.64

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

a Name of contributing employer IBEW NECA TRUST FUND

b EIN 03-0512258

c Dollar amount contributed by employer

458436

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 08 Day 31 Year 2029

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) 5.58

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

a Name of contributing employer SHEET METAL BENEFIT PLANS ADMIN CORP

b EIN 95-4337897

c Dollar amount contributed by employer

331889

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 07 Day 31 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) 9.50

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

a Name of contributing employer SEIU LOCAL #721

b EIN 37-1535315

c Dollar amount contributed by employer

219241

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 08 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) 15.50

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): % OF SALARY

a Name of contributing employer FIREFIGHTERS INSURANCE TRUST

b EIN 95-3846186

c Dollar amount contributed by employer

243645

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 05 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) 5.00

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

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 BENEFIT PROGRAMS ADMINISTRATION

b EIN 13-2501278 **c** Dollar amount contributed by employer 225576

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 3.65

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

a Name of contributing employer LABOR MANAGEMENT COMPLIANCE CO.

b EIN 61-1669367 **c** Dollar amount contributed by employer 173139

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 2027

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

(1) Contribution rate (in dollars and cents) 6.00

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

a Name of contributing employer UA #525 - PLUMBERS & PIPEFITTERS

b EIN 88-0030428 **c** Dollar amount contributed by employer 186184

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 07 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 4.00

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

a Name of contributing employer SHEET METAL WORKERS LOCAL 105

b EIN 91-2167544 **c** Dollar amount contributed by employer 152396

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 05 Day 31 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) 5.95

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	734
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	735
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	707

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	1.00
b The corresponding number for the second preceding plan year	15b	1.04

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

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

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: 59.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.0 %
 High-Yield Debt: 4.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule MB, line 8b(2)</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	OPEIU LOCALS 30 & 537 RETIREMENT FUND						
Plan Year Begin Date	02/01/2024	Plan Year End Date	01/31/2025	EIN	95-6072309	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	OPEIU LOCALS 30 & 537 RETIREMENT FUND						
Plan Year Begin Date	02/01/2024	Plan Year End Date	01/31/2025	EIN	95-6072309	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	OPEIU LOCALS 30 & 537 RETIREMENT FUND						
Plan Year Begin Date	02/01/2024	Plan Year End Date	01/31/2025	EIN	95-6072309	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FINANCIAL STATEMENTS

JANUARY 31, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Office and Professional Employees International Union
Locals 30 and 537 Retirement Fund
1200 Wilshire Boulevard, Fifth Floor
Los Angeles, California 90017

Members of the Board:

Opinion

We have audited the accompanying financial statements of Office and Professional Employees International Union Locals 30 and 537 Retirement 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 January 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of February 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of January 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of February 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 15, 2025

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	January 31, 2025	January 31, 2024
ASSETS		
CASH	\$ 1,052,115	\$ 846,556
INVESTMENTS - AT FAIR VALUE		
Money Market Fund	\$ 2,099	\$ 126,315
Mutual Funds	41,291,406	37,801,006
Common/Collective Trusts	106,583,441	94,886,462
Limited Partnerships	2,063,446	2,454,370
	149,940,392	135,268,153
TOTAL CASH AND INVESTMENTS	150,992,507	136,114,709
OTHER ASSETS		
Employer Contributions Receivable	533,877	545,340
Due from Health and Welfare Fund	105,232	422,308
Accrued Investment Income	399	558
Prepaid Retirement Benefits	3,003	2,832
Prepaid Expenses	14,776	5,917
	657,287	976,955
TOTAL ASSETS	151,649,794	137,091,664
LIABILITIES		
Accounts Payable	78,932	54,259
NET ASSETS AVAILABLE FOR BENEFITS	\$ 151,570,862	\$ 137,037,405

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	February 1, 2024 to January 31, 2025		February 1, 2023 to January 31, 2024
ADDITIONS			
NET INVESTMENT INCOME			
Interest and Dividend Income	\$ 2,290,972		\$ 1,815,881
Net Appreciation of Investments	16,541,108		5,984,199
Less: Investment Expenses	<u>(258,260)</u>	\$ 18,573,820	<u>(74,443)</u> \$ 7,725,637
OTHER INCOME			
Liquidated Damages and Interest	2,120		2,587
CONTRIBUTIONS			
Employer Contributions	<u>6,505,362</u>		<u>6,151,204</u>
TOTAL ADDITIONS	<u>25,081,302</u>		<u>13,879,428</u>
DEDUCTIONS			
BENEFITS			
Retirement Benefits	9,821,593		9,318,000
Self-Contribution Withdrawal	<u>82,844</u>	<u>9,904,437</u>	<u>26,031</u> 9,344,031
ADMINISTRATIVE EXPENSES			
Actuarial Fees	193,784		191,384
Administration Fees	126,359		122,679
Audit Fees	32,200		31,600
Bank Service Charges	12,061		12,708
Insurance	30,546		29,431
Legal Fees	45,347		24,413
Meetings, Conferences and Seminars	24,307		14,935
Membership Dues	717		683
Payroll Compliance Fees	40,853		2,708
Pension Benefit Guaranty Corporation	73,556		70,525
Pension Benefit Information	848		1,760
Printing and Postage	14,766		18,157
Programming Fees	1,113		-
Storage	45,759		17,490
Telephone	<u>1,192</u>	<u>643,408</u>	<u>872</u> <u>539,345</u>
TOTAL DEDUCTIONS		<u>10,547,845</u>	<u>9,883,376</u>
NET INCREASE FOR THE YEAR		14,533,457	3,996,052
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of Year		<u>137,037,405</u>	<u>133,041,353</u>
End of Year		<u>\$ 151,570,862</u>	<u>\$ 137,037,405</u>

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
FEBRUARY 1, 2024***

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS:

Participants Currently Receiving Benefits	\$ 79,915,856
Other Participants	<u>70,702,665</u>

TOTAL VESTED BENEFITS	150,618,521
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NONVESTED BENEFITS	<u>2,329,199</u>
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TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 152,947,720</u></u>
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* Actuarial valuations are prepared as of the beginning of the Plan Year.

