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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>OPERATING ENGINEERS' LOCAL 324 PENSION FUND                                                                                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>04/15/1957                                                                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324<br><br>PENSION FUND<br>5600 NEW KING DRIVE, SUITE 330<br>TROY, MI 48098 |
| 2b      | Employer Identification Number (EIN)<br>38-1900637                                                                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>248-641-4900                                                                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>237310                                                                                                                                                                                                                                                                                                                                           |

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. | 02/17/2025 | SCOTT HART                                                   |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 20276                                                                                                                                                                                                                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 7993<br><b>6a(2)</b> 8314<br><b>6b</b> 6449<br><b>6c</b> 3223<br><b>6d</b> 17986<br><b>6e</b> 3504<br><b>6f</b> 21490<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 667                                                                                                                                                                                                                                              |

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

1B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
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For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

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

|                                                                                                                                               |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>OPERATING ENGINEERS' LOCAL 324 PENSION FUND</div>                                                              | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324</div> | <div>D Employer Identification Number (EIN)</div> <div>38-1900637</div> |

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

|                                                                                                                    |                                           |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 05 Day 01 Year 2023</div>                                       |                                           |
| <div>b Assets</div>                                                                                                |                                           |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>1624449272</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>1704470691</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>2346988306</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                           |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                       |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                       |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                       |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>2346988306</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                           |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                          |
| <div>(2) "RPA '94" information:</div>                                                                              |                                           |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>4397440730</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>86682561</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>189261674</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>181117430</div>     |

Statement by Enrolled Actuary

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

|                                                                                         |                                                                  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                    | <div>02/12/2025</div>                                            |
| <div>Signature of actuary</div> <div>JONATHAN M. FELDMAN</div>                          | <div>Date</div> <div>23-06980</div>                              |
| <div>Type or print name of actuary</div> <div>HORIZON ACTUARIAL SERVICES, LLC</div>     | <div>Most recent enrollment number</div> <div>240-247-4600</div> |
| <div>Firm name</div> <div>8601 GEORGIA AVENUE, SUITE 905, SILVER SPRING, MD 20910</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                          |                                                                  |

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 1624449272                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 9020                              | 2283313841                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 3043                              | 516064138                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 113483682                    |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 1484579069                   |
| <b>(c)</b> Total active .....                                                                                                       | 7767                              | 1598062751                   |
| <b>(4)</b> Total .....                                                                                                              | 19830                             | 4397440730                   |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 36.94 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                                                                                 | 173417746                         |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 173417746                         | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 | <b>3(d)</b>              |                                   | 3406064                         |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 72.6 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | C                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                                     |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> | 2032                                                                |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                                     |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                                     |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                                     |

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

- 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                              |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        |                                                                                                                                                 | 2.75 %                       |
|                                                                                                                                | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement              |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |                              |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                              |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               | A                            |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               | A                            |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.50 %                                                                                                                                          | 7.50 %                       |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                              |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                              |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                              |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     |                                                                                                                                                 | %                            |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        |                                                                                                                                                 | 6.1 %                        |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        |                                                                                                                                                 | 0.3 %                        |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        |                                                                                                                                                 | <input type="checkbox"/> N/A |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     |                                                                                                                                                 | %                            |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     |                                                                                                                                                 | 5000000                      |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     |                                                                                                                                                 | <input type="checkbox"/>     |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 18865557            | 1988118                        |
| 4                | 3812110             | 401733                         |

**8** Miscellaneous information:

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

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

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0        |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 36290091 |

**c** Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended .....**(2)** Funding waivers .....**(3)** Certain bases for which the amortization period has been extended .....

|              | Outstanding balance |           |
|--------------|---------------------|-----------|
| <b>9c(1)</b> | 797680352           | 125743837 |
| <b>9c(2)</b> |                     |           |
| <b>9c(3)</b> |                     |           |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 12152545**e** Total charges. Add lines 9a through 9d .....**9e** 174186473**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 1056658**g** Employer contributions. Total from column (b) of line 3 .....**9g** 173417746**h** Amortization credits as of valuation date .....

