

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan IUOE LOCAL 30 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND 16-16 WHITESTONE EXPRESSWAY WHITESTONE, NY 11357-3055
2b	Employer Identification Number (EIN) 51-6045848
2c	Plan Sponsor's telephone number 718-847-8484
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2026	DARREN TURTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4999
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) 2514 6a(2) 2533 6b 1096 6c 1132 6d 4761 6e 355 6f 5116 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 149

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA00537		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	5622

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5622	ASSET MANAGEMENT FEES.	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1420087**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1372871**c** Additions: (1) Contributions deposited during the year **7c(1)** 876
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 47216
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 4746

▶ NEW MONEY RATE ADJUSTMENT

(6) Total additions **7c(6)** 52838**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1425709**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 5622(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 5622**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1420087

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030341		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	17555857

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

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

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

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 338112449
(2) Actuarial value of assets for funding standard account	1b(2) 348785238
c (1) Accrued liability for plan using immediate gain methods	1c(1) 393284524
(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) 393284524
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) 596371227
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 29458199
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 20886520
(3) Expected plan disbursements for the plan year	1d(3) 21886520

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

SIGN HERE	06/11/2026
Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA	Date 26-06798
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	338112449
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1451	221744859
(2) For terminated vested participants	1132	111923944
(3) For active participants:		
(a) Non-vested benefits		8706633
(b) Vested benefits		253995791
(c) Total active	2533	262702424
(4) Total	5116	596371227
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.69 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2025	24699973				
			Totals ►	3(b)	24699973
				3(c)	
				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	88.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a		4.01 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.00 %		7.00 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.4 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	964198		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	7794504	799808
4	-5797478	-594890

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval		8a	
b Demographic, benefit, and contribution information			
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes	☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes	☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes	☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes	☒ No
d If line c is "Yes," provide the following additional information:			
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes	☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)		
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes	☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)		
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)		
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes	☐ No
e If box 5h is checked or 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	16300668

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)	84563676	11340371
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1934873**e** Total charges. Add lines 9a through 9d.....**9e** 29575912**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 22865580**g** Employer contributions. Total from column (b) of line 3.....**9g** 24699973**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	17198810	2216159

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2548179**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	100942006
9j(2)	216136448

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** 52329891**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 22753979**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

POMONA CAPITAL

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

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

PRUDENTIAL INSURANCE COMPANY OF AME

22-1211670

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

BLACKSTONE INFRASTRUCTURE ADVISORS

26-0288589

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

BLACKSTONE INFRASTRUCTURE ASSOCIATE

345 PARK AVENUE
NEW YORK, NY 10154

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

AMALGAMATED BANK OF NY

13-4920330

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

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

(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)

LORD ABBETT & CO.

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	184715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK & TRUST, NA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	165492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SELECT EQUITY GROUP, INC.

13-3669571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	150651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	132969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRAHAM CAPITAL MANAGEMENT LP

06-1398337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	130138	Yes ☐ No ☒

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

COLLEEN BRINDISI

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	123854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WHITESTAR ADVISORS LLC

03-0496641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	93752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK D. GREENBERG

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	74438	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

MARSHALL & MOSS PAYROLL COMPLIANCE

04-3652965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	63159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	60212	Yes ☐ No ☒

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

SEGAL ADVISORS INC

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	59000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARNES,IACCARINO & SHEPHERD,LLP

43-1995226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	57000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

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

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

COMPREHENSIVE HEALTHCARE SYSTEMS IN

47-4496373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	33160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GAIL DISALVO

51-6045848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STARFIRE PRINTING

751 COATES AVE N 31
HOLBROOK, NY 11741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	22323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSHALL & MOSS, LLP

11-3360166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GRAHAM CAPITAL MANAGEMENT LP	28 52	130138
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GRAHAM GLOBAL INVESTMENT FUN P.O. BOX 3170 ROAD TOWN VG1110 VG	INVESTMENT MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GROSVENOR CAPITAL MANAGEMENT LP	28 52	60212
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GCM GROSVENOR MAC FUND III 900 N MICHIGAN AVE, STE 1100 CHICAGO, IL 60611	INVESTMENT MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND		D Employer Identification Number (EIN) 51-6045848
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT SOLUTIONS VALUE EQUITY		
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.		
c EIN-PN 22-1211670-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17555857
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU		
b Name of sponsor of entity listed in (a): BNY MELLON TRUST		
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16485629
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSERVATI		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC		
c EIN-PN 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21150176
a Name of MTIA, CCT, PSA, or 103-12 IE: WEDGE SMALL CAP VALUE CIT		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NA		
c EIN-PN 81-6507188-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19957378
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR GLOBAL LEADERS COLLEC		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR		
c EIN-PN 27-6331814-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37619774
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II GROWTH FUND		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 04-6913417-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18297916
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO CF SL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 84-7064589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18504483
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

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

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	D Employer Identification Number (EIN) 51-6045848	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2509732	2671178
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15051561	24353888
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15793751	13543638
(2) U.S. Government securities	1c(2)	47121885	39018739
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	28649133	46825408
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	29661832	34667849
(6) Real estate (other than employer real property)	1c(6)	43106386	43986709
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	118891986	132015356
(10) Value of interest in pooled separate accounts	1c(10)	14902022	17555857
(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)	16838082	18258324
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1372871	1420087
(15) Other	1c(15)	33241844	31870088

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	16007	10861
1f Total assets (add all amounts in lines 1a through 1e)	1f	367157092	406197982

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	182788	54656
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	28861855	29802358
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	29044643	29857014

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	338112449	376340968
--	-----------	-----------	-----------

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)	24699973	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24699973
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	509063	
(B) U.S. Government securities	2b(1)(B)	1151731	
(C) Corporate debt instruments	2b(1)(C)	1618082	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	137410	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3416286
(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)	100699	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		100699
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	469244172	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	466471036	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2773136
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	880323	
(B) Other	2b(5)(B)	3858703	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4739026

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20792478
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2732877
(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)		1319617
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		60574092

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19938377	
(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)		19938377
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)	327223	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	75442	
(4) IQPA audit fees	2i(4)	50000	
(5) Investment advisory and investment management fees	2i(5)	1248809	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	132969	
(8) Legal fees	2i(8)	57000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	515753	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2407196
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22345573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38228519
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		110524646
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 592699.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan IUOE LOCAL 30 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND		D Employer Identification Number (EIN) 51-6045848
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 51-6045848		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer JONES LANG LA SALLE

b EIN 36-3588029

c Dollar amount contributed by employer 2094059

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer CBRE INC

b EIN 52-1616016

c Dollar amount contributed by employer 746728

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer CUSHMAN & WAKEFIELD INC

b EIN 13-2625361

c Dollar amount contributed by employer 1036590

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer ABLE ENGINEERING SERVICES

b EIN 94-3226677

c Dollar amount contributed by employer 609612

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer NAES CORPORATION

b EIN 91-1111672

c Dollar amount contributed by employer 872857

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer LINCOLN CENTER

b EIN 13-1847137

c Dollar amount contributed by employer 675384

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2026

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 12.5% OF GROSS WAGES

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN **94-1369354**

c Dollar amount contributed by employer **598948**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2025**

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

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

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

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

b EIN **11-1839362**

c Dollar amount contributed by employer **534538**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **8.65% PER HOUR PAID**

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

b EIN **27-4450918**

c Dollar amount contributed by employer **651392**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

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

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

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

a Name of contributing employer **REWORLD**

b EIN **13-3213657**

c Dollar amount contributed by employer **829729**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.04
b The corresponding number for the second preceding plan year.....	15b	1.03
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as:	
Public Equity: <u>34.0</u> % Private Equity: <u>13.8</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>31.1</u> %	
High-Yield Debt: <u>5.5</u> % Real Assets: <u>11.6</u> % Cash or Cash Equivalents: <u>3.6</u> % Other: <u>0.4</u> %	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:	
☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

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

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Information	
Schedules of Administrative Expenses	21
Schedule of Assets Held at End of Year	22
Schedule of Reportable Transactions	30

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the International Union of Operating Engineers Local 30 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
June 30, 2026

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS - at fair value		
Common collective trusts	\$ 132,015,356	\$ 118,891,986
U.S. Government and Government		
Agency obligations	39,018,739	47,121,885
Real estate partnership	43,986,709	43,106,386
Corporate obligations	46,825,408	28,649,133
Pooled separate account	17,555,857	14,902,022
Mutual fund	18,258,324	16,838,082
Short-term investments	13,543,638	15,793,751
Limited partnership	34,667,849	29,661,832
Hedge funds of funds	31,870,088	33,241,844
Investment contract with insurance company	1,420,087	1,372,871
Total investments	<u>379,162,055</u>	<u>349,579,792</u>
RECEIVABLES		
Employer contributions	2,671,178	2,509,732
Accrued investment income	660,060	640,032
Securities sold and not settled	23,580,689	14,304,849
Total receivables	<u>26,911,927</u>	<u>17,454,613</u>
OTHER		
Property and equipment - net	10,861	16,007
Prepaid expenses	113,139	106,680
Total other	<u>124,000</u>	<u>122,687</u>
Total assets	<u>406,197,982</u>	<u>367,157,092</u>

See accompanying notes to financial statements.

	<u>2025</u>	<u>2024</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	\$ 54,656	\$ 182,788
Due to related funds and Union	47,363	80,723
Securities purchased and not settled	<u>29,754,995</u>	<u>28,781,132</u>
Total liabilities	<u>29,857,014</u>	<u>29,044,643</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 376,340,968</u></u>	<u><u>\$ 338,112,449</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 31,974,802	\$ 23,325,630
Interest and dividends	3,899,317	3,538,362
	<u>35,874,119</u>	<u>26,863,992</u>
Less investment expenses	(1,248,809)	(846,784)
Investment income - net	<u>34,625,310</u>	<u>26,017,208</u>
 Employer contributions	 <u>24,699,973</u>	 <u>22,792,616</u>
 Total additions	 <u>59,325,283</u>	 <u>48,809,824</u>
DEDUCTIONS		
Retirement benefits	19,938,377	18,698,117
Administrative expenses	<u>1,158,387</u>	<u>1,007,067</u>
 Total deductions	 <u>21,096,764</u>	 <u>19,705,184</u>
 NET INCREASE	 38,228,519	 29,104,640
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>338,112,449</u>	<u>309,007,809</u>
 End of year	 <u><u>\$ 376,340,968</u></u>	 <u><u>\$ 338,112,449</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the estimated useful lives for furniture and fixtures of five to ten years by the straight-line method. Depreciation expense totaled \$14,767 and \$13,805 for the years ended December 31, 2025 and 2024, respectively.