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FEBRUARY 1, 2023 TO FEBRUARY 1, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 149,235,020
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Actuarial Experience	\$ 3,660,136	
Increase for Interest	9,396,595	
Benefits Paid	<u>(9,344,031)</u>	
NET INCREASE		<u>3,712,700</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u>\$ 152,947,720</u>

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The Office and Professional Employees International Union Locals 30 and 537 Retirement Fund (the "Plan") is a multiemployer defined benefit pension plan providing benefits to participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Active employees of participating employers, on whose behalf employers are required to contribute to the Plan, are eligible for those benefits specified by the Plan based on the employer contribution rate designated in the collective bargaining agreements between their employer and OPEIU Locals 30 and 537.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

C. Employer Contributions

Employer contributions are reported on the accrual basis and contributions made by employers on behalf of employees for the hours worked during the year. Employer contributions receivable is accrued based on contributions received subsequent to the year end and includes delinquent contributions only to the extent they are collected. No allowance is provided for estimated uncollectible accounts.

D. Employer Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' payroll records under a separate payroll compliance program.

E. Investment Valuation and Income Recognition

GAAP establishes a fair value hierarchy which prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

Level 1 – Inputs are based on quoted prices for identical instruments in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan’s investments based on the inputs used to value them:

Description	January 31, 2025			Total
	Level 1	Level 2	Level 3	
Money Market Fund	\$ -	\$ 2,099	\$ -	\$ 2,099
Mutual Funds	41,291,406	-	-	41,291,406
Total Assets in the Fair Value Hierarchy	<u>\$ 41,291,406</u>	<u>\$ 2,099</u>	<u>\$ -</u>	41,293,505
Investments Valued at Net Asset Value ^A				<u>108,646,887</u>
				<u>\$ 149,940,392</u>

Description	January 31, 2024			Total
	Level 1	Level 2	Level 3	
Money Market Fund	\$ -	\$ 126,315	\$ -	\$ 126,315
Mutual Funds	37,801,006	-	-	37,801,006
Total Assets in the Fair Value Hierarchy	<u>\$ 37,801,006</u>	<u>\$ 126,315</u>	<u>\$ -</u>	37,927,321
Investments Valued at Net Asset Value ^A				<u>97,340,832</u>
				<u>\$ 135,268,153</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) 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 line items presented in the statements of net assets available for benefits.

Level 1 investments consist of mutual funds that are actively traded on a national exchange. Level 2 investments consist of a money market fund that is reported at amortized cost, which approximates fair value. The limited partnerships and common/collective trusts are valued based on net asset value (NAV) (or its equivalent).

The Plan’s investments are invested in accordance with the Plan’s policies and guidelines. The unfunded commitments and significant terms of redemption for the Plan’s investments valued at net assets value are as follows:

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
AFL-CIO Building Investment Trust	\$ 4,911,609	None	Quarterly	1 year
Hamilton Lane Private Equity Offshore Fund VIII LP ⁽¹⁾	2,063,446	\$ 1,237,400	None	None
JP Morgan Strategic Property Fund	8,050,689	None	Quarterly	45 days
Loomis Sayles Core Plus Full Discretion Trust	22,994,353	None	Daily	None
BNY Mellon AFL CIO Stock Index Fund	<u>70,626,790</u>	None	Daily	2 Days
	<u>\$ 108,646,887</u>			

⁽¹⁾ Hamilton Lane Private Equity Offshore Fund VIII LP is a private equity "fund of funds" with exposure to a well-diversified private equity portfolio seeking to enhance returns through secondary investments.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized gains and losses from the sale or redemption of investments and unrealized appreciation or depreciation in the fair value of investments is reported as net appreciation of investments. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the market value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the unrealized appreciation (depreciation) of investments results in differences in reporting on the financial statements and Form 5500.

F. Benefits

Benefits are recorded when they become payable to retired participants and beneficiaries. Under the payment procedures established by the Trustees, retirees are paid on a monthly basis in the month of their entitlement. No provision is made in the accounting records for the actuarially determined present value of "accrued" pension benefits.

G. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan obtained its latest determination letter on September 4, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Tax-Exempt Status (Continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service 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. Benefits under the Plan are based on the employees' total credited services, which is the sum of future service credits. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Rael & Letson, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the latest report date of February 1, 2024 [2023] were: (a) life expectancy of participants - RP 2014 Employee/Retired Mortality Table with ages set forward one year, Disabled: RP 2014 Disabled Mortality Table with ages set forward one year, (b) retirement age 55 - 72; (c) assumed average rate of return of 6.50% for funding, 3.36% [2.60%] for current liability; (d) "unit credit cost" method of valuation was employed; and (e) other assumptions.

The foregoing 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 the actuarial present value of accumulated plan benefits.

The current liability interest rate was changed from 2.60% to 3.36% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required. The retirement age for terminated vested participants was updated from age 64 to age 65.

As of February 1, 2024 and 2023, the Plan had an unfunded actuarial accrued liability of \$3,615,208 and \$2,954,925, respectively, which will be amortized by the excess of contributions received over the cost of each future year's accumulation of benefits.

I. Risks and Uncertainties

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the financial statements.

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

I. Risks and Uncertainties (Continued)

Plan investments are exposed to various risks, such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in the value of the investments would materially affect the amounts reported in the financial statements.