|           | Outstanding balance |          |
|-----------|---------------------|----------|
| <b>9h</b> | 154106079           | 42341915 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 9758058**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) .....**9j(1)** 816877216**(2)** "RPA '94" override (90% current liability FFL) .....**9j(2)** 2343376501**(3)** FFL credit .....**9j(3)** 0**k (1)** Waived funding deficiency .....**9k(1)** 0**(2)** Other credits .....**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 226574377**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 52387904**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)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date .....**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....**9o(2)(b)** 0**(3)** Total as of valuation date .....**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                            |                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024                                 |                                                                 |     |
| <div>A</div> Name of plan<br>OPERATING ENGINEERS' LOCAL 324 PENSION FUND                                                   | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                            |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324 | <div>D</div> Employer Identification Number (EIN)<br>38-1900637 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| AA CAPITAL EQUITY FUND, LP                                                                                 |
| 30-0048294                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ABS INVESTMENT MANAGEMENT LLC                                                                              |
| 13-4205457                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ARISTOTLE CAPITAL MANAGEMENT, LLC                                                                          |
| 95-4833644                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ARTISAN PARTNER LIMITED PARTNERSHIP                                                                        |
| 30-0551775                                                                                                 |

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

CEVIAN CAPITAL LIMITED

98-0374494

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

BNYM MELLON DB SL ACWI FUND

25-6078093

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

BNYM MELLON DB NSL SC IDX FD

25-6078093

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

ASHMORE INVESTMENT MANAGEMENT

437 MADISON AVENUE, SUITE 1904  
NEW YORK, NY 10022

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

HARRISON STREET ADVISORS, LLC

45-3147571

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

SEI TRUST COMPANY

06-1271230

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

TCW CAPITAL TRUST

27-6148636

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

CROW HOLDINGS CAPITAL PARTNERS LLC

27-4077052

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

FIERA CAPITAL INC.

13-2726734

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

BROOKFIELD ASSET MGMT PRIVATE INST

38-3907663

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

ARENA CAPITAL ADVISORS, LLC

46-4305266

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

BPEA PRIVATE EQUITY

20 CUSTOM HOUSE STREET, STE 610  
BOSTON, MA 02110

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

BLACKSTONE

345 PARK AVENUE  
NEW YORK, NY 10154

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

LONE STAR FUNDS

17F 888 7TH AVENUE  
NEW YORK, NY 10019

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

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

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

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

PERMIRA CREDIT SOLUTIONS MANAGED AC

TRAFALGAR COURT LES BANQUES  
ST PETER PORT, GUERNSEY GY1 6DJ GG

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 1018891                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EARNEST PARTNERS, LLC

58-2386669

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 68            | NONE KNOWN                                                                                        | 929627                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BENEFIT STREET PARTNERS SENIOR SECU

36-4823113

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 700649                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 609870                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 543874                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INVESCO PRIVATE CR OPP FD LP

225 LIBERTY STREET  
NEW YORK, NY 10281

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 483848                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SOLXSYS ADMINISTRATIVE SOLUTIONS

83-2454243

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 15 50               | NONE KNOWN                                                                                        | 412035                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MONOMOY CAPITAL PARTNERS AIV III LP

30-0944328

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 400192                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 385246                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ASHER KELLY

25800 NORTHWESTERN HIGHWAY  
SUITE 1100  
SOUTHFIELD, MI 48075

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 349590                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE KNOWN                                                                                        | 334873                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CRESCENT CAPITAL

45-5287411

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 329305                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PLANTE & MORAN, PLLC

33-1498605

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 327700                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PEMBERTON EVERGREEN ALT CREDIT FD

251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 323549                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 317036                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WACAP O REAL ESTATE OPP FD VIII

87-2580443

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 311391                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STEFANSKY, HOLLOWAY & NICHOLS, INC.

38-2388845

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE KNOWN                                                                                        | 290207                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMERICAN GRAPHICS PRINTING CO.

38-2090931

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36 50                  | NONE KNOWN                                                                                        | 276366                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SIGULER GUFF

200 PARK AVENUE  
14TH FLOOR  
NEW YORK, NY 10166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 235684                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NOVARA TESIJA CATENACCI MCDONALD &

38-3763096

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 234930                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BPEA STRATEGIC HEALTHCARE II LP

87-3982214

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 228279                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BLUE WOLF CAPITAL PARTNERS

3 WORLD TRADE CENTER, 65TH FLOOR  
175 GREENWICH STREET  
NEW YORK, NY 10007

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 222865                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WEISMAN, YOUNG & RUEMENAPP, P.C.

38-2590458

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 193952                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 189152                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

KING STREET CAPITAL MANAGEMENT, LP

13-3978904

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 179830                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ADAMS STREET PARTNERS, LLC

1717 WEST 6TH STREET  
SUITE 259  
AUSTIN, TX 78703

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 173931                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE KNOWN                                                                                        | 160505                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NORTH SKY CAPITAL LLC

20-2249684

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 156069                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STERLING UNITED PROPERTIES I, L.P.