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

Actuarial Present Value of Accrued Vested Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

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

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

NOTE 3. FUNDING POLICY

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

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on November 18, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since the last submission for determination. The Plan Trustees and Plan Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2025 and 2024:

Fair Value Measurements at December 31, 2025				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasuries	\$ 16,076,866	\$ 16,076,866	\$ -	\$ -
Government Agencies	22,941,873	-	22,941,873	-
Mutual fund	18,258,324	18,258,324	-	-
Corporate obligations	46,825,408	-	46,825,408	-
Short-term investments	13,543,638	13,543,638	-	-
Total assets in the fair value hierarchy	117,646,109	<u>\$ 47,878,828</u>	<u>\$ 69,767,281</u>	<u>\$ -</u>
Investments measured at NAV*	261,515,946			
Total investments	<u>\$ 379,162,055</u>			

Fair Value Measurements at December 31, 2024				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasuries	\$ 25,087,253	\$ 25,087,253	\$ -	\$ -
Government Agencies	22,034,632	-	22,034,632	-
Mutual fund	16,838,082	16,838,082	-	-
Corporate obligations	28,649,133	-	28,649,133	-
Short-term investments	15,793,751	15,793,751	-	-
Total assets in the fair value hierarchy	108,402,851	<u>\$ 57,719,086</u>	<u>\$ 50,683,765</u>	<u>\$ -</u>
Investments measured at NAV*	241,176,941			
Total investments	<u>\$ 349,579,792</u>			

* In accordance with subtopic 820-10, investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information and redemption period are as follows at December 31, 2025 and 2024:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
Loomis Sayles High Yield Conservative Trust	\$ 21,150,176	\$ -	Daily	3 days
Boston Partners Coll Inv Large Cap Val Eq Fd Cl C	16,485,629	-	Daily	5 days
Comerica - Wedge Capital Small Cap Value CIT	19,957,378	-	Monthly	10 days
WTC-CIF II Growth Fund	18,297,916	-	Daily	1 day
William Blair Global Leaders CIT Class S	37,619,774	-	Daily	1 day
BNYM AFL-CIO SL Stock Index Fund	18,504,483	-	Daily	1 day
Real estate partnership	43,986,709	-	(a)	(a)
Pooled separate account:				
PGIM Quant Solutions Value Equity Fund	17,555,857	-	Daily	15 days
Investment contract with insurance company:				
Union Labor Life Insurance Company	1,420,087	-	Monthly	90 days
Limited partnerships:				
Pomona Capital IX, LP	1,883,989	3,920,159	(b)	(b)
Pomona Capital X, LP	5,971,692	5,302,371	(c)	(c)
GCM Grosvenor Multi-Asset Class Fund III	12,605,442	1,192,937	(f)	(f)
Blackstone Infrastructure Partners - V Feeder L.P	14,206,726	5,000,000	(g)	(g)
Hedge funds of funds:				
Graham Global Investment Fund II	16,496,678	-	(d)	(d)
Select Equity SEGP	15,373,410	-	(e)	(e)
	<u>\$ 261,515,946</u>	<u>\$ 15,415,467</u>		

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(a) The Plan has a 75% interest in the 1616 WSE, LLC (formerly 5225, LLC) real estate partnership. 1616 WSE, LLC owns a building located at 16-16 Whitestone Expressway in Whitestone, NY which was last valued by an independent appraiser as of December 31, 2025 with a market value of \$58,000,000. The Plan's proportionate interest in the appraised value is included in the determination of the Plan's partnership interest. The IUOE Local 30 Benefits Fund owns the remaining 25% interest in 1616 WSE, LLC. The 1616 WSE, LLC real estate partnership is measured at estimated fair value by the investment advisor and reported on the Schedule K-1, without adjustment by the Plan. As of December 31, 2025 and 2024, the estimated fair value of the Plan's interest was \$43,986,709 and \$43,106,386, respectively.

The investment with insurance company is in the Union Labor Life insurance Company (ULLICO) Accumulation Account, an experience-rated group annuity contract offered by ULLICO. Through this investment, the Plan participates in the investment results of ULLICO's general account, a large, professionally managed and diversified investment portfolio. The amount in the account at any time will be equal to the contributions and earnings credited to the account less the withdrawals and expenses deducted from the account. The rate of return before expenses was 4.2% for the year ended December 31, 2025 and 3.49% for 2024.

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at cost, as of December 31, 2025 and 2024:

	2025	2024
Furniture and fixtures	\$ 130,110	\$ 120,490
Computer equipment	106,338	106,338
Computer system	127,060	127,060
	363,508	353,888
Less: accumulated depreciation and amortization	(352,647)	(337,881)
Property and equipment - net	<u>\$ 10,861</u>	<u>\$ 16,007</u>

NOTE 9. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

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

- IUOE Local 30 Union (Union)
- IUOE Local 30 Benefits Fund (Benefits Fund)
- IUOE Local 30 Annuity Fund (Annuity Fund)
- IUOE Local 30 Group Legal Services Fund
- IUOE Local 30 Apprentice Training and Skill Improvement Fund
- IUOE Local 30 City Employees Annuity Fund
- Engineers Charitable Trust
- Local 30 Municipal Employees Welfare Trust Fund
- Stationary Engineers Industry Stabilization Fund, Inc.
- The General Pension Plan International Union of Operating Engineers (General Pension)

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

Administrative Expenses

The Plan shares facilities and staff with related organizations. The Plan reimburses the Benefits Fund and the Union for its portion of shared administrative expenses, which includes salaries, payroll taxes and employee benefits. The shared administrative expenses are allocated on a basis approved by the Board of Trustees. The Plan's share of allocated expenses from the Benefits Fund totaled \$606,186 for the year ended December 31, 2025 and \$492,343 for 2024.

The Plan's share of allocated expenses from the Union totaled \$20,455 for the year ended December 31, 2025 and \$16,229 for 2024.

As of December 31, 2025 and 2024, the amounts due to (from) the Plan for each of the related entities were as follows:

	<u>2025</u>	<u>2024</u>
Union	\$ (24,612)	\$ (4,157)
Benefits Fund	<u>(22,751)</u>	<u>(76,566)</u>
	<u>\$ (47,363)</u>	<u>\$ (80,723)</u>

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

Master Lease

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

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

On September 13, 2016, the Company's name was changed from 5225, LLC to 1616 WSE, LLC. On March 1, 2016, a limited liability company operating agreement was entered into between 16-16 MT, LLC and the Benefits Fund and Pension Fund. The WhiteStar Advisors, LLC were appointed the manager of the Company and responsible for day-to-day management, which includes subleasing space within the Whitestone property to affiliated and non-affiliated entities. The sub-lessees are invoiced monthly and make payments to 16-16 MT, LLC. The payments from the sublease cover a portion of the amount owed to 1616 WSE, LLC for the monthly Master Tenant lease payment so the two Master Tenant members (Pension Fund and Benefits Fund) transfer money for the shortage into 16-16 MT, LLC.

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

<u>Year ending December 31,</u>	
2026	\$ 2,656,936
2027	2,719,881
2028	2,784,645
2029	2,851,598
2030	2,920,370
Thereafter	<u>15,430,302</u>
Total	<u>\$ 29,363,732</u>

The Plan made payments of \$2,493,131 and \$1,816,916, in accordance with the master lease during the year ended December 31, 2025 and 2024, respectively.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)**Office Space Lease**

On November 19, 2015, the Plan entered into a twenty year lease with 16-16 MT, LLC. Effective September 1, 2021, the lease was amended and extended to November 30, 2042. 16-16 MT, LLC is 75% owned by the Plan and 25% owned by the Benefits Fund. The lease has a base rent with provisions for additional rent that is proportionately paid by the Plan. Rent expense totaled \$126,342 and \$43,314 for the years ended December 31, 2025 and 2024, respectively.

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

<u>Year ending December 31,</u>	
2026	10,221
2027	10,527
2028	10,843
2029	11,168
2030	11,503
Thereafter	<u>166,761</u>
Total	<u>\$ 221,023</u>

Benefits

Contributions are made to related benefit plans on behalf of all employee groups. Contributions are generally at fixed hourly rates or a percentage of salary. Contributions for the years ended December 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Pension Fund	\$ 15,444	\$ 14,238
General Pension	29,121	27,429
Benefits Fund	27,313	26,732
Annuity Fund	<u>29,309</u>	<u>26,442</u>
	<u>\$ 101,187</u>	<u>\$ 94,841</u>

Certain plan investments are shares of a common collective trust fund managed by Amalgamated Bank, the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedule of assets held at end of year.

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

NOTE 10. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the consulting actuary as of January 1, 2025. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 172,500,327
Other vested benefits	216,786,928
	<u>389,287,255</u>
Nonvested benefits	3,997,269
Total actuarial present value of accumulated plan benefits	<u>\$ 393,284,524</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2025 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 378,649,787</u>
Increase (decrease) during the year attributable to:	
Benefit accumulated, net experience gain or loss, changes in data	13,333,817
Interest	25,796,515
Benefits paid	(18,698,117)
Changes in actuarial assumptions	<u>(5,797,478)</u>
Net increase	<u>14,634,737</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 393,284,524</u>

The actuarial cost method used in the valuations is the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2025 valuations were:

- Mortality rates:

Healthy participants:

RP-2006 Blue Collar Healthy Annuitant Mortality Table with generation projection using Scale MP-2021.

Disabled participants:

RP-2006 Disabled Retiree Mortality Table with generation projection using Scale MP-2021.

NOTE 10. ACTUARIAL INFORMATION (continued)

- Retirement age assumption:

The Plan was valued assuming active participants will retire according to the following rates for January 1, 2025:

<u>Age</u>	<u>Probability</u>
55-61	1%
62-64	10%
65	25%
66-72	20%
73 and above	100%

- Administrative expenses - \$1,000,000 (previously \$950,000)
- Investment rate of return: 7.0%

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

- Administrative expenses, previously \$950,000
- Retirement Rates for active participants, previously 100% for ages 70 and above

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Sections 431(c)(6)(E).