NOTE 3 - ADMINISTRATION FEES

Benefit Programs Administration provides monthly administration services on a monthly flat fee of \$10,023 per month for the period June 1, 2022 through May 31, 2023, \$10,323, for the period June 1, 2023 through May 31, 2024 and \$10,633 effective June 1, 2024.

NOTE 4 - FUNDING POLICY

The Board of Trustees established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the Collective Bargaining Agreement, or such other agreements as are approved by the board of trustees. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

NOTE 5 - PLAN TERMINATION

Under the current law, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the plan year in which a plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
JANUARY 31, 2025 AND 2024

NOTE 5 - PLAN TERMINATION (Continued)

The Summary Plan Description contains detailed provisions regarding the priority order of participants' claims to Plan assets upon plan termination.

NOTE 6 - RELATED-PARTY TRANSACTION

The Plan's third-party administrator, Benefit Programs Administration (BPA) is a contributing employer to the Plan. During the years ended January 31, 2025 and 2024, BPA contributed approximately \$229,510 and \$197,650, respectively. Contributions receivable from BPA totaled \$20,810 and \$20,567 as of January 31, 2025 and 2024, respectively.

BPA provides monthly administration services on a monthly flat fee of \$10,023 per month for the period June 1, 2022 through May 31, 2023, \$10,323 for the period June 1, 2023 through May 31, 2024 and \$10,633, effective June 1, 2024.

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 15, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FORM 5500

SCHEDULE H - PART IV, LINE 4

E.I.N. 95-6072309; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Office and Professional Employees International Union
Locals 30 and 537 Retirement Fund
1200 Wilshire Boulevard, Fifth Floor
Los Angeles, California 90017

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of January 31, 2025 and reportable transactions for the year ended January 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

Burbank, California

October 15, 2025

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-6072309; PLAN NO. 001

JANUARY 31, 2025

No. of Units	<u>Money Market Fund</u>	Fair Value	Cost
2,099	First American Government Obligation Fund	\$ 2,099	\$ 2,099
No. of Shares	<u>Mutual Funds</u>		
317,679	American Funds EuroPacific Growth Fund	\$ 17,891,691	\$ 14,126,327
2,547,209	Doubleline Core Fixed Income Fund	23,306,959	26,080,546
8,557	iMGP Alternative Strategies Fund	92,756	95,337
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 41,291,406</u>	<u>\$ 40,302,210</u>
	<u>Common/Collective Trusts</u>		
914,652	Loomis Sayles Core Plus Full Discretion Trust	\$ 22,994,353	\$ 12,583,148
727,948	JP Morgan Strategic Property Fund	8,050,689	6,566,470
898	AFL-CIO Building Investment Trust	4,911,609	4,996,647
3,830,086	BNY Mellon AFL CIO Stock Index Fund	70,626,790	47,051,450
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 106,583,441</u>	<u>\$ 71,197,715</u>
	<u>Limited Partnerships</u>		
2,063,446	Hamilton Lane Private Equity Offshore Fund VIII LP	\$ 2,063,446	\$ 2,063,446

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6072309; PLAN NO. 001

FEBRUARY 1, 2024 TO JANUARY 31, 2025

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Government Obligation Fund	Money Market Fund	Purchases	\$ 6,879,262	\$ -	\$ 6,879,262	\$ -
		Sales	-	7,003,478	7,003,478	-

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Schedule of Active Participant Data

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE

Age Group	Years Of Credited Service											Total										
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 +			
	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben		
Under 25	0		2		1		0		0		0		0		0		0		0		3	
25 - 29	1		26	\$ 207	6		0		0		0		0		0		0		0		33	\$ 296
30 - 34	0		27	251	18		3		0		0		0		0		0		0		48	434
35 - 39	1		24	237	16		8		10		2		0		0		0		0		61	602
40 - 44	1		14		19		6		13		12		0		0		0		0		65	871
45 - 49	0		14		16		8		8		24	\$ 1,717	9		1		0		0		80	1,204
50 - 54	0		12		12		8		12		14		8		7		1		0		74	1,379
55 - 59	0		4		10		7		10		10		7		5		8		0		61	1,613
60 - 64	1		7		10		5		9		9		7		8		7		10		73	1,633
65 - 69	0		0		1		2		4		7		3		4		3		6		30	1,923
70 and Over	0		1		0		2		0		2		1		0		0		1		7	
Unknown	8		35	128	0		0		0		0		0		0		0		0		43	110
Total	12	\$	166	\$ 226	109	\$ 655	49	\$ 1,021	66	\$ 1,230	80	\$ 1,718	35	\$ 1,994	25	\$ 2,478	19	\$	17	\$	578	\$ 1,063

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Statement of Actuarial Assumptions / Methods

METHODOLOGY:

Actuarial Value of Assets

Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.