47-3143852

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 139476                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BNY MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51<br>52 59      | NONE KNOWN                                                                                        | 128061                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AXIOM INVESTORS, LLC

64-0963574

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51<br>52 68 71   | NONE KNOWN                                                                                        | 123816                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ARES COMMERCIAL REAL ESTATE MGMT

2000 AVENUE OF THE STARS  
12TH FLOOR  
LOS ANGELES, CA 90067

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51<br>52         | NONE KNOWN                                                                                        | 118949                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 113899                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BPEA PRIVATE EQUITY

20 CUSTOM HOUSE STREET  
SUITE 610  
BOSTON, MA 02110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 101450                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANGELO, GORDON & CO.

13-3478879

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 86851                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TIMOTHY LALONDE

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 85039                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BENTALLGREENOAK

555 WASHINGTON AVENUE  
SUITE 240  
MIAMI BEACH, FL 33139

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 79883                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MESIROW FINANCIAL PRIVATE EQ VII GP

353 NORTH CLARK STREET  
CHICAGO, IL 60654

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 75000                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHADWICK CAPANDA

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 69217                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BRIAN GANTON

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 68187                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ALCENTRA EUROPEAN CREDIT OPP

98-1453417

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 64353                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BRIAN TATMAN

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 64114                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SHAVON M BELLIA

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 62946                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KAYNE ANDERSON CAPITAL ADVISORS, LP

95-4486379

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 57605                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MESIROW FINANCIAL PRIVATE EQ VIII G

353 NORTH CLARK STREET  
CHICAGO, IL 60654

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 57450                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MELLON CAPITAL

ONE BOSTON PLACE  
201 WASHINGTON STREET  
BOSTON, MA 02108-4408

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 56085                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JENNA BAK

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 49522                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TAYLOR YOUNG

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 40135                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MICHELLE KOLAR

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 39468                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STEPHANIE PRIOR

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 34527                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CCMP CAPITAL INVESTORS III LP

245 PARK AVENUE  
16TH FLOOR  
NEW YORK, NY 10167

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 29442                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LAURA TURTON

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 27681                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KRISTINA WADE

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 27525                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LISA LAUZON

38-1900637

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | EMPLOYEE                                                                                          | 26515                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PENSION BENEFIT INFORMATION

333 SOUTH SEVENTH STREET  
SUITE 2400  
MINNEAPOLIS, MN 55402

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 99                  | NONE KNOWN                                                                                        | 24348                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ZENWORK, INC.

22-3876667

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36 50                  | NONE KNOWN                                                                                        | 23066                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MICHAEL RICHARD ROLL

27-1875122

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36 50                  | NONE KNOWN                                                                                        | 17607                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NGP NATURAL RESOURCES X, L.P.

32-0363007

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 17032                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MONROE CAPITAL MANAGEMENT ADVISORS

20-8524328

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 28 50 51 52         | NONE KNOWN                                                                                        | 17031                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 12229                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

TPG OPPORTUNITIES PARTNERS

301 COMMERCE STREET  
SUITE 3300  
FORT WORTH, TX 76102

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE KNOWN                                                                                        | 11047                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MADDIN, HAUSER, ROTH & HELLER

38-3024220

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 9572                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WATKINS, PAWLICK, CALATI & PRIFTI

83-2893229

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 7419                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CORRIGAN RECORD STORAGE, LLC

38-3544543

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE KNOWN                                                                                        | 6666                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JEFFREY M. LESSER, P.C.

38-3033865

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE KNOWN                                                                                        | 6286                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GRAPHIC SCIENCES, INC.

1551 E. LINCOLN  
MADISON HEIGHTS, MI 48071

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE KNOWN                                                                                        | 5736                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 52            | NONE KNOWN                                                                                        | 2324                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning **05/01/2023** and ending **04/30/2024**

|                                                                             |                                                    |
|-----------------------------------------------------------------------------|----------------------------------------------------|
| <b>A</b> Name of plan<br><b>OPERATING ENGINEERS' LOCAL 324 PENSION FUND</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b> |
|-----------------------------------------------------------------------------|----------------------------------------------------|

|                                                                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324</b> | <b>D</b> Employer Identification Number (EIN)<br><b>38-1900637</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TCW CAPITAL TRUST**