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

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

As of January 1, 2025, the actuary reported that Plan was in neither endangered nor critical status as identified under the Pension Protection Act of 2006.

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 30, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Payroll	\$ 225,866	\$ 206,199
PBGC	194,961	177,785
Actuary	132,969	132,320
Rent	126,342	43,314
Employee benefits	101,357	94,841
Insurance	63,977	45,050
Payroll audits	63,159	62,057
Legal	57,000	52,250
Audit	50,000	50,000
Computer	34,437	30,071
Conference and meetings	22,576	17,009
Printing	22,521	43,142
Payroll taxes	18,454	16,316
Office	17,026	9,508
Depreciation	14,767	13,805
Accounting	12,283	12,770
Telephone	<u>692</u>	<u>630</u>
Total administrative expenses	<u><u>\$ 1,158,387</u></u>	<u><u>\$ 1,007,067</u></u>

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 51-6045848

Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Interest bearing cash:</u>							
*	Amalgamated Bank	MMA	Demand	Variable %	84,490	\$ 84,490	\$ 84,490
*	Northeastern Engineers Federal Credit Union	Cash	Demand	Variable	12,582,148	12,582,148	12,582,148
	JP Morgan Prime Money Market Fund	MMA	Demand	Variable	876,845	876,845	876,845
	Comerica short-term Fund - Principal Sweep	MMA	Demand	Variable	155	155	155
	Total interest bearing cash					<u>13,543,638</u>	<u>13,543,638</u>
<u>United States Government and Government Agency obligations:</u>							
	Asian Infrastructure		01/27/26	0.500	1,000,000	961,680	997,690
	Asian Development		01/09/26	4.250	410,000	409,598	410,020
	Federal Home Loan Mortgage	Pool	08/01/39	6.000	108,147	112,802	113,318
	Federal Home Loan Mortgage	Pool	02/01/46	3.500	71,567	69,502	68,089
	Federal Home Loan Mortgage	Pool	06/01/51	2.500	187,191	149,812	158,703
	Federal Home Loan Mortgage	Pool	09/01/51	3.500	179,874	163,573	167,901
	Federal Home Loan Mortgage	Pool	07/01/52	5.000	85,474	88,438	86,609
	Federal Home Loan Mortgage	Pool	08/01/52	5.000	132,216	138,744	133,600
	Federal Home Loan Mortgage	Pool	08/01/52	5.000	196,962	203,263	198,870
	Federal Home Loan Mortgage	Pool	11/01/53	6.500	194,748	201,496	203,725
	Federal Home Loan Mortgage	Pool	04/01/54	5.000	73,542	74,094	74,082
	Federal Home Loan Mortgage	Pool	07/01/54	5.500	64,508	65,095	66,463
	Federal Home Loan Mortgage	Pool	10/01/54	5.500	47,545	48,132	49,061
	Federal Home Loan Mortgage	Pool	11/01/54	5.500	396,554	402,192	409,194
	Federal Home Loan Mortgage	Pool	02/01/55	6.000	53,267	55,006	55,914
	Federal Home Loan Mortgage	Pool	09/01/55	VAR	194,806	198,611	197,546
	Federal Home Loan Mortgage corp	REMIC	01/25/32	2.250	600,000	541,055	537,918
	Federal Home Loan Mortgage corp K-154	REMIC	01/25/33	VAR	380,000	384,394	380,476
	Federal Home Loan Mortgage corp K-155	REMIC	05/25/30	VAR	500,000	509,551	506,944
	Federal National Mortgage Association	Remic	10/25/35	4.250	190,000	188,330	184,886
	Federal National Mortgage Association	Pool	11/01/38	5.500	79,245	81,564	81,833
	Federal National Mortgage Association	Pool	09/01/39	6.000	55,388	57,699	57,932
	Federal National Mortgage Association	Pool	03/01/40	5.500	37,558	38,567	38,726
	Federal National Mortgage Association	Pool	07/01/50	3.000	221,347	198,659	197,552
	Federal National Mortgage Association	Pool	08/01/50	2.500	280,775	261,472	243,748
	Federal National Mortgage Association	Pool	08/01/50	2.500	65,410	61,127	56,937
	Federal National Mortgage Association	Pool	01/01/51	2.500	185,777	172,598	160,320
	Federal National Mortgage Association	Pool	06/01/51	2.500	158,435	130,956	136,749
	Federal National Mortgage Association	Pool	09/01/51	3.500	33,905	33,985	31,972
	Federal National Mortgage Association	Pool	04/01/52	3.500	155,662	149,350	145,446
	Federal National Mortgage Association	Pool	04/01/52	3.500	108,946	91,846	101,609
	Federal National Mortgage Association	Pool	05/01/52	2.500	88,446	74,972	75,814
	Federal National Mortgage Association	Pool	06/01/52	3.500	18,124	16,451	16,881
	Federal National Mortgage Association	Pool	07/01/52	5.000	49,066	50,697	49,779
	Federal National Mortgage Association	Pool	07/01/52	5.000	64,506	66,960	65,474
	Federal National Mortgage Association	Pool	08/01/52	5.000	175,890	181,799	177,429

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party		Maturity	Rate of	Par / Maturity Value or		Current
		Type	Date	Interest	Shares	Cost	Value
	United States Government and Government Agency obligations (continued):						
	Federal National Mortgage Association	Pool	04/01/53	6.000	% 310,358	\$ 320,372	\$ 323,112
	Federal National Mortgage Association	Pool	12/01/53	6.000	236,510	243,937	245,675
	Federal National Mortgage Association	Pool	10/01/54	5.500	57,490	58,200	59,170
	Federal National Mortgage Association	Pool	10/01/54	5.500	204,762	207,090	211,225
	Federal National Mortgage Association	Pool	10/01/54	6.000	46,802	48,331	49,128
	Federal National Mortgage Association	Pool	11/01/54	VAR	460,600	479,312	474,418
	Federal National Mortgage Association	Pool	01/01/55	6.000	103,142	106,357	107,961
	Federal National Mortgage Association	Pool	10/01/55	VAR	743,512	758,383	755,362
	Federal National Mortgage Association UMBS	Pool	01/01/51	2.500	461,429	387,312	395,531
	Federal National Mortgage Association UMBS	Pool	04/01/51	3.000	326,169	293,196	291,055
	Federal National Mortgage Association UMBS	Pool	08/01/51	2.500	485,336	41,405	41,800
	Federal National Mortgage Association UMBS	Pool	10/01/52	5.000	385,255	379,420	386,700
	Federal National Mortgage Association UMBS	Pool	01/01/53	5.000	43,420	43,542	43,529
	Federal National Mortgage Association 15 Year TBA	Bond	02/15/26	4.500	450,000	449,344	449,964
	Federal National Mortgage Association 15 Year TBA	Bond	01/15/38	5.000	38,000	38,425	38,484
	Federal National Mortgage Association 30 Year TBA	Bond	02/13/36	6.000	683,000	699,351	700,908
	Federal National Mortgage Association 30 Year TBA	Bond	02/12/38	5.000	844,000	838,702	840,869
	Federal National Mortgage Association 30 Year TBA	Bond	02/10/41	6.500	278,000	288,761	288,964
	Federal National Mortgage Association TBA	Bond	02/15/36	7.000	133,000	139,875	139,987
	Federal National Mortgage Association TBA	Bond	01/15/38	4.500	36,000	35,874	36,013
	Federal National Mortgage Association TBA	Bond	02/15/38	5.000	787,000	795,651	796,743
	GNMA-II 30 Year TBA	TBA	02/19/39	5.000	381,000	379,404	379,655
	GNMA-II 30 Year TBA	TBA	01/15/51	2.500	840,000	729,298	724,433
	GNMA2 30 Year TBA	TBA	01/22/37	5.500	572,000	576,026	577,548
	GNMA2 30 Year TBA	TBA	02/20/37	5.500	874,000	880,527	881,796
	GNMA2 30 Year TBA	TBA	01/21/39	5.000	196,000	195,499	195,538
	GNMA2 30 Year TBA	TBA	02/18/40	4.500	492,000	479,560	478,874
	GNMA2 30 Year TBA	TBA	01/22/43	3.000	363,000	326,312	326,119
	GNMA2 30 Year TBA	TBA	02/19/43	3.000	1,010,000	904,758	906,283
	GNMA-II Jumbo TBA	TBA	01/15/51	2.000	360,000	300,475	298,069
	GNMA-II Jumbo TBA	TBA	02/15/53	6.000	712,000	724,454	725,044
	GNMA-II Jumbo TBA	TBA	01/15/54	6.500	418,000	430,002	432,074
	GNMA-II Jumbo TBA	TBA	02/15/54	6.500	497,000	512,204	513,172
	U.S. Treasury	Note	08/01/27	3.625	2,987,000	2,989,202	2,993,661
	U.S. Treasury	Note	08/31/29	3.125	1,780,000	1,730,825	1,749,971
	U.S. Treasury	Note	03/31/30	4.000	1,171,700	1,180,865	1,186,616
	U.S. Treasury	Note	08/31/30	3.750	1,940,000	1,942,525	1,933,113
	U.S. Treasury	Bond	11/15/42	4.000	338,000	315,211	309,797
	U.S. Treasury	Bond	11/15/44	4.625	1,588,000	1,584,052	1,556,113
	U.S. Treasury	Bond	02/15/45	4.750	3,007,000	2,973,559	2,991,724
	U.S. Treasury	Bond	11/15/54	4.500	720,000	708,750	679,104
	U.S. Treasury	Bond	05/15/55	4.750	2,724,000	2,720,977	2,676,766
	Uniform Mortgage Backed Securities TBA	TBA	02/15/39	5.500	825,000	844,540	845,567
	Uniform Mortgage Backed Securities TBA	TBA	02/15/55	4.500	362,000	353,346	353,080
	Uniform Mortgage Backed Securities TBA	TBA	02/15/55	5.500	462,000	466,696	468,029
	Uniform Mortgage Backed Securities TBA 30YR	TBA	02/15/51	3.000	50,000	44,158	44,186
	Uniform Mortgage Backed Securities TBA 30YR	TBA	02/15/51	2.000	908,000	733,719	733,738
	Uniform Mortgage Backed Securities TBA 30YR	TBA	02/15/51	2.500	501,000	422,710	423,425
	Uniform Mortgage Backed Securities TBA 30YR	TBA	02/15/52	4.000	337,000	320,176	319,436
	Total United States Government and Government Agency obligations					39,056,740	39,018,739