Actuarial Cost Method

Unit Credit Cost Method

Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate	6.50% for funding and 3.36% for current liability.
Assumed Rate of Return on Investments	6.50% compounded annually, net of all expenses.
Derivation of Net Investment Return	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Investment and Operating Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality	<p>Healthy Lives: RP-2014 Employee/Retired Mortality Table with ages set forward one year.</p> <p>Disabled Lives: RP-2014 Disabled Mortality Table with ages set forward one year.</p> <p>Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.</p>
Mortality Improvement	The current mortality assumption, with no mortality improvement, is assumed to be reasonable at this time.
Termination Rates	Table T-3, <u>The Actuary's Pension Handbook</u> . Termination rates stop when a participant is first eligible to retire.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:																					
Retirement Rates	<p>Active participants are assumed to retire based on the following rate table:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="padding: 5px;">Age</th> <th style="padding: 5px;">Rate</th> <th style="padding: 5px;">Age</th> <th style="padding: 5px;">Rate</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">55</td> <td style="padding: 5px;">5.0%</td> <td style="padding: 5px;">66-69</td> <td style="padding: 5px;">25.0%</td> </tr> <tr> <td style="padding: 5px;">56-61</td> <td style="padding: 5px;">7.5%</td> <td style="padding: 5px;">70-71</td> <td style="padding: 5px;">40.0%</td> </tr> <tr> <td style="padding: 5px;">62-64</td> <td style="padding: 5px;">15.0%</td> <td style="padding: 5px;">72+</td> <td style="padding: 5px;">100.0%</td> </tr> <tr> <td style="padding: 5px;">65</td> <td style="padding: 5px;">40.0%</td> <td></td> <td></td> </tr> </tbody> </table> <p>Inactive participants are assumed to retire at age 65. (Prior to February 1, 2024: Inactive participants are assumed to retire at age 64.)</p>	Age	Rate	Age	Rate	55	5.0%	66-69	25.0%	56-61	7.5%	70-71	40.0%	62-64	15.0%	72+	100.0%	65	40.0%		
Age	Rate	Age	Rate																		
55	5.0%	66-69	25.0%																		
56-61	7.5%	70-71	40.0%																		
62-64	15.0%	72+	100.0%																		
65	40.0%																				
Disability Rates	<p>Actives: 50% of 1987 Commissioners Group Disability Incidence Table rates. A 1% load is applied to former participants who are eligible for disability benefits (disabled within 3 Plan Years of last working for a contributing employer).</p>																				
Form of Benefit	<p>At retirement, 75% of all participants (from active and vested inactive status) are assumed to elect the lump sum option (with a residual annuity) and 25% are assumed to elect an annuity. For those electing an annuity (either residual or a full annuity), 65% are assumed to elect a Single Life Annuity, and 35% are assumed to elect an optional payment form (Joint & Survivor, Certain & Life).</p>																				
Late Retirement Behavior	<p>Terminated vested participants who are older than 65 are assumed to retire immediately and receive an actuarially adjusted benefit. Terminated vested participants who are at least age 70 and do not have a pending application are assumed to have a liability of \$0. (Prior to February 1, 2024: Terminated vested participants who are older than 64 are assumed to retire immediately and receive an actuarially adjusted benefit.)</p>																				
Assumption for Non-Vested Inactive Participants	<p>Liabilities retained for non-vested inactives within 1 year of incurring a break in service (2 work months or less).</p>																				
Marital Status	<p>80% of non-retired participants are assumed to be married. Spouses are assumed to be the same age as participants in the population.</p>																				
Future Contributions	<p>Contribution received in the prior Plan Year along with any known collectively bargained increases.</p>																				

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:	
Assumptions for Lump Sum and Cash Withdrawal Benefits	The assumed interest rate for valuing lump sums and cash withdrawal benefits is equal to 6¾% +/- ¼% (6½% as of February 1, 2024) depending on whether the weighted lump sum interest rate is above or below 6¾%. Mortality is based on the Current Year Applicable Mortality Table in accordance with Internal Revenue Code Section 417(e).
Cash Withdrawal Percentage	25% of participants terminating before retirement eligibility are assumed to take a cash withdrawal of their Pre-95 monies along with any employee contributions. The remaining portion is assumed to be deferred to age 65. (Prior to February 1, 2024: The remaining portion is assumed to be deferred to age 64.)
Missing Data	If not specified, participants are assumed to be female and the same age as the average of participants with the same status code.
CHANGES SINCE PRIOR VALUATION	
	<p>The current liability interest rate was changed from 2.60% to 3.36% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.</p> <p>The retirement age for terminated vested participants was changed from age 64 to age 65.</p>

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

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

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

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

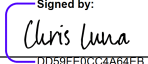
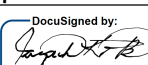
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>OPEIU LOCALS 30 & 537 RETIREMENT FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, OPEIU LOCALS 30 & 537 RETIREMENT FUND</p> <p>1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017</p>	<p>1c Effective date of plan <u>02/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>95-6072309</u></p> <p>2c Plan Sponsor's telephone number <u>562-463-5000</u></p> <p>2d Business code (see instructions) <u>561110</u></p>

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

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

SIGN HERE	Signed by:  Signature of plan administrator	11/10/2025	Chris Luna
SIGN HERE	DocuSigned by:  Signature of employer/plan sponsor	11/10/2025	Jacqueline White-Brown
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 95-6072309 3c Administrator's telephone number 562-463-5000
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">1336</td> </tr> </table>	5	1336																		
5	1336																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).																					
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">578</td> </tr> <tr> <td>a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">6a(2) 594</td> </tr> <tr> <td>b Retired or separated participants receiving benefits</td> <td style="text-align: right;">6b 745</td> </tr> <tr> <td>c Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">6c 650</td> </tr> <tr> <td>d Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">6d 1989</td> </tr> <tr> <td>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">6e 33</td> </tr> <tr> <td>f Total. Add lines 6d and 6e.</td> <td style="text-align: right;">6f 2022</td> </tr> <tr> <td>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">6g(1) 0</td> </tr> <tr> <td>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">6g(2) 0</td> </tr> <tr> <td>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">6h 0</td> </tr> </table>	6a(1)	578	a(2) Total number of active participants at the end of the plan year	6a(2) 594	b Retired or separated participants receiving benefits	6b 745	c Other retired or separated participants entitled to future benefits.	6c 650	d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1989	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 33	f Total. Add lines 6d and 6e.	6f 2022	g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0	g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0	h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
6a(1)	578																				
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h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">87</td> </tr> </table>	7	87																		
7	87																				