**b** Name of sponsor of entity listed in (a): **SEI TRUST COMPANY**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>27-6148636-109</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>57228</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NHIT MULTISECTOR FULL DSCRTN TRST**

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

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>20-8080381-005</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>102408799</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM MELLON DB SL ACWI FUND**

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

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-191</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>140221338</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WACAP O REAL EST OPP VIII FEED LLC**

**b** Name of sponsor of entity listed in (a): **WASHINGTON CAPITAL MANAGEMENT, INC.**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>87-2580443-001</b> | <b>d</b> Entity code <b>E</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9980411</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WASHINGTON CAPITAL JOINT MT**

**b** Name of sponsor of entity listed in (a): **WASHINGTON CAPITAL MANAGEMENT, INC.**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>91-1163419-001</b> | <b>d</b> Entity code <b>E</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9735359</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ALCENTRA EURO CR OPP FD III SCSP**

**b** Name of sponsor of entity listed in (a): **ALCENTRA EUROPEAN CREDIT OPPORTUNITIES FUND III SCSP**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>98-1453417-001</b> | <b>d</b> Entity code <b>E</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6503726</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MAJ INVEST MASTER CIT**

**b** Name of sponsor of entity listed in (a): **SEI TRUST COMPANY**

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>83-4025990-129</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>105673745</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                        |                                                                                                               |
|------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST               |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY                            |                        |                                                                                                               |
| <b>c</b> EIN-PN 26-3653822-021                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106107383 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY LONG-ONLY FUND LP                 |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): FIERA CAPITAL INC.                           |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0947943-001                                                                 | <b>d</b> Entity code E | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108550637 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD             |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC               |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0622302-001                                                                 | <b>d</b> Entity code E | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12897720  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC                |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC |                        |                                                                                                               |
| <b>c</b> EIN-PN 16-1626084-002                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5271267   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC             |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC |                        |                                                                                                               |
| <b>c</b> EIN-PN 45-4783986-001                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9954292   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NIS INTERMEDIATE FIXED INCOME FUND              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC |                        |                                                                                                               |
| <b>c</b> EIN-PN 20-0065449-004                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76688275  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC                        |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC |                        |                                                                                                               |
| <b>c</b> EIN-PN 39-2021943-001                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5130303   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNYM COL TRST GOV SHORT TERM INV FD             |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON                  |                        |                                                                                                               |
| <b>c</b> EIN-PN 81-6243181-001                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28788966  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL (LEVERED) II                   |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                         |                        |                                                                                                               |
| <b>c</b> EIN-PN 32-6471303-005                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9475630   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY                    |                        |                                                                                                               |
| <b>c</b> EIN-PN 27-3350609-010                                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100349015 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE COLLECTIVE INV TR

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-2704975-095 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88071189 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WACAP O TRAN INFRA CAP PTN FEED LLC

**b** Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 88-1496790-001 | <b>d</b> Entity code E | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10100426 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                                                 |                                                      |     |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024                      |                                                      |     |
| A Name of plan<br>OPERATING ENGINEERS' LOCAL 324 PENSION FUND                                                   | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324 | D Employer Identification Number (EIN)<br>38-1900637 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 33014983              | 52806506        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 16904564              | 19658817        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 373689                | 421622          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 5512451               | 7088670         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 2980209         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 248678222             | 286930209       |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 445793100             | 439110768       |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 670413480             | 778197430       |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 | 144501235             | 157768279       |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 62034570              | 69398925        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 4394102               | 4746736         |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 1631620396            | 1819108171      |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 622984                | 19972487        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 4022140               | 4022140         |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 4645124               | 23994627        |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 1626975272            | 1795113544      |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 175165166  |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 175165166 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 1243       |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 1243      |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 2662360    |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 2662360   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 75937920   |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 79200657   |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | -3262737  |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 43501860   |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            | 105387333 |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            | 12861662  |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 93584     |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 12266240  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 348676711 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 165652505 |           |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 165652505 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 442824    |           |
| (2) Contract administrator fees.....                                                        | <b>2i(2)</b>  | 408000    |           |
| (3) Recordkeeping fees.....                                                                 | <b>2i(3)</b>  | 290207    |           |
| (4) IQPA audit fees.....                                                                    | <b>2i(4)</b>  | 327700    |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 8163968   |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 128061    |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 160505    |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 877816    |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 55971     |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 8235      |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 4022647   |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 14885934  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 180538439 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 168138272 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |           |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |            |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |            |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |            |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |            |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000    |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |            |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 1491658575 |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |            |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |            |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |            |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |            |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |            |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |            |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |            |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 531912.