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party		Maturity	Rate of	Par / Maturity Value or		Current
		Type	Date	Interest	Shares	Cost	Value
	Corporate obligations:						
	180 Med Inc	Bond	0/08/2035	5.300	% 200,000	\$ 199,016	\$ 199,304
	200 Pk Fdg Tr Sr	Bond	02/15/55	5.740	100,000	96,598	99,467
	Abbvie Inc	Bond	03/15/27	4.800	131,000	132,448	132,372
	Aes Corporation	Bond	07/15/30	3.950	95,000	86,027	92,723
	Aig Global	Bond	08/21/32	4.900	89,000	89,051	89,536
	Aircastle Ltd Sr Gbl	Bond	01/26/28	2.850	116,000	116,659	112,708
	Ally Auto Recv	ABS	05/15/28	5.460	231,542	233,341	233,243
	Altria Group Inc	Bond	02/04/28	4.875	129,000	130,352	131,126
	American Express Co	Bond	07/26/35	VAR	174,000	174,285	179,304
	American Transmission	Bond	01/15/32	2.650	225,000	208,479	202,453
	Americar Automobile	ABS	05/18/28	5.810	160,788	161,913	161,853
	Amgen Inc	Bond	03/02/28	5.150	183,000	186,637	187,280
	Anglo American Capital	Bond	04/05/34	5.750	200,000	202,546	209,782
	Antofagasta Plc	Bond	05/02/34	6.250	200,000	207,180	215,430
	Applovin Corp	Bond	12/01/31	5.375	64,000	64,182	66,366
	Assurant Inc	Bond	01/15/32	2.650	58,000	57,138	51,355
	Athene Global Funding	Bond	08/19/28	1.985	200,000	187,916	187,750
	Atlas Whse Lending	Bond	11/15/30	4.950	250,000	249,682	250,830
	Atlassian Corporation	Bond	05/15/34	5.500	159,000	162,076	164,536
	Aviation Cap Group LLC	Bond	07/15/29	5.375	211,000	210,436	215,996
	Avolon Hldgs Fdg Ltd	Bond	11/15/29	5.750	238,000	241,507	246,915
	Baat 2024-1A	ABS	11/15/28	5.350	188,978	190,506	190,892
	Bank 2019-BNK18	Bond	05/17/62	3.584	350,000	337,012	336,887
	Bank Of America Corp	Bond	03/05/29	VAR	428,000	452,335	427,302
	Bank of America Corp	Bond	07/21/28	3.593	293,000	313,371	290,981
	Bank Of Montreal Ft	Bond	12/15/32	VAR	119,000	128,755	117,587
	Bank5 2024-5Yr1	Bond	12/25/51	VAR	70,000	73,675	73,581
	Baxter Intl Inc	Bond	02/01/32	2.539	101,000	87,526	88,012
	Baxter Intl Inc Cr	Bond	12/15/35	VAR	250,000	251,204	253,005
	Bayer Corp	Bond	02/15/28	6.650	68,000	78,830	71,186
	Bayer Us Fin Llc	Bond	11/21/33	6.500	200,000	217,728	216,520
	Bayvw Msr Opp 2022-Inv2	Bond	12/25/51	VAR	585,782	510,820	511,164
	Bayvw Op Ms Fd Vi	Bond	10/25/51	VAR	113,049	95,155	94,616
	Bbcm Mtg Tr 2025-5C34	Bond	05/16/58	VAR	350,000	368,156	366,432
	Belrose Fdg Tr Ii	Bond	05/15/55	6.792	100,000	104,298	103,834
	Benchmark 2024-12	Bond	12/17/57	VAR	70,000	73,531	73,233
	Benchmark 2024-V10	Bond	09/17/57	5.277	100,000	103,227	102,936
	Benchmark 2025-v16	Bond	08/16/58	VAR	350,000	365,750	363,716
	Benchmark Mortgage	Bond	05/17/56	VAR	80,000	84,522	84,432
	Benchmark mtg	Bond	11/19/57	VAR	50,000	52,750	52,550
	Bmo Mortgage 2025-5C12	Bond	10/08/58	5.180	350,000	362,154	359,295
	Bmo Mortgage 2025-5C13	Bond	08/17/57	5.857	100,000	104,840	104,449
	Boardwalk Pipeline	Bond	02/15/36	5.375	91,000	90,866	91,451
	Boeing Co	Bond	05/01/50	5.805	88,000	84,673	86,556
	Brighthouse	Bond	06/10/29	5.650	96,000	98,331	98,099
	Brixmor Operating	Bond	04/01/32	5.200	79,000	78,999	80,905
	Broadcom Inc	Bond	04/15/32	4.150	225,000	217,776	220,014
	Broadcom Inc	Bond	07/15/32	4.900	133,000	132,796	135,793
	Brown & Brown Inc	Bond	06/23/32	5.250	20,000	20,031	20,453
	Brown & Brown Inc	Bond	06/23/35	5.550	38,000	37,967	38,964
	Brown & Brown Inc	Bond	03/15/31	2.375	129,000	113,041	115,663
	Brown & Brown Inc	Bond	06/11/34	5.650	119,000	118,987	122,784
	Bx Commercial 2025-Volt	Bond	12/15/44	VAR	190,000	190,000	190,118
	Bx Trust 2025-Aria	Bond	12/15/42	VAR	180,000	180,000	181,632
	Capital Pwr Us Hldgs	Bond	06/01/35	6.189	93,000	93,607	97,090

(a)	(b)	(c)	(d)	(e)		
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value	
<u>Corporate obligations (continued):</u>						
Carmax Auto 2024-3	ABS	07/16/29	4.890 %	110,000	\$ 111,315	\$ 111,345
Carmax Auto 2024-4	ABS	10/15/29	4.600	115,000	116,042	116,213
Carmax Auto Owner	ABS	05/15/28	5.280	407,693	410,238	410,493
Carmax Select 2025-P4	ABS	03/15/30	4.120	365,000	365,401	365,881
Carvana Auto 2023-P4	ABS	10/10/28	6.160	147,059	148,529	148,452
Cb Richard Ellis	Bond	01/15/33	4.900	101,000	100,811	101,485
Cboe Holdings Inc	Bond	01/12/27	3.650	101,000	99,798	100,787
Centerpoint Energy	Bond	10/01/30	1.750	264,000	225,180	235,187
CFCRE COML MTG TR 2016-C7	Bond	12/11/54	VAR	100,000	99,039	99,353
Cfe Fibra E Banco		09/23/40	VAR	198,334	197,459	197,951
Chaot 2024-3A	ABS	07/25/29	5.220	75,000	75,761	75,878
Chaot 2024-P4	ABS	06/25/29	5.520	430,975	437,036	436,974
Cheniere Energy Inc	Bond	10/15/28	4.625	62,000	60,534	61,895
Chile Electricity Lux	ABS	10/20/35	5.580	195,501	195,503	200,353
CIM Trust 2021-Inv1	Bond	07/25/51	VAR	144,767	116,176	120,982
Citadel Securities	Bond	06/18/35	6.200	250,000	256,370	263,160
Citigrou Coml	Bond	07/12/40	6.360	200,000	209,649	208,333
Citigroup Inc	Bond	03/20/30	VAR	243,000	272,370	240,798
Citigroup Inc	Bond	01/10/28	3.887	399,000	436,398	398,238
Citigroup Inc Sub	Bond	02/13/35	VAR	171,000	171,350	177,705
Citigroup Mtg Ln	Bond	11/25/51	VAR	148,475	125,159	130,304
Citizens Finl Group	Bond	04/25/35	VAR	95,000	101,251	104,459
Coca Cola Consolidated Inc	Bond	06/01/34	5.450	138,000	139,010	144,425
Colonial Enterprises	Bond	11/15/35	5.627	76,000	75,970	76,590
Comet 2025-A3	ABS	10/15/37	4.650	64,000	63,976	63,997
Commonwealth Edison	Bond	06/01/55	5.950	69,000	69,241	71,712
Coterra Energy Inc	Bond	02/15/35	5.400	123,000	124,847	124,844
CPS Auto 2025-D	ABS	04/15/30	4.480	100,000	99,995	100,129
Crown Castle International Corp	Bond	04/01/31	2.100	123,000	102,109	108,552
Crown Castle International Corp	Bond	07/01/30	3.300	57,000	50,062	54,068
CTZNS Auto Receivables	ABS	10/15/30	5.740	85,000	86,594	86,616
CTZNS Auto Receivables	ABS	02/15/28	5.830	139,106	140,117	140,055
CTZNS Auto Receivables	ABS	01/18/28	5.840	63,234	63,657	63,613
Dbc 2025-Dbc A	Bond	06/15/38	VAR	100,000	100,000	100,077
Diameter Capital	ABS	01/15/37	VAR	250,000	251,750	250,197
Dominion Energy	Bond	01/15/35	0.053	45,000	45,037	46,520
Dominion Energy	ABS	03/15/35	5.450	117,000	117,616	119,862
Drive Auto Receivables	ABS	08/15/28	4.870	106,944	106,943	107,123
Duke Energy Corp	Bond	03/01/34	5.250	142,000	141,940	147,065
Eastern Gas Transmission	Bond	11/15/29	3.000	147,000	155,796	140,488
Eastern Gas Transmission	Bond	12/15/44	4.600	146,000	174,576	125,198
Efmt 2025-Inv2	Bond	05/25/70	VAR	111,484	111,482	112,330
Energy LA LLC	Bond	03/15/54	5.700	35,000	35,238	34,765
Entergy Mississippi	Bond	04/15/55	5.800	86,000	86,004	86,509
Enterprise Fleet	ABS	02/20/29	4.820	405,000	411,455	411,861
EQT Corp	Bond	04/01/29	6.370	67,000	68,000	69,330
Evergy Kans Cent	Bond	03/15/35	5.250	109,000	111,179	111,111
Evergy Mo West Inc	Bond	06/01/34	5.650	91,000	92,518	94,187
Exelon Generation Co Llc	Bond	06/15/42	5.600	149,000	144,660	149,449
Exeter 2025-5	ABS	11/15/29	4.240	180,000	179,997	180,534
Exeter Auto	ABS	01/15/30	4.640	135,000	134,958	135,568
Exeter Auto Receivable	ABS	07/16/29	5.700	180,000	182,222	182,304
Exeter Auto Receivable	ABS	08/15/30	5.480	300,000	302,672	303,347
Exeter Auto Receivable	ABS	04/16/29	4.480	250,000	250,000	250,178
Fiaot 2025-1A	ABS	01/15/31	4.390	200,000	199,977	200,671