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6072309; PLAN NO. 001

FEBRUARY 1, 2024 TO JANUARY 31, 2025

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Government Obligation Fund	Money Market Fund	Purchases	\$ 6,879,262	\$ -	\$ 6,879,262	\$ -
		Sales	-	7,003,478	7,003,478	-

Attachment to: 2024 Schedule MB (Form 5500)
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

MB Actuary Signature

**SCHEDULE MB
(Form 5500)**

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan OPEIU Locals 30 & 537 Retirement Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, OPEIU Locals 30 & 537 Retirement Fund	D Employer Identification Number (EIN) 95-6072309

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


1a Enter the valuation date: Month 2 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	137,037,405
(2) Actuarial value of assets for funding standard account.....	1b(2)	148,689,005
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	152,304,213
(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)	152,304,213
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)	231,379,646
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	7,180,161
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	9,907,108
(3) Expected plan disbursements for the plan year.....	1d(3)	10,071,740

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/21/2025</u>
	Signature of actuary	Date
Jonathan Hassen	Type or print name of actuary	23-07913
Rael & Letson	Firm name	Most recent enrollment number (650) 341-3311
160 Bovet Road, Suite 203	Address of the firm	Telephone number (including area code)
San Mateo	CA 94402	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	137,037,405
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	758	103,482,354
(2) For terminated vested participants	652	52,693,877
(3) For active participants:		
(a) Non-vested benefits		1,962,582
(b) Vested benefits		73,240,833
(c) Total active	578	75,203,415
(4) Total	1,988	231,379,646
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.23%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/01/2024	6,505,362	0			
Totals ▶			3(b)	6,505,362	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	97.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.36 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	5+1
(2) Females	6c(2)	5F+1
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.5 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3,890,034	388,466
4	-643,507	-64,262

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3,611,657

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	47,469,746	6,599,456
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		663,722
e Total charges. Add lines 9a through 9d.....	9e		10,874,835
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		37,393,065
g Employer contributions. Total from column (b) of line 3.....	9g		6,505,362
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	6,461,473	2,328,514
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,793,327
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	59,929,179	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	64,746,195	
(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		49,020,268
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		38,145,433
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			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(1)
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024/2025	\$ 638,006	\$ 319,915	\$ 9,113,819	\$ 10,071,740
2025/2026	1,076,073	630,813	8,832,861	10,539,747
2026/2027	1,519,713	792,211	8,542,409	10,854,333
2027/2028	1,892,814	1,092,106	8,210,025	11,194,945
2028/2029	2,199,937	1,196,439	7,902,134	11,298,510
2029/2030	2,505,928	1,361,410	7,584,608	11,451,946
2030/2031	2,770,637	1,568,881	7,254,028	11,593,546
2031/2032	2,990,864	1,732,580	6,909,053	11,632,497
2032/2033	3,193,774	2,056,309	6,536,551	11,786,634
2033/2034	3,369,266	2,190,055	6,183,556	11,742,877
2034/2035	3,523,660	2,391,167	5,831,729	11,746,556
2035/2036	3,657,809	2,632,950	5,476,488	11,767,247
2036/2037	3,804,194	2,714,066	5,120,074	11,638,334
2037/2038	3,899,866	2,812,237	4,754,963	11,467,066
2038/2039	3,967,913	2,851,782	4,401,616	11,221,311
2039/2040	4,040,783	2,891,371	4,053,281	10,985,435
2040/2041	4,090,736	2,971,242	3,707,735	10,769,713
2041/2042	4,146,201	3,041,072	3,378,354	10,565,627
2042/2043	4,197,502	3,147,700	3,060,576	10,405,778
2043/2044	4,226,287	3,159,659	2,757,283	10,143,229
2044/2045	4,203,430	3,232,636	2,468,028	9,904,094
2045/2046	4,184,878	3,196,124	2,194,200	9,575,202
2046/2047	4,120,916	3,209,212	1,937,049	9,267,177
2047/2048	4,071,307	3,182,229	1,697,669	8,951,205
2048/2049	4,001,862	3,102,667	1,476,946	8,581,475
2049/2050	3,904,101	3,029,716	1,275,498	8,209,315
2050/2051	3,815,117	2,949,711	1,093,615	7,858,443
2051/2052	3,708,214	2,870,447	931,231	7,509,892
2052/2053	3,565,163	2,766,851	787,920	7,119,934
2053/2054	3,420,386	2,661,696	662,909	6,744,991
2054/2055	3,249,877	2,537,701	555,129	6,342,707
2055/2056	3,095,443	2,398,120	463,264	5,956,827
2056/2057	2,950,257	2,276,566	385,826	5,612,649
2057/2058	2,804,234	2,144,592	321,217	5,270,043
2058/2059	2,638,558	2,009,456	267,805	4,915,819
2059/2060	2,466,478	1,874,457	223,984	4,564,919
2060/2061	2,306,566	1,730,585	188,230	4,225,381
2061/2062	2,163,509	1,592,941	159,147	3,915,597
2062/2063	2,007,773	1,457,578	135,490	3,600,841
2063/2064	1,865,170	1,327,839	116,187	3,309,196
2064/2065	1,723,189	1,206,030	100,341	3,029,560
2065/2066	1,583,038	1,090,458	87,210	2,760,706
2066/2067	1,451,685	982,203	76,212	2,510,100
2067/2068	1,322,616	881,246	66,882	2,270,744
2068/2069	1,200,621	787,479	58,870	2,046,970
2069/2070	1,085,321	700,731	51,912	1,837,964
2070/2071	977,170	620,790	45,814	1,643,774
2071/2072	876,024	547,419	40,433	1,463,876
2072/2073	781,854	480,366	35,659	1,297,879
2073/2074	694,671	419,366	31,416	1,145,453

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(3)
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments¹

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024/2025	\$ 6,414,516	\$ 0	\$ 6,414,516
2025/2026	6,587,190	0	6,587,190
2026/2027	6,640,941	0	6,640,941
2027/2028	6,649,053	0	6,649,053
2028/2029	6,649,053	0	6,649,053
2029/2030	6,649,053	0	6,649,053
2030/2031	6,649,053	0	6,649,053
2031/2032	6,649,053	0	6,649,053
2032/2033	6,649,053	0	6,649,053
2033/2034	6,649,053	0	6,649,053

¹ Reflects projected contributions from the Plan's 2024/2025 Plan Year PPA Certification.