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024                                         |                                                                         |  |
| <div>A Name of plan</div> <div>OPERATING ENGINEERS' LOCAL 324 PENSION FUND</div>                                                   | <div>B Three-digit plan number (PN)</div> <div>001</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324</div> | <div>D Employer Identification Number (EIN)</div> <div>38-1900637</div> |  |

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

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

|                                                                                                                                                                                                                                                                                                                                      |              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                            | <div>1</div> | <div>0</div>   |
| <div>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):</div> <div>EIN(s):</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |                |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                 | <div>3</div> | <div>379</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                | <div><input type="checkbox"/> Yes</div> | <div><input checked="" type="checkbox"/> No</div> | <div><input type="checkbox"/> N/A</div>            |
| <div>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 _____</div> <div>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                         |                                                   |                                                    |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                                      | <div>6a</div>                           |                                                   |                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                          | <div>6b</div>                           |                                                   |                                                    |
| <div>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) .....</div>                                                                                                                                                                                                                    | <div>6c</div>                           |                                                   |                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                                |                                         |                                                   |                                                    |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                                  | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div>            | <div><input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                         | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div>            | <div><input checked="" type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                 |                                              |                                              |                                          |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------|---------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase</div> | <div><input type="checkbox"/> Decrease</div> | <div><input type="checkbox"/> Both</div> | <div><input checked="" type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------|---------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                         |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes</div> | <div><input type="checkbox"/> No</div> |

**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 **DAN'S EXCAVATING INC**

**b** EIN **38-2036838**

**c** Dollar amount contributed by employer **6455573**

**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) **13.95**

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

**a** Name of contributing employer **BARTON MALOW COMPANY**

**b** EIN **38-1327761**

**c** Dollar amount contributed by employer **6082376**

**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) **13.95**

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

**a** Name of contributing employer **MICHIGAN CAT**

**b** EIN **38-0831325**

**c** Dollar amount contributed by employer **5445066**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer **BNA CONSTRUCTORS USA JV**

**b** EIN **83-1894855**

**c** Dollar amount contributed by employer **4348050**

**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) **13.95**

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

**a** Name of contributing employer **ANGELO IAFRATE CONSTRUCTION CO**

**b** EIN **38-1894432**

**c** Dollar amount contributed by employer **3712867**

**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) **13.95**

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

**a** Name of contributing employer **TOEBE CONSTRUCTION LLC**

**b** EIN **38-2062902**

**c** Dollar amount contributed by employer **3676572**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2029**

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

(1) Contribution rate (in dollars and cents) **13.95**

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

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

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

**a** Name of contributing employer **MILLER PIPELINE, LLC**

**b** EIN **35-1959522**

**c** Dollar amount contributed by employer **3662687**

**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 **04** 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) **13.95**

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

**a** Name of contributing employer **HOFFMAN BROS INC**

**b** EIN **38-2051611**

**c** Dollar amount contributed by employer **3261893**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2029**

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

(1) Contribution rate (in dollars and cents) **13.95**

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

**a** Name of contributing employer **INFRA SOURCE CONSTRUCTION LLC**

**b** EIN **04-3633384**

**c** Dollar amount contributed by employer **3012204**

**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) **13.95**

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

**a** Name of contributing employer **KOKOSING ALBERICI TRAYLOR LLC**

**b** EIN **86-3672853**

**c** Dollar amount contributed by employer **2679676**

**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) **13.95**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

**14a**

0

**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**

1

**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**

1

- 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**

0.00

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

**15b**

0.00

- 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**

0

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

**16b**

0

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

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

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

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

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

Public Equity: 59.5 % Private Equity: 4.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.4 %

High-Yield Debt: 3.0 % Real Assets: 8.7 % Cash or Cash Equivalents: 0.0 % Other: 9.6 %

**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 \_\_\_\_\_.

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# Operating Engineers' Local 324 Pension Fund

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**Financial Report**  
**April 30, 2024**

## **Operating Engineers' Local 324 Pension Fund**

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### **Contents**

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|                                                                  |       |
|------------------------------------------------------------------|-------|
| <b>Independent Auditor's Report</b>                              | 1-2   |
| <b>Statement of Net Assets Available for Benefits</b>            | 3     |
| <b>Statement of Changes in Net Assets Available for Benefits</b> | 4     |
| <b>Notes to Financial Statements</b>                             | 5-18  |
| <b>Schedule of Assets Held at End of Year</b>                    | 19-22 |
| <b>Schedule of Reportable Transactions</b>                       | 23    |