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Par / Maturity					Current
		Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Value
<u>Corporate obligations (continued):</u>							
	Fidelity Natl	Bond	05/21/29	3.750 %	91,000	\$ 88,949	\$ 89,049
	First Natl Mstr	Note	04/16/29	5.130	435,000	436,869	436,412
	First Union Corp	Bond	08/01/26	7.574	399,000	504,931	406,641
	Flagstar Mtg	Bond	06/25/51	VAR	520,456	442,273	435,909
	Florida Gas	Bond	07/15/35	5.750	105,000	109,207	108,952
	Florida Pwr & Lt	Bond	03/15/65	5.800	102,000	103,491	103,617
	Flutter Treas Dac	Bond	06/04/31	5.875	200,000	205,000	202,780
	FNA 2025-M4	Bond	04/25/35	4.389	600,000	600,117	594,029
	Ford Cr Auto Owner	ABS	08/15/35	4.850	160,000	163,169	163,194
	Ford Mtr Co Del	Bond	08/19/32	6.100	55,000	55,051	56,670
	Foundry Jv Holdco	Bond	01/25/33	5.900	200,000	205,386	209,270
	Fresenius Med Care	Bond	12/01/31	3.000	150,000	134,782	135,252
	GA Global Funding	Bond	09/23/27	4.400	150,000	149,913	150,556
	Gartner Inc	Bond	07/01/28	4.500	148,000	144,157	147,522
	Glencore Funding LLC	Bond	04/04/34	5.634	180,000	181,408	188,062
	Global PMTS	Bond	11/15/32	5.200	150,000	149,817	150,071
	Gls Auto Recv Issuer	ABS	07/17/28	4.750	105,000	105,246	105,287
	Gm Finl Con Auto Rec	ABS	04/16/29	5.130	250,000	252,842	252,639
	Goldman Sachs Group	Bond	07/21/21	VAR	162,000	140,513	145,089
	Goldman Sachs Group	Bond	10/23/35	VAR	126,000	124,284	126,674
	Greywolf Clo	Bond	04/17/34	VAR	250,000	250,500	250,250
	Gs Mbs Tr 2021-Pj9	Bond	02/25/52	VAR	520,141	439,078	435,334
	Gxo Logistics	Bond	05/06/34	6.500	230,000	239,458	248,460
	Hexcel Corp New	Bond	02/26/35	5.875	117,000	121,612	122,366
	Holcim Finance Us	ABS	04/07/35	5.400	126,000	123,386	129,936
	Host Hotels & Resorts Lp	Bond	06/15/32	5.700	137,000	141,463	143,047
	Hpefs Equip	ABS	09/20/32	4.790	100,000	100,683	100,707
	Humana Inc	Bond	03/15/34	5.950	102,000	107,996	106,970
	Hyundai Auto	ABS	10/16/28	5.520	324,000	327,645	326,615
	Icon Invts Six	Bond	05/08/34	6.000	200,000	208,298	211,498
	Imperial Tob Fin Plc	Bond	07/01/34	5.875	241,000	241,585	251,994
	Indianapolis Power	Bond	04/01/54	5.700	102,000	101,628	101,273
	International Business	Bond	01/15/28	6.500	41,000	43,038	43,038
	IPALCO Enterprises	Bond	05/01/30	4.250	132,000	149,390	129,022
	J P Morgan 2025-Nqm4	Bond	03/25/66	4.954	83,025	83,025	83,086
	J P Morgan 2025-Nqm5	Bond	05/25/66	VAR	120,000	119,999	119,988
	J P Morgan Mortg	Bond	10/25/52	VAR	575,387	495,678	502,091
	J P Morgan Mortgage	Bond	08/25/52	VAR	77,429	60,558	67,856
	J P Morgan Mtg	Bond	06/25/52	VAR	186,700	159,220	163,618
	J P Mrgn Mtg 2025-Dsc1	Bond	08/25/65	5.577	159,557	159,951	161,135
	J.P.Morgan Mtg 2022-Inv1	Bond	03/25/52	VAR	312,008	266,852	273,231
	Japan Tabaco Inc	Bond	06/15/35	5.850	150,000	149,586	159,927
	Jbs Usa Holding Lux	Bond	04/15/66	6.375	247,000	251,359	245,933
	JP Morgan Mortgage	Bond	02/01/28	3.782	420,000	441,890	419,063
	Jp Morgan Mtg 2021-Inv6	Bond	04/25/52	VAR	101,542	85,192	89,049
	Jpmorgan Chase & Co	Bond	04/22/32	VAR	167,000	168,913	152,646
	Jpmorgan Chase & Co	Bond	07/23/36	VAR	85,000	85,149	87,928
	Kentucky Utility Co	Bond	04/15/33	5.450	209,000	213,998	219,218
	Kenvue Inc	Bond	03/22/43	5.100	113,000	109,895	108,498
	Kind Coml Mtg Tr 2024-1	Bond	08/15/41	VAR	200,000	200,813	200,125
	Ksa Ijarah Sukuk	Bond	09/09/30	4.250	200,000	200,036	199,464
	Lendmark Funding	ABS	06/21/32	5.530	230,000	233,189	233,087
	Liberty Utilities Co	Bond	01/31/34	5.869	95,000	95,216	99,929
	Lincoln Finl Global	Bond	08/18/30	4.625	204,000	203,971	205,216

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Par / Maturity					Current
	Type	Maturity Date	Rate of Interest		Value or Shares	Cost	Value
<u>Corporate obligations (continued):</u>							
Loancore Issuer 2025-Cre8	Bond	08/18/42	VAR	%	200,000	\$ 200,750	\$ 200,096
Louisville Gas & Elec	Bond	08/15/55	5.850		75,000	74,989	75,547
Lseg Us Fin Corp	Bond	03/28/34	5.297		200,000	200,000	206,618
M&T 2025-LEAF1	ABS	12/16/27	4.700		145,000	144,993	145,698
M&T 2025-LEAF2	ABS	09/17/29	4.780		200,000	201,711	202,417
M&T Bank Auto	ABS	07/15/32	4.890		280,000	286,387	285,886
Macquarie Group	ABS	03/27/29	VAR		121,000	120,326	122,031
Meituan Sr Glbl	Bond	11/05/35	5.125		200,000	198,420	197,814
Meta Platforms Inc	Bond	11/15/35	4.297		103,000	102,981	102,862
Meta Platforms Inc	Bond	11/15/45	5.500		75,000	74,863	72,826
Midamerican Energy	Bond	09/15/54	5.850		70,000	71,768	72,010
Mineral Mexico	Bond	02/12/32	5.625		200,000	207,250	206,700
Morgan Stanley	Bond	04/20/37	VAR		97,000	93,907	98,668
Morgan Stanley	Bond	07/19/35	VAR		209,000	211,616	215,145
Morgan Stanley	Bond	01/23/30	VAR		222,000	233,200	223,230
Narragansett El	Bond	05/01/34	5.350		105,000	105,139	108,183
National Fuel Gas	Bond	03/15/35	5.950		78,000	79,620	81,531
National Fuel Gas Co	Bond	03/01/31	VAR		159,000	144,587	145,051
Neuberger Berman Group	Bond	03/15/27	4.500		273,000	267,095	273,420
New 2025-Nqm3	Bond	05/25/65	5.530		128,230	128,227	129,628
New York Life Global	Bond	01/28/33	4.550		120,000	119,673	119,624
Nextgear FLPLN	ABS	02/15/30	4.550		365,000	368,137	368,872
NGPL PipeCo LLC	Bond	07/15/31	3.250		133,000	132,438	122,355
Nissan Auto	ABS	10/15/30	5.960		295,000	302,145	301,913
Nissan Auto Lease	ABS	03/15/28	5.930		244,574	246,647	246,612
Northrup Grumman Corp	Bond	01/15/28	3.250		149,000	145,208	147,088
Nstar Electric Co	Bond	06/01/34	5.400		158,000	158,243	163,650
Nvent Fin S A R L	Bond	05/15/33	5.650		86,000	86,496	89,685
Nvent Finance Sarl	Bond	04/15/28	4.550		222,000	224,217	223,245
NY Coml Mtg 2025-299P	Bond	02/12/47	VAR		200,000	211,813	210,202
OBX 2025-NQM16 A1	Bond	08/25/65	VAR		210,604	210,695	210,739
OBX 2025-NQM21 A1FC	Bond	10/25/65	VAR		108,622	108,621	108,657
Obx Trust 2025-Nqm15	Bond	07/25/65	5.143		206,852	207,927	207,752
Oglethorpe Power Corp	Bond	02/01/55	5.900		51,000	50,653	50,398
Ohio Edison Co	Bond	10/15/38	8.250		37,000	54,048	47,156
Oracle Corp	Bond	07/08/39	6.125		114,000	160,749	111,755
Oracle Corp	Bond	09/26/55	5.950		132,000	131,225	116,953
Oracle Corp	Bond	03/25/31	2.875		200,000	205,783	179,718
Orlen SA FR	Bond	01/30/35	6.000		200,000	202,200	210,814
Pacific Gas & Electric	Bond	02/01/31	2.500		139,000	124,436	125,094
Paychex Inc	Bond	04/15/32	5.350		106,000	105,957	109,773
Penfed Auto	ABS	03/15/30	4.750		165,000	167,294	167,271
Pfizer Invt Enterprises	Bond	05/19/28	4.450		131,000	132,625	132,737
Pilgrims Pride Corp	Bond	03/01/32	3.500		163,000	149,166	150,579
PNC Finl Svcs Group	Bond	10/28/33	VAR		236,000	252,820	254,899
Prestige Auto	ABS	02/15/30	5.520		140,000	141,400	139,175
Pricoa Global Fdg	Bond	08/26/32	4.750		150,000	149,876	151,015
Principal Life Global	Bond	01/25/29	5.100		142,000	140,103	145,392
Protective Life	Bond	01/14/32	5.432		150,000	154,097	156,033
PSEG Power LLC	Bond	05/15/35	5.750		58,000	57,974	60,196
Public Svc Electric & Gas	Bond	08/01/34	4.850		132,000	131,686	133,069
Rad CloLTD	Bond	07/20/37	VAR		250,000	250,000	251,156
Rate Mortgage Trust	Bond	12/25/51	VAR		79,678	67,701	66,488
Regatta	ABS	07/25/38	VAR		330,000	330,000	331,256