Attachment to: 2024 Schedule MB (Form 5500), Lines 3 and 9g
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Employer Contributions

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Summary of Plan Provisions

The OPEIU Locals 30 & 537 Retirement Fund became effective January 1962 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of November 1, 2022. The principal provisions of the Plan as of February 1, 2024 are summarized below. The provisions of the O.P.E.I.U. Local 139/537 Plan are unchanged as stipulated in the applicable Plan Document prior to the merger with the exception of disability, which is now based on the provisions of the OPEIU Locals 30 & 537 Retirement Fund.

NORMAL RETIREMENT	
Eligibility	<p>For all benefits earned after January 31, 2004, the later of Age 65 and the 5th anniversary of Plan Participation.</p> <p>For all benefits earned on or before January 31, 2004, the later of Age 62 and the 5th anniversary of Plan participation.</p>
Monthly Benefit	<p>A participant's Normal Retirement Benefit is equal to the sum of (a), (b), (c), and (d) below:</p> <p>(a) The benefit formula is as follows:</p> <ul style="list-style-type: none"> • After January 31, 1974 through January 31, 1998: 3.8%. • After January 31, 1998 through January 31, 2000: 3.5%. • After January 31, 2000 through January 31, 2003: 2.1%. • After January 31, 2003 through January 31, 2008: 2.2%. • After January 31, 2008 through July 31, 2009: 1.2%. • After July 31, 2009 through January 31, 2013: 0.6%. • After January 31, 2013: 1.2% <p>In lieu of receiving a monthly benefit, participants may elect to receive Employer contributions made from February 1, 1974 through January 31, 1995 in the form of a lump sum. If the lump sum is less than the actuarial equivalent value of the participant's accrued benefit (based on the required interest rates and mortality assumptions), the excess value will be paid as a residual benefit (unless the excess would result in a benefit of less than \$100 per month. In such case, the entire actuarial equivalent value is paid as a lump sum).</p> <p>(b) A Past Service Benefit of \$11.50 per month per year of service from February 1, 1962 to January 31, 1974. In lieu of receiving a monthly benefit, participants may elect to receive a lump sum which is the actuarial equivalent of the pension amount, in combination with the lump sum described in (a) above.</p> <p>(c) Lump sum payment of Account Balance with interest. In lieu of receiving a monthly benefit, participants may elect to receive a lump sum which is the actuarial equivalent of the pension amount, in combination with the lump sum described in (a) above.</p> <p>(d) The Voluntary Account Balance, if any, as defined in Article I, Section 13.2 of the Plan document. In lieu of receiving a lump sum payment, participants may elect to receive payment in the form of an actuarially equivalent monthly annuity to be paid from the Trust Fund.</p>

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Summary of Plan Provisions (Continued)

EARLY RETIREMENT	
Eligibility	Attainment of age 55 and completing the vesting requirement.
Monthly Benefit	<p>Normal Retirement Benefits (a), (b), (c) and (d) with benefit (a) reduced as follows:</p> <ul style="list-style-type: none"> On an actuarial equivalence basis from age 65 using the RP-2014 Female Mortality Table for Healthy Annuitants set forward one year at an interest rate of 7%, for all benefits earned on or after February 1, 2015. On an actuarial equivalence basis from age 65 using the Unisex Pension Mortality Table set back four years at an interest rate of 7%, for all benefits earned on or after August 1, 2009 and prior to February 1, 2015. Reduced ½ of 1% for each month the retirement age precedes 65, for all benefits earned on or after February 1, 2004 and prior to August 1, 2009. Reduced ¼ of 1% for each month the retirement age precedes 62 for all benefits earned before February 1, 2004. <p>In addition, benefit (b) is also reduced ¼ of 1% for each month the retirement age precedes age 62.</p>
POSTPONED RETIREMENT	
Eligibility	Working past normal retirement age or commencing benefits after normal retirement age.
Monthly Benefit	Normal Retirement Benefits (a), (b), (c) and (d) at normal retirement age with benefits (a) and (b) increased by ½ of 1% for each month the retirement benefit is deferred beyond Normal Retirement Age. Benefits accrued after a Participant's Normal Retirement Date are increased ½ of 1% for each month the Postponed Retirement Date occurs subsequent to the end of the Plan Year in which the retirement income was earned.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Summary of Plan Provisions (Continued)