## **Independent Auditor's Report**

To the Board of Trustees  
Operating Engineers' Local 324 Pension Fund

### **Opinion**

We have audited the financial statements of Operating Engineers' Local 324 Pension Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of April 30, 2024 and 2023 and the related statement 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 referred to above present fairly, in all material respects, the net assets available for benefits of the Fund as of April 30, 2024 and 2023 and the changes in 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 Audits of the Financial Statements* section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Emphasis of Matter**

As explained in Note 7, the financial statements include investments valued at approximately \$1.5 billion (83 percent of net assets) at April 30, 2024 and \$1.4 billion (84 percent of net assets) at April 30, 2023, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers and audited financial statements. Our opinion is not modified with respect to this matter.

### **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 Fund's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

To the Board of Trustees  
Operating Engineers' Local 324 Pension Fund

### ***Auditor's Responsibilities for the Audits 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 audits 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of April 30, 2024 and reportable transactions for the year ended April 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Fund'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 audit 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Plante & Moran, PLLC*

Flint, Michigan  
February 11, 2025

## Operating Engineers' Local 324 Pension Fund

### Statement of Net Assets Available for Benefits

| April 30, 2024 and 2023                                                  |                         |                         |
|--------------------------------------------------------------------------|-------------------------|-------------------------|
|                                                                          | 2024                    | 2023                    |
| <b>Assets</b>                                                            |                         |                         |
| Investments at fair value: (Note 7)                                      |                         |                         |
| Money market fund                                                        | \$ 6,539,580            | \$ 5,240,693            |
| Common/collective trust funds                                            | 894,779,528             | 775,583,273             |
| 103-12 investments                                                       | 157,768,279             | 144,501,235             |
| U.S. government securities                                               | 2,980,209               | -                       |
| Equity securities                                                        | 236,356,121             | 201,874,752             |
| Limited partnerships, limited liability companies, and limited companies | 439,110,768             | 445,793,100             |
| Securities loaned to third parties - Equity securities (Note 6)          | 3,940,005               | 3,940,005               |
| Total investments at fair value                                          | 1,741,474,490           | 1,576,933,058           |
| Employer contributions receivable                                        | 19,658,817              | 16,904,564              |
| Collateral held for securities on loan (Note 6)                          | 3,940,005               | 3,940,005               |
| Due from broker for securities sold                                      | 10,146                  | 10,146                  |
| Accrued interest and dividends                                           | 411,476                 | 363,543                 |
| Cash                                                                     | 52,806,506              | 33,014,983              |
| Other assets                                                             | 806,731                 | 454,097                 |
| Total assets                                                             | 1,819,108,171           | 1,631,620,396           |
| <b>Liabilities</b>                                                       |                         |                         |
| Amounts due to related funds and other payables (Note 2)                 | 19,972,487              | 622,984                 |
| Amount due to brokers under securities lending arrangement (Note 6)      | 4,022,140               | 4,022,140               |
| Total liabilities                                                        | 23,994,627              | 4,645,124               |
| <b>Net Assets Available for Benefits</b>                                 | <b>\$ 1,795,113,544</b> | <b>\$ 1,626,975,272</b> |