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
		Par / Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Maturity	Rate of	Value or		Current	
	Type	Date	Interest	Shares	Cost	Value	
<u>Corporate obligations (continued):</u>							
Regatta Funding	ABS	04/27/37	VAR	% 250,000	\$ 250,563	\$ 250,742	
Regeneron Pharmaceutal	Bond	09/15/50	2.800	175,000	109,483	106,727	
RGA Global Funding	ABS	08/25/32	5.000	219,000	218,878	220,660	
Rock Tr 2024-Cntr	Bond	11/15/41	5.388	225,000	231,697	231,160	
Rollings Inc	Bond	02/24/35	5.250	92,000	91,094	93,865	
Royal Caribbean	Bond	01/15/36	5.375	131,000	130,806	131,549	
Royal Caribbean	Bond	09/30/31	5.625	109,000	111,705	111,433	
Royalty Pharma Plc	Bond	09/02/51	3.350	270,000	176,869	178,845	
Santander DR Auto	ABS	09/17/29	4.930	265,000	267,236	266,994	
Santander Drive	ABS	08/15/29	4.630	200,000	200,976	201,042	
Santander Drive	ABS	07/16/29	5.780	350,000	355,400	354,218	
Santander Drive Auto	ABS	05/15/30	5.090	88,222	88,773	88,794	
Semt 2025-S2 A1	Bond	11/25/55	VAR	99,489	93,038	93,083	
Solvantum Corp	Bond	03/23/34	5.600	121,000	121,298	125,899	
Southern Co Gas	Bond	09/15/35	5.100	109,000	108,720	109,835	
Southwestern Energy Co	Bond	03/15/30	5.375	65,000	64,100	65,883	
SPCLO	ABS	07/15/38	VAR	250,000	250,000	250,828	
Sprint Cap Corp	Bond	03/15/32	8.750	272,000	317,548	328,946	
Texas Debt Capital	ABS	04/22/37	VAR	250,000	250,000	250,476	
T-Mobile USA Inc	Bond	04/15/30	3.875	97,000	89,502	95,388	
Toyota MTR CR Corp	Bond	09/20/27	4.550	58,000	58,188	58,718	
Truist Finl Corp	Bond	01/24/35	VAR	104,000	104,367	109,400	
Truist Finl Corp	Bond	06/08/34	VAR	73,000	73,568	77,679	
U.S. Bancorp Nts	Bond	02/01/34	VAR	251,000	248,329	252,845	
Uber Technologies	Bond	09/15/54	5.350	156,000	150,737	148,773	
UBS Coml MTG	Bond	03/17/51	4.117	300,000	296,508	296,833	
Ubs Group Ag Snr	Bond	09/22/34	6.301	200,000	208,350	218,170	
Unitedhealth Group Inc	Bond	01/15/27	3.450	96,000	94,566	95,615	
Universal Health Services	Bond	01/15/32	2.650	268,000	227,724	236,639	
Us Bancorp Fr	Bond	01/23/35	VAR	68,000	68,000	71,801	
Vale Overseas LTD	Bond	06/28/54	6.400	125,000	124,064	127,563	
Verizon Master	ABS	11/20/29	5.670	115,000	116,909	116,844	
Verus	ABS	12/25/70	VAR	100,000	100,000	99,990	
Vici Properties	Note	12/01/29	4.625	323,000	310,401	322,370	
Viper Energy Partners	Bond	08/01/35	5.700	66,000	65,845	67,355	
Vistra Operations	Bond	12/30/34	5.500	235,000	234,139	242,558	
Vontier Corporation	Bond	04/01/31	5.950	164,000	150,513	150,447	
VSP Optical Group	Bond	12/01/35	5.450	109,000	109,394	109,726	
Wachovia Bank	Bond	02/01/37	5.850	34,000	44,593	35,965	
Wells Farg Com 2025-C65	Bond	10/18/58	VAR	340,000	353,108	349,458	
Wells Fargo & Co	Bond	03/02/33	VAR	169,000	161,051	157,735	
Wells Fargo & Co	Bond	06/02/28	VAR	290,000	302,372	283,356	
Wells Fargo 2025-5C4	Bond	05/17/58	VAR	170,000	178,321	177,683	
Wells Fargo Com	Bond	05/17/52	3.729	360,000	351,528	351,441	
Wells Fargo Com Mt	Bond	07/17/57	VAR	80,000	83,906	83,756	
Wells Fargo Coml	Bond	01/17/58	VAR	110,000	116,961	116,475	
Westlake	ABS	01/15/31	4.630	280,000	280,613	281,575	
Westlake Auto	ABS	08/15/28	4.750	350,000	352,351	351,918	
Westlake Auto Rec	ABS	11/15/29	4.940	210,000	211,247	211,502	
WFCIT	ABS	02/15/29	4.940	170,000	171,800	172,251	
Windfall Mining Group	Bond	05/13/32	5.854	200,000	209,170	208,882	
World Omni Auto	ABS	09/17/29	5.270	334,949	338,299	338,035	
World Omni Auto Rec	ABS	02/15/29	5.790	76,853	77,628	77,766	
Total corporate obligations					46,971,428	46,825,408	

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Common collective trusts:</u>						
	BNYM AFL-CIO SL Stock Index Fund				790,790	\$ 9,623,913	\$ 18,504,483
	WTC-CIF II Growth Fund				430,134	6,729,976	18,297,916
	Comerica- Wedge Capital Small Cap Value CIT				918,848	11,127,101	19,957,378
	Loomis Sayles High Yield Conservative Trust				632,860	19,314,882	21,150,176
	Boston Partners Coll Inv Lrg Cap Val Eq Fd Cl C				329,120	13,990,898	16,485,629
	William Blair Global Leaders CIT Class S				1,963,607	16,316,380	37,619,774
	Total common collective trusts					<u>77,103,150</u>	<u>132,015,356</u>
	<u>Mutual funds:</u>						
	Vanguard S-C Grow Index Fund				214,854	<u>16,938,706</u>	<u>18,258,324</u>
	<u>Pooled separate account:</u>						
	PGIM Quant Solutions Value Equity Fund				102,162	<u>8,095,449</u>	<u>17,555,857</u>
	<u>Partnerships:</u>						
	Blackstone Infrastructure Partners – V Feeder L.P					14,206,726	14,206,726
	Pomona Capital IX, L.P.					1,883,989	1,883,989
	Pomona Capital X, L.P.					5,971,692	5,971,692
	GCM Grosvenor MAC Fund III					<u>12,605,442</u>	<u>12,605,442</u>
	Total partnerships					<u>34,667,849</u>	<u>34,667,849</u>
	<u>Hedge funds of funds:</u>						
	Select Equity SEGP Offshore LP				19,297	15,373,410	15,373,410
	Graham Global Investment Fund II SPC Ltd				101,326	<u>16,496,678</u>	<u>16,496,678</u>
	Total hedge funds of funds					<u>31,870,088</u>	<u>31,870,088</u>
	<u>Investment contract with insurance company:</u>						
	Union Labor Life Insurance Company				1,420,087	<u>1,420,087</u>	<u>1,420,087</u>
	<u>Real estate partnership:</u>						
	1616 WSE, LLC				43,986,709	<u>43,986,709</u>	<u>43,986,709</u>
	Total investments					<u>\$313,653,844</u>	<u>\$379,162,055</u>

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

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Item 4j

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

(a)	(b)	(c)	(d)	(g)	(h)	(i)
		Purchase	Selling	Cost of	Current	Net Gain
	Description of Asset	Price	Price	Asset	Value	or (Loss)
					of Asset	
	JP Morgan Prime Money Market	\$ 29,690,580	N/A	\$ 29,690,580	\$ 29,690,580	N/A
	JP Morgan Prime Money Market	N/A	\$ 30,400,302	30,400,302	30,400,302	\$ -

Appendix B: Summary of plan provisions

Schedule MB, Line 6

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** 10 pension credits (five of which must have been earned during the period while the employer was contributing to the Fund)
- **Amount:** A monthly benefit equal to the sum of the following:
 - 1.3% of contributions received on a participant's behalf on or after January 1, 2026
 - 1.8% of contributions received on a participant's behalf from January 1, 2025 through December 31, 2025
 - 1.3% of contributions received on a participant's behalf from January 1, 2016 through December 31, 2024
 - 1.15% of contributions received on a participant's behalf from July 1, 2009 through December 31, 2015
 - 3.0% of contributions received on a participant's behalf from January 1, 2008 through June 30, 2009
 - 3.3% of contributions received on a participant's behalf from January 1, 2006 through December 31, 2007
 - 3.8% of contributions received on a participant's behalf during the period from March 1, 1991 through December 31, 2005

Appendix B: Summary of plan provisions

- An amount equal to the average benefit accrual rate (based on the highest contribution rates in effect for a 12 consecutive month period consisting of the last ten calendar years prior to March 1, 1991), times the number of pension credits earned prior to March 1, 1991

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 15 pension credits (five of which must have been earned during the period while the employer was contributing to the Fund)
- **Amount:** If participant leaves covered employment after age 55: Regular pension accrued reduced by 3% for each year between ages 62 and 65 and then 6% further per year between ages 55 and 62.
- If participant leaves covered employment before age 55: Regular pension accrued reduced by 3% for each year for retirement date between ages 62 and 65 or reduced 6% per year for retirement date between ages 55 and 62.

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits.
- **Amount:** Regular or early pension accrued, but not reduced below age 55.