DISABILITY RETIREMENT	
Eligibility (on and after August 1, 2009)	Totally and permanently disabled while an active vested participant under age 55 or within 3 years of separation of service for vested terminated participants. Disability retirement requires a Social Security disability determination.
Monthly Benefit (on and after August 1, 2009)	<p>A Participant eligible for Disability Retirement Income shall be entitled to an Ancillary Disability Retirement Benefit commencing on his/her Disability Retirement Date and prior to the attainment of age 55 equal to 50% of his/her Normal Retirement Benefit payable in the form of a single life annuity at the time of disability until age 55.</p> <p>Upon attainment of age 55, the Ancillary Disability Benefit ceases and the participant makes an election under the provisions of Early Retirement and may elect any of the Forms of Payment described under Article VIII of the plan document. The qualified 50% Joint and Survivor Annuity is the normal form of benefit payable, if married. The provisions of Article VIII, Section 5 apply to a married member who elects to opt out of the normal retirement benefit.</p> <p>Should a married member receiving Ancillary Disability Benefits die before attaining age 55, the surviving spouse is entitled to receive the survivor's portion of a 50% Joint & Survivor Benefit.</p> <p>Should a non-married member receiving Ancillary Disability Benefits die before attaining age 55, the designated beneficiary shall receive the balance, if any, of:</p> <ol style="list-style-type: none"> (1) the Participant's Account Balances determined as of February 1, 1974, plus (2) any Voluntary Contributions made thereafter, with accumulated interest to the date of death, plus (3) 50% of the total vested Employer contributions made after February 1, 1974 less any Ancillary Disability Retirement Benefits paid to the Participant.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Summary of Plan Provisions (Continued)

PRE-RETIREMENT DEATH BENEFIT	
Eligibility	Vested.
Pension Amount (Married)	<p>If a vested participant dies prior to retirement, the surviving spouse will automatically receive a reduced 50% joint and survivor benefit. If the participant had satisfied the requirements for early or normal retirement upon death, the reduced benefit is computed as if the participant had retired on the date of death. Otherwise, the reduced 50% joint and survivor benefit is payable when the participant would have attained age 55. The surviving spouse benefit is paid unless the spouse elects in writing to receive the lump sum payment described below. In lieu of the above benefit, the participant's surviving spouse may elect to instead receive the participant's account balance as of February 1, 1974 and voluntary account balance, both with accumulated interest, plus a lump sum payment equal to 50% of the vested percentage of Employer contributions made on the participant's behalf after February 1, 1974 less the total of any Ancillary Disability Benefits paid to the member.</p>
Pension Amount (All Others)	<p>If the death of a Participant without a surviving spouse occurs prior to retirement, the Participant's designated beneficiary shall receive the balance, if any, of:</p> <ol style="list-style-type: none"> (1) the Participant's Account Balances determined as of February 1, 1974, plus (2) any Voluntary Contributions made thereafter, with accumulated interest to the date of death, plus (3) 50% of the total vested Employer contributions made after February 1, 1974 less any Ancillary Disability Retirement Benefits paid to the Participant.
CASH WITHDRAWAL	
Eligibility	<p>Voluntary withdrawal prior to retirement eligibility from the Plan by terminating employment and not working for any Employer for six (6) consecutive months and stopping work in both the trade and classifications in the Unions' geographical jurisdiction, or by leaving the Unions' geographical jurisdiction for 6 consecutive months.</p>
Pension Amount	<p>Normal Retirement Benefits (b), (c) and (d) plus the greater of:</p> <ol style="list-style-type: none"> (1) the vested portion of Employer contributions made on his/her behalf on or after February 1, 1974 and before February 1, 1995, or (2) the Actuarial Equivalent value of monthly benefits derived from vested Employer contributions made on the Participant's behalf on or after February 1, 1974 and before February 1, 1995.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
 Employer ID: 95-6072309
 Plan Number: 001

Summary of Plan Provisions (Continued)

FORMS OF PAYMENTS	
Normal Form	For Married Participants: Qualified 50% Joint & Survivor Annuity. For Unmarried Participants: Straight Life Annuity.
Optional Forms	Straight Life Annuity 50%, 66-2/3%, 75% and 100% Contingent Annuitant Options 5-year, 10-year, 15-year and 20-year Pension Certain Options Social Security Adjustment Option (Age 62 or Participant's Social Security Normal Retirement Age) Lump Sum Option (if applicable, with residual annuity)
OTHER	
Interest Credits on Account Balances	<p>Account balances and voluntary contributions are credited with 5% interest each year.</p> <p>Potential Bonus Interest may also be credited if the actuarial value of the Trust's investments generates more net income than assumed in the actuarial valuation. Bonus interest is credited to accounts each January 31st equal to the sum (no less than zero) of the following:</p> <ol style="list-style-type: none"> (1) 80% of the actuarial gain percentage on the investment assumption as reported in the previous year's actuarial valuation report, plus (2) 20% of such gain percentage from the next previous year, less (3) Up to 100% of any loss percentages not previously accounted for through this formula during the five years ending with the previous year's actuarial valuation. <p>The Potential Bonus Interest to be applied on any January 31st will not be final until the Board of Trustees has:</p> <ol style="list-style-type: none"> (1) Accepted the previous year's ERISA funding actuarial valuation, and (2) Effective with bonus interest credit applied on or after January 31, 2016, verified that the Fund is at least 100% funded in the previous year's ERISA funding actuarial valuation based on the fair market value of assets as confirmed by the Plan Actuary, and (3) Ratified application of the formula described above.
Vesting Service	<ol style="list-style-type: none"> (a) Participants in the plan prior to February 1, 1974 are fully vested in all benefits after two years of service credit. (b) Participants entering the Plan between February 1, 1974 and January 31, 1998 are 50% vested after five years of total service vested credit, with an increase of 10% for each year thereafter. Participants are fully vested after 10 years of total service vesting credit. Total service vesting credit includes service with an Employer both before and after being covered by the Plan. (c) Participants who work one or more hours in covered employment on or after February 1, 1998 will be 100% vested after five years of total service vesting credit. Former participants who have incurred a break in service must satisfy the Plan's reinstatement provisions on or after February 1, 1998 for this schedule to apply.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Summary of Plan Provisions (Continued)

OTHER (Continued)

Break in Service Rules

A one-year break in service occurs if the Trust receives contributions on the Participant's behalf for 2 months of Covered Employment or less during the Plan Year. All previous non-vested Service Credits and benefits are reinstated after returning to Covered Employment and working 5 months before the greater of: (1) the previous total of Service Credit, or (2) 5 consecutive one year Breaks-in-Service.