## Operating Engineers' Local 324 Pension Fund

### Statement of Changes in Net Assets Available for Benefits

Years Ended April 30, 2024 and 2023

|                                                                       | 2024                           | 2023                           |
|-----------------------------------------------------------------------|--------------------------------|--------------------------------|
| <b>Additions</b>                                                      |                                |                                |
| Employer contributions                                                | \$ 175,165,166                 | \$ 162,399,260                 |
| Investment income (loss):                                             |                                |                                |
| Interest and dividends                                                | 20,179,713                     | 23,289,276                     |
| Net realized and unrealized gains (losses) on investments             | 151,976,288                    | (12,808,512)                   |
| Total investment income                                               | 172,156,001                    | 10,480,764                     |
| Less investment expenses                                              | 9,108,865                      | 9,069,001                      |
| Net investment income                                                 | 163,047,136                    | 1,411,763                      |
| Liquidated damages and litigation settlements                         | 664,338                        | 455,395                        |
| Reimbursement of field coordinators' expenses by other funds (Note 4) | 635,235                        | 599,742                        |
| Total additions - Net                                                 | 339,511,875                    | 164,866,160                    |
| <b>Deductions</b>                                                     |                                |                                |
| Benefits paid directly to participants or beneficiaries               | 165,652,505                    | 161,194,750                    |
| Administrative expenses:                                              |                                |                                |
| Field coordinator expenses                                            | 1,625,893                      | 1,479,602                      |
| Administrator fees and data processing services                       | 408,000                        | 418,055                        |
| Payroll audit fees                                                    | 290,207                        | 226,105                        |
| Trust fund legal fees                                                 | 430,359                        | 490,636                        |
| Audit and tax compliance preparation fees                             | 327,700                        | 302,700                        |
| Printing and miscellaneous expenses                                   | 296,863                        | 248,839                        |
| Insurance premiums                                                    | 1,522,850                      | 1,468,567                      |
| Pension office expenses                                               | 258,816                        | 269,505                        |
| Collection legal fees                                                 | 372,112                        | 389,540                        |
| Actuarial fees                                                        | 160,505                        | 199,613                        |
| Newsletter printing costs                                             | 27,793                         | 27,805                         |
| Bank service charges                                                  | -                              | 1,747                          |
| Total deductions                                                      | 171,373,603                    | 166,717,464                    |
| <b>Net Increase (Decrease)</b>                                        | 168,138,272                    | (1,851,304)                    |
| <b>Net Assets Available for Benefits</b>                              |                                |                                |
| Beginning of year                                                     | 1,626,975,272                  | 1,628,826,576                  |
| End of year                                                           | <u><u>\$ 1,795,113,544</u></u> | <u><u>\$ 1,626,975,272</u></u> |

April 30, 2024 and 2023

### Note 1 - Plan Description

Operating Engineers' Local 324 Pension Fund (the "Fund") is a defined benefit multiemployer plan established effective April 15, 1957 as a result of collective bargaining agreements to provide retirement, death, and disability benefits for eligible participants. All employees of participating employers working under those collective bargaining agreements are eligible to participate in the Fund.

The Fund is funded entirely by employer contributions to provide assets sufficient to meet the benefits to be paid to participants and has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The present level of contributions is expected to be adequate to fund the annual future service cost and to amortize the unfunded actuarial accrued liability over a 15-year period.

Should the Fund terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Information about the Fund, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the fund document and summary plan description, copies of which are available from the Operating Engineers' Local 324 Union or the plan office.

### Note 2 - Summary of Significant Accounting Policies

#### ***Investment Valuation and Income Recognition***

Investments held by the Fund are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

#### ***Contributions Receivable and Contributions from Employers***

Contributions receivable of the Fund include amounts to be collected from employers for hours worked prior to April 30 of each year.

Contributions from employers are recognized in the plan year in which members provide services. Management would assess any receivables for an allowance for doubtful accounts. There was no allowance for doubtful accounts for the years ended April 30, 2024 and 2023.

#### ***Cash***

Cash represents amounts not invested and available to pay benefits and obligations of the Fund. Cash balances held in the bank exceed the federal depository insurance limit. The Fund's cash is only insured up to the federal depository insurance limit.

#### ***Amounts Due to Related Funds***

Amounts due to related funds include contributions collected into the Pension Fund's collection account but not transferred to the related funds prior to April 30.

#### ***Benefit Payments***

Benefits are recorded when paid.

**April 30, 2024 and 2023**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments that are attributable, under the Fund's provisions, to the service employees have rendered (see Note 3). These 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.

***Use of 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 the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

***Risks and Uncertainties***

Contributions to the Fund and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

***Party-in-interest Transactions***

Certain plan assets are in investment funds managed by The Bank of New York Mellon Corporation (BNY Mellon). BNY Mellon is the custodian of the Fund; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including February 11, 2025, which is the date the financial statements were available to be issued.

**Note 3 - Accumulated Plan Benefits**

The Fund's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment.