Deferred Pension

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65, or fifth anniversary of plan participation

Appendix B: Summary of plan provisions

Pro rata and reciprocal pension

- **Age Requirement:** Same as for Regular or Early Retirement Pension.
- **Service Requirement:** Combined pension credits, i.e., Local 30 pension credits plus related pension credits should equal the requirements indicated above (except a Deferred pension requires 15 combined pension credits)
- **Amount:** The benefit amount payable is determined based on the years of pension credits and employer contributions under this Plan or in the ratio of the years that Local 30 pension credits bear to the years of the combined pension credits.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the 50% Joint and Survivor option. If the participant died prior to age 55, the benefit is calculated as if the participant had reached age 55. The benefit is payable immediately following the employee's death.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% Joint and Survivor annuity unless this form is rejected by the participant and spouse. If not rejected and the spouse predeceases the employee, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 60-month period certain for benefits accrued as of December 31, 2005 and for the life of the employee for benefits accrued after December 31, 2005, or in any other available optional form elected by the employee.

Optional forms of benefits

For participant with a Qualified Spouse: 75% and 100% Joint and Survivor Pop-up Pension

Appendix B: Summary of plan provisions

Pension credit

For employment during the Contribution Period, 1/25th of a pension credit for each 5 days of Covered Employment to maximum of one pension credit after completion of 120 days, if days are basis on which contributions are made.

Vesting credit

One year of vesting service for each Calendar year during the Contribution Period in which the employee completes at least 1,000 hours, 100 days, 22 weeks or 5 months of Work in Covered Employment.

Contribution rate

Varies by employer, ranging from \$0.50 to \$12.50 per hour, or 3% to 15% of gross wages as of the valuation date.

Changes in plan provisions

Effective January 1, 2025, the Plan was amended to increase the accrual rate from 1.3% to 1.8% for the 2025 plan year, reverting back to 1.3% for plan years 2026 and later. This change was reflected in the Funding Standard Account for the year beginning January 1, 2025.

10196497v3/01589.001

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Actuarial Valuation Results

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and Pension Credits/Accrued Benefits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	96	94	2	—	—	—	—	—	—	—
	\$194	\$186	—	—	—	—	—	—	—	—
25 - 29	202	156	46	—	—	—	—	—	—	—
	\$291	\$208	\$573	—	—	—	—	—	—	—
30 - 34	243	133	76	32	2	—	—	—	—	—
	\$475	\$240	\$636	\$1,003	—	—	—	—	—	—
35 - 39	284	104	87	66	24	3	—	—	—	—
	\$639	\$186	\$604	\$1,069	\$1,414	—	—	—	—	—
40 - 44	254	84	53	42	56	19	—	—	—	—
	\$869	\$255	\$570	\$925	\$1,629	—	—	—	—	—
45 - 49	249	74	55	34	34	34	18	—	—	—
	\$1,052	227	\$588	\$1,117	\$1,334	\$2,166	—	—	—	—
50 - 54	311	73	68	41	45	36	30	15	3	—
	\$1,192	\$169	\$567	\$896	\$1,449	\$2,112	\$2,651	—	—	—
55 - 59	359	58	46	46	56	53	35	35	29	1
	\$1,651	\$192	\$512	\$889	\$1,383	\$1,909	\$2,867	\$3,340	\$4,026	—
60 - 64	333	39	53	34	49	40	36	26	42	14
	\$1,811	\$189	\$535	\$1,062	\$1,415	\$1,952	\$2,759	\$3,230	\$3,578	—
65 - 69	157	17	19	15	33	24	11	12	10	16
	\$1,657	—	—	—	\$1,329	\$1,606	—	—	—	—
70 & over	42	7	6	3	7	6	3	1	3	6
	\$1,592	—	—	—	—	—	—	—	—	—
Unknown	3	3	—	—	—	—	—	—	—	—
Totals	2,533	842	511	313	306	215	133	89	87	37
	\$1,086	\$208	\$574	\$995	\$1,440	\$1,961	\$2,740	\$3,189	\$3,718	\$3,710

Note: Excludes 119 participants with less than one pension credit.

Section 3: Actuarial Valuation Results

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2000	\$297,600	5	\$67,834
Plan amendment	01/01/2000	1,593,789	5	363,281
Plan amendment	01/01/2001	124,906	6	24,490
Change in assumptions	01/01/2002	550,300	7	95,430
Change in assumptions	01/01/2005	455,381	10	60,594
Change in assumptions	01/01/2006	104,163	11	12,982
Investment loss subject to relief	01/01/2009	14,009,937	13	1,566,636
Investment loss subject to relief	01/01/2010	85,248	13	9,533
Change in assumptions	01/01/2011	143,150	1	143,150
Investment loss subject to relief	01/01/2011	772,322	13	86,364
Investment loss subject to relief	01/01/2012	2,228,382	13	249,185
Investment loss subject to relief	01/01/2013	5,365,518	13	599,990
Actuarial loss	01/01/2014	203,396	4	56,120
Actuarial loss	01/01/2015	1,315,595	5	299,870
Change in assumptions	01/01/2015	2,843,907	5	648,227
Actuarial loss	01/01/2016	3,484,682	6	683,245
Actuarial loss	01/01/2017	5,246,566	7	909,829
Actuarial loss	01/01/2018	3,183,560	8	498,265
Change in assumptions	01/01/2019	323,033	9	46,338
Actuarial loss	01/01/2019	1,523,003	9	218,468
Actuarial loss	01/01/2020	1,749,760	10	232,828
Change in assumptions	01/01/2021	15,154,714	11	1,888,772
Plan amendment	01/01/2022	2,886,756	12	339,671

Section 3: Actuarial Valuation Results

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2023	443,758	13	49,622
Actuarial loss	01/01/2023	7,022,903	13	785,324
Actuarial loss	01/01/2024	5,656,843	14	604,515
Actuarial loss	01/01/2025	7,794,504	15	799,808
Total		\$84,563,676		\$11,340,371

Section 3: Actuarial Valuation Results

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	01/01/2012	\$44,798	2	\$23,156
Actuarial gain	01/01/2013	600,131	3	213,720
Change in assumptions	01/01/2017	1,467,970	7	254,567
Change in assumptions	01/01/2020	873,168	10	116,186
Actuarial gain	01/01/2021	3,366,394	11	419,563
Actuarial gain	01/01/2022	5,048,871	12	594,077
Change in assumptions	01/01/2025	5,797,478	15	594,890
Total		\$17,198,810		\$2,216,159

Appendix A: Actuarial assumptions, methods and models

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E)
- Based on past experience and future expectations, the following assumptions were changed as of January 1, 2025:
 - Administrative Expenses, previously \$950,000
 - Retirement Rates for active participants, previously 100% for ages 70 and above

Appendix A: Actuarial assumptions, methods and models

Schedule MB, Line 6

Economic assumptions

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$1,000,000 for the year beginning January 1, 2025 (equivalent to \$964,198 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Demographic and noneconomic assumptions

Mortality rates

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

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

Appendix A: Actuarial assumptions, methods and models

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

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the past several years.

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal ²
20	0.07	0.02	0.03	7.94
25	0.07	0.02	0.03	7.72
30	0.06	0.02	0.03	7.22
35	0.07	0.03	0.03	6.28
40	0.10	0.05	0.05	5.15
45	0.16	0.09	0.09	3.98
50	0.26	0.13	0.20	2.56
55	0.38	0.19	0.43	0.94
60	0.64	0.31	0.87	0.09

The disability and termination rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the past several years.

¹ Mortality rates shown for base table.

² Disability and withdrawal rates do not apply at or beyond early retirement age.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for active participants

Age	Annual Retirement Rates
55 – 61	1%
62 – 64	10%
65	25%
66 – 72	20%
73 and above	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

Description of weighted average retirement age

Age 66, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for inactive vested participants

Age	Annual Retirement Rates
55 – 60	3%
61 – 64	15%
65	50%
66 – 72	15%
73 and above	100%

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

Future benefit accruals

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

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Those who were credited with contributions during the year and also had at least one pension credit by the end of the year.

Percent married

75%

Appendix A: Actuarial assumptions, methods and models

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Benefit election

55% of participants are assumed to elect the 50% husband-and-wife pop-up pension and 45% of participants are assumed to elect the single life annuity with 60-month period certain.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Delayed retirement factors

Inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age qualify for delayed retirement increases.

Methods, models and other information

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Appendix A: Actuarial assumptions, methods and models

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using 2024 Adjusted Scale MP-2021 as described in the final IRS mortality regulations released in October 2023

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.4%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 8.4%, for the plan year ending December 31, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Appendix A: Actuarial assumptions, methods and models

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E)
- Based on past experience and future expectations, the following assumptions were changed as of January 1, 2025:
 - Administrative Expenses, previously \$950,000
 - Retirement Rates for active participants, previously 100% for ages 70 and above

Section 3: Actuarial Valuation Results

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

Based on the procedure approved by the Trustees, the assumptions and methods are reasonable to determine the unfunded value of vested benefits for purposes of withdrawal liability.

The present value of vested benefits is based on a blend of two liability calculations:

- The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 yield curves promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
- The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

The Trustees elected that the unfunded vested liabilities shall not be greater than the unfunded vested liabilities determined using the Plan's funding assumptions and the actuarial value of assets.