CHANGES SINCE PRIOR VALUATION

None.

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 AND 537 RETIREMENT FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-6072309; PLAN NO. 001

JANUARY 31, 2025

No. of Units	<u>Money Market Fund</u>	Fair Value	Cost
2,099	First American Government Obligation Fund	\$ 2,099	\$ 2,099
No. of Shares	<u>Mutual Funds</u>		
317,679	American Funds EuroPacific Growth Fund	\$ 17,891,691	\$ 14,126,327
2,547,209	Doubleline Core Fixed Income Fund	23,306,959	26,080,546
8,557	iMGP Alternative Strategies Fund	92,756	95,337
<u>TOTAL - MUTUAL FUNDS</u>		<u>\$ 41,291,406</u>	<u>\$ 40,302,210</u>
<u>Common/Collective Trusts</u>			
914,652	Loomis Sayles Core Plus Full Discretion Trust	\$ 22,994,353	\$ 12,583,148
727,948	JP Morgan Strategic Property Fund	8,050,689	6,566,470
898	AFL-CIO Building Investment Trust	4,911,609	4,996,647
3,830,086	BNY Mellon AFL CIO Stock Index Fund	70,626,790	47,051,450
<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>		<u>\$ 106,583,441</u>	<u>\$ 71,197,715</u>
<u>Limited Partnerships</u>			
2,063,446	Hamilton Lane Private Equity Offshore Fund VIII LP	\$ 2,063,446	\$ 2,063,446

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Schedule of Funding Standard Account Bases

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Remaining Period	Payment
Charges	3 Plan Amendment	2/1/1995	\$ 4,871	1.00	\$ 4,871
	3 Plan Amendment	2/1/1996	10,485	2.00	5,407
	3 Plan Amendment	2/1/1997	286,251	3.00	101,487
	3 Plan Amendment	2/1/1998	925,611	4.00	253,698
	4 Assumption Change	2/1/1998	491,662	4.00	134,757
	3 Plan Amendment	2/1/1999	131,804	5.00	29,780
	4 Assumption Change	2/1/1999	619,828	5.00	140,050
	3 Plan Amendment	2/1/2000	1,910,739	6.00	370,609
	3 Plan Amendment	2/1/2001	2,765,975	7.00	473,544
	3 Plan Amendment	2/1/2002	650,760	8.00	100,355
	3 Plan Amendment	2/1/2006	1,478,848	12.00	170,196
	8 Net Investment Loss Incurred in 2008/2009	2/1/2009	12,666,439	14.00	1,319,457
	8 Net Investment Loss Incurred in 2008/2009	2/1/2010	1,688,425	14.00	175,883
	1 Experience Loss	2/1/2012	721,178	3.00	255,680
	4 Assumption Change	2/1/2013	26,506	4.00	7,263
	1 Experience Loss	2/1/2014	248,733	5.00	56,200
	4 Assumption Change	2/1/2014	1,366,948	5.00	308,859
	4 Assumption Change	2/1/2015	95,141	6.00	18,454
	1 Experience Loss	2/1/2016	2,180,101	7.00	373,240
	3 Plan Amendment	2/1/2016	21,462	7.00	3,675
	1 Experience Loss	2/1/2017	1,761,751	8.00	271,686
	4 Assumption Change	2/1/2017	2,028,066	8.00	312,754
	1 Experience Loss	2/1/2018	1,379,163	9.00	194,557
	1 Experience Loss	2/1/2019	1,288,176	10.00	168,254
	1 Experience Loss	2/1/2020	1,489,650	11.00	181,912
	1 Experience Loss	2/1/2022	2,719,029	13.00	296,879
	1 Experience Loss	2/1/2023	4,622,110	14.00	481,483
	1 Experience Loss	2/1/2024	3,890,034	15.00	388,466
			\$ 47,469,746		\$ 6,599,456

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Remaining Period	Payment
Credits	4 Assumption Change	2/1/2000	\$ (1,098,173)	6.00	\$ (213,003)
	4 Assumption Change	2/1/2010	(130,178)	1.00	(130,178)
	1 Experience Gain	2/1/2010	(1,263,784)	1.00	(1,263,784)
	1 Experience Gain	2/1/2011	(365,133)	2.00	(188,316)
	1 Experience Gain	2/1/2013	(308,605)	4.00	(84,583)
	1 Experience Gain	2/1/2015	(129,547)	6.00	(25,128)
	4 Assumption Change	2/1/2016	(271,875)	7.00	(46,546)
	3 Plan Amendment - Local 139/537 Merger	2/1/2018	(1,333,553)	9.00	(188,122)
	4 Assumption Change	2/1/2018	(485,627)	9.00	(68,507)
	4 Assumption Change	2/1/2019	(413,881)	10.00	(54,059)
	1 Experience Gain	2/1/2021	(17,610)	12.00	(2,026)
	4 Assumption Change	2/1/2024	(643,507)	15.00	(64,262)
			\$ (6,461,473)		\$ (2,328,514)

Attachment to: 2024 Schedule MB (Form 5500), Line 11
Plan Name: O.P.E.I.U. Locals 30 & 537 Retirement Fund
Employer ID: 95-6072309
Plan Number: 001

Justification for Change in Actuarial Assumptions

The current liability interest rate was changed from 2.60% to 3.36% to be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

The assumed retirement age for terminated vested participants was changed from age 64 to age 65. This change is consistent with recent historical and future anticipated experience.