Accumulated plan benefit information as of May 1, 2023 is as follows:

|                                                            |                                |
|------------------------------------------------------------|--------------------------------|
| Actuarial present value of accumulated plan benefits:      |                                |
| Vested benefits:                                           |                                |
| Participants currently receiving benefit payments          | \$ 1,414,098,982               |
| Other vested participants                                  | <u>875,500,066</u>             |
| Total vested benefits                                      | 2,289,599,048                  |
| Nonvested benefits                                         | <u>57,389,258</u>              |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 2,346,988,306</u></u> |

Operating Engineers' Local 324 Pension Fund

Notes to Financial Statements

April 30, 2024 and 2023

Note 3 - Accumulated Plan Benefits (Continued)

|                                                                          |                  |
|--------------------------------------------------------------------------|------------------|
| Actuarial present value of accumulated plan benefits - Beginning of year | \$ 2,308,155,582 |
| Increase (decrease) during the year attributable to:                     |                  |
| Benefits accumulated and actuarial losses                                | 26,863,067       |
| Interest due to the decrease in the discount period                      | 169,352,297      |
| Benefits paid                                                            | (161,194,750)    |
| Changes in actuarial assumptions                                         | 3,812,110        |
| Net increase                                                             | 38,832,724       |
| Actuarial present value of accumulated plan benefits - End of year       | \$ 2,346,988,306 |

The significant assumptions underlying the actuarial computations as of May 1, 2023 are noted below:

|                                       |                                                                                                                                                                                                                                                                                            |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method                 | Unit credit cost                                                                                                                                                                                                                                                                           |
| Assumed rate of return on investments | 7.50 percent                                                                                                                                                                                                                                                                               |
| Mortality basis                       | RP-2014 Mortality Tables with Blue Collar adjustment and adjusted to base year 2006, with no future improvement in mortality rates                                                                                                                                                         |
| Hourly contribution rate              | Actual last contribution rate paid on behalf of each participant during the prior plan year, increased to reflect negotiated contribution rate increases                                                                                                                                   |
| Hours worked                          | Actual hours worked by each active participant in the prior year multiplied by the ratio of anticipated total hours worked by all participants plus hours worked for earlier years for the first time for all participants to total hours reported for the prior year for all participants |

Note 4 - Interfund Activity

Salaries, fringe benefits, and other expenses of field coordinators and staff employees incurred in connection with the collection of delinquent employer contributions for the Fund and various Operating Engineers' Local 324 fringe benefit funds are being paid by the Fund. Operating Engineers' Local 324 Health Care Plan; Operating Engineers' Local 324 Vacation and Holiday Fund of Michigan; Operating Engineers' Local 324 Retiree Benefit Fund; Operating Engineers' Local 324 Defined Contribution Pension Plan; Operating Engineers' Local 324 Labor Management Education Committee; and Operating Engineers' Local 324 Journeyman and Apprentice Training Fund, Inc. reimburse a prorated share of these expenses. The amount due from other Operating Engineers' Local 324 fringe benefit funds totaled approximately \$681,000 and \$377,000 as of April 30, 2024 and 2023, respectively, and is included in other assets on the statement of net assets available for benefits. The total amount received by the Fund from various Operating Engineers' Local 324 fringe benefit funds was approximately \$635,000 and \$600,000 during the years ended April 30, 2024 and 2023, respectively.

Note 5 - Tax Status

The Fund has received a determination letter from the Internal Revenue Service indicating that the Fund, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Fund has been amended since receiving the determination letter, management believes that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC.

April 30, 2024 and 2023

### Note 6 - Securities Lending

The Fund entered into an agreement with BNY Mellon, which acts as trustee for the Fund's investments, and authorized the bank to lend securities held in the Fund's accounts to third parties (the "Borrower"). Under the terms of the securities lending agreement with BNY Mellon, the trustee must obtain collateral from the Borrower, generally cash or acceptable securities, having a market value of 104 percent for U.S. securities and 105 percent for non-U.S. securities. Both the collateral and the securities loaned are marked to market on a daily basis, with additional collateral obtained or refunded as necessary. In the event that the loaned securities are not returned by the Borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Fund's accounts with cash equal to the fair value of the loaned securities.

Under the terms of the agreement with BNY Mellon, the Fund receives 70 percent of the net revenue derived from all securities lending activities, and BNY Mellon receives the remainder. Interest income from securities lending was insignificant for the years ended April 30, 2024 and 2023.

The fair value of the investment of the cash collateral received pursuant to securities lending transactions is reflected as a liability in the statement of net assets available for benefits of the Fund. To the extent that a loan of securities is secured by cash collateral, such collateral is invested by the trustee. The collateral received from borrowers totaled \$3,940,005 as of April 30, 2024 and 2023. This consisted of noncash collateral of \$3,666,922 and \$3,511,437 at April 30, 2024 and 2023, respectively. The cash and noncash collateral received primarily consisted of various types of debt securities. The Fund bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in fair value of the invested collateral. This difference in value of the investment purchases