The actuarial assumptions and methods used to determine the unfunded vested benefits as of December 31, 2024 are the same as those used in the actuarial valuation as of January 1, 2024, published on October 18, 2024, except for the following:

Assumption	Description
Interest	For liabilities up to market value of assets, the ERISA 4044 interest rates are as specified in the PBGC yield curve published for December 2024 (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending December 31, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative expenses	Calculated as prescribed in PBGC reg. 4044.52(d); not applicable to those liabilities determined using funding interest rates.
Asset method	Market value of assets

The assumption changes made for funding purposes as of the beginning of the current year will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	\$1,492,958	\$605,193	\$18,785,612	\$20,883,763
2026	2,858,211	1,124,224	18,418,989	22,401,424
2027	4,251,014	1,761,760	17,979,746	23,992,520
2028	5,576,471	2,357,121	17,474,314	25,407,906
2029	6,982,202	2,942,171	16,965,800	26,890,173
2030	8,279,982	3,490,202	16,438,226	28,208,410
2031	9,482,947	4,029,499	15,892,837	29,405,283
2032	10,693,905	4,596,093	15,320,185	30,610,183
2033	11,778,224	5,097,879	14,722,660	31,598,763
2034	12,752,695	5,519,617	14,102,868	32,375,180
2035	13,655,205	5,952,128	13,463,627	33,070,960
2036	14,470,131	6,330,532	12,807,900	33,608,563
2037	15,156,411	6,667,238	12,138,745	33,962,394
2038	15,766,983	6,976,279	11,459,219	34,202,481
2039	16,214,308	7,255,760	10,772,338	34,242,406
2040	16,619,146	7,465,133	10,081,199	34,165,478
2041	16,900,395	7,641,674	9,389,051	33,931,120
2042	17,099,402	7,754,275	8,699,295	33,552,972

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2043	\$17,242,341	\$7,834,613	\$8,015,446	\$33,092,400
2044	17,309,902	7,844,620	7,341,120	32,495,642
2045	17,286,248	7,842,304	6,680,071	31,808,623
2046	17,213,740	7,784,342	6,036,248	31,034,330
2047	17,061,183	7,713,603	5,413,805	30,188,591
2048	16,873,815	7,589,355	4,817,053	29,280,223
2049	16,620,657	7,437,016	4,250,277	28,307,950
2050	16,328,410	7,282,442	3,717,540	27,328,392
2051	15,978,587	7,066,738	3,222,373	26,267,698
2052	15,592,934	6,833,902	2,767,465	25,194,301
2053	15,157,922	6,577,815	2,354,560	24,090,297
2054	14,731,094	6,316,628	1,984,378	23,032,100
2055	14,231,564	6,041,412	1,656,607	21,929,583
2056	13,707,061	5,745,031	1,370,025	20,822,117
2057	13,160,187	5,432,129	1,122,606	19,714,922
2058	12,610,929	5,119,722	911,667	18,642,318
2059	12,026,840	4,792,991	734,041	17,553,872
2060	11,450,862	4,470,018	586,231	16,507,111

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 2 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2061	\$10,874,503	\$4,148,044	\$464,619	\$15,487,166
2062	10,328,479	3,847,030	365,636	14,541,145
2063	9,759,924	3,547,042	285,872	13,592,838
2064	9,212,316	3,255,179	222,187	12,689,682
2065	8,676,620	2,969,464	171,760	11,817,844
2066	8,156,042	2,699,586	132,116	10,987,744
2067	7,648,612	2,446,985	101,142	10,196,739
2068	7,161,486	2,209,887	77,072	9,448,445
2069	6,695,145	1,993,654	58,456	8,747,255
2070	6,246,461	1,792,475	44,125	8,083,061
2071	5,810,475	1,605,202	33,141	7,448,818
2072	5,400,697	1,432,369	24,759	6,857,825
2073	5,004,813	1,274,420	18,390	6,297,623
2074	4,624,471	1,130,381	13,573	5,768,425

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 3 of 3

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	\$24,037,395	-	\$24,037,395
2026	\$24,385,937	-	\$24,385,937
2027	\$24,422,516	-	\$24,422,516
2028	\$24,422,516	-	\$24,422,516
2029	\$24,422,516	-	\$24,422,516
2030	\$24,422,516	-	\$24,422,516
2031	\$24,422,516	-	\$24,422,516
2032	\$24,422,516	-	\$24,422,516
2033	\$24,422,516	-	\$24,422,516
2034	\$24,422,516	-	\$24,422,516

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2025

LOCATION (JONES LANG LA SALLE)	PENSION RATE	OT PENSION RATE	CONTRACT EXP DATE
120 LONG RIDGE ROAD	\$ 4.59	\$ 6.89	4/30/2025
424 FIFTH AVENUE	\$ 6.00	\$ 6.00	12/31/2027
600 STEAMBOAT ROAD	\$ 6.64	\$ 9.96	12/31/2026
70 WORTH STREET	\$ 4.88	\$ 7.32	3/31/2028
CONNECTICUT/WESTCHESTER TRAVELING CREW	\$ 4.33	\$ 4.33	9/30/2028
DELTA TERMINAL LAGUARDIA AIRPORT	\$ 3.90	\$ 3.90	8/31/2027
ELECTRIC BOAT	\$ 3.50	\$ 5.25	11/30/2028
GARTNER FACILITIES INC	\$ 4.20	\$ 6.30	12/31/2025
GREENWICH AMERICAN CENTER	\$ 6.22	\$ 9.33	7/31/2026
IBM HEADQUARTERS	\$ 5.51	\$ 8.26	12/31/2027
IBM LEARNING CENTER	\$ 3.48	\$ 5.21	12/31/2027
IBM NORTH CASTLE	\$ 8.35	\$ 12.52	12/31/2027
IBM POUGHKEEPSIE	\$ 2.00	\$ 2.00	12/31/2028
IBM YORTOWN	\$ 2.93	\$ 4.39	12/31/2027
JP MORGAN CHASE DATA CENTER	\$ 6.33	\$ 9.50	1/31/2026
LANDMARK AT EASTVIEW	\$ 5.27	\$ 7.90	5/31/2026
LONG ISLAND TRAVELING CREW	\$ 4.73	\$ 4.73	9/30/2028
REGENERON	\$ 5.27	\$ 7.90	5/31/2026
SWISS RE CORPORATE HEADQUARTERS	\$ 4.76	\$ 7.14	12/31/2025

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2025

LOCATION (CBRE INC)	PENSION RATE	OT PENSION RATE	CONTRACT EXP DATE
525 NORTH BROADWAY	\$ 10.45	\$ 10.45	12/31/2027
AIR TRAIN JAMAICA TERMINAL	\$ 10.45	\$ 10.45	12/31/2027
AT&T BRIDGEPORT	\$ 4.65	\$ 4.65	9/30/2028
AT&T WHITE PLAINS	\$ 4.88	\$ 4.88	12/31/2027
BANK OF AMERICA TRAVELING CREW	\$ 2.45	\$ 2.45	3/31/2028
BOEHRINGER INGLEHEIM	\$ 4.59	\$ 6.89	10/31/2026
MORGAN STANLEY	\$ 6.89	\$ 10.33	12/31/2027
SOUTHBURY	\$ 5.75	8.63	12/31/2025
STERLING FOREST	\$ 3.07	\$ 4.61	12/31/2027

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2025

LOCATION (CUSHMAN & WAKEFIELD)	PENSION RATE	OT PENSION RATE	CONTRACT EXP DATE
140-150 GRAND STREET	\$ 2.10	\$ 2.10	12/31/2027
2000 PURCHASE STREET MASTERCARD	\$ 5.37	\$ 8.05	12/31/2026
333 SE 2ND AVE - WELLS FARGO	1% of gross	1% of gross	12/31/2029
AMTRAK UNIT AT MOYNIHAN	\$ 4.80	\$ 4.80	9/30/2028
CITIBANK TRAVELING CREW	\$ 2.25	\$ 2.25	5/31/2027
JAMES A. FARLEY BUILDING	\$ 4.80	\$ 4.80	9/30/2028
JAMES A. FARLEY BUILDING - CONDOMINIUM	\$ 4.80	\$ 4.80	9/30/2028
MERRIT 7	\$ 1.25	\$ 1.25	1/31/2026
PEPSICO	\$ 5.37	\$ 8.06	12/31/2027
THE GATEWAY BUILDING	\$ 9.10	\$ 13.65	6/30/2028
THE NEW YORK AND PRESBYTERIAN HOSPITAL	\$ 5.24	\$ 7.86	2/29/2028
UBS BLUESTONE	\$ 5.69	\$ 8.54	12/31/2027
WESTCHESTER ONE	\$ 3.37	\$ 5.05	12/31/2024
WHITE PLAINS PLAZA	\$ 5.56	\$ 5.56	12/31/2025
ZECKENDORF BOULEVARD	\$ 6.95	\$ 6.95	6/30/2027

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2025

[illegible]

YEAR ENDED DECEMBER 31, 2025

[illegible]

IUOE LOCAL 30 PENSION FUND
EIN: 51-6045848, PLAN NO. 001
FORM 5500, SCHEDULE R ATTACHMENT FOR MULTIEMPLOYER
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2025

[illegible]

YEAR ENDED DECEMBER 31, 2025

[illegible]

YEAR ENDED DECEMBER 31, 2025

[illegible]

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning and ending

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b Assets

(1) Current value of assets	1b(1)	338,112,449
(2) Actuarial value of assets for funding standard account.....	1b(2)	348,785,238

c (1) Accrued liability for plan using immediate gain methods

1c(1)	393,284,524
--------------	-------------

(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)	393,284,524

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)	596,371,227
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	29,458,199
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	20,886,520
(3) Expected plan disbursements for the plan year	1d(3)	21,886,520

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

SIGN HERE Frank Santasiero FS Signature of actuary FRANK SANTASIERO, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK NY 10001-2192 Address of the firm	06/11/2026 Date 2606798 Most recent enrollment number 212-251-5000 Telephone number (including area code)
--	---

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	338,112,449
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,451	221,744,859
(2) For terminated vested participants	1,132	111,923,944
(3) For active participants:		
(a) Non-vested benefits		8,706,633
(b) Vested benefits		253,995,791
(c) Total active	2,533	262,702,424
(4) Total	5,116	596,371,227
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.69 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2025	24,699,973				
Totals ▶			3(b)	24,699,973	3(c)
					0

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

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.6 %
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?		☐ Yes ☐ 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)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	4.01 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.4 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	964,198
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	7,794,504	799,808
4	-5,797,478	-594,890

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or 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	16,300,668

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)	84,563,676	11,340,371
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	1,934,873
e Total charges. Add lines 9a through 9d.....	9e	29,575,912

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	22,865,580
g Employer contributions. Total from column (b) of line 3.....	9g	24,699,973

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	17,198,810	2,216,159

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	2,548,179
--	-----------	-----------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	100,942,006	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	216,136,448	
(3) FFL credit.....	9j(3)		0

k (1) Waived funding deficiency..... (2) Other credits.....	9k(1) 9k(2)	 0 0
---	------------------------------	------------

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	52,329,891
---	-----------	------------

m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	22,753,979
--	-----------	------------

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

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

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
---	-----------	--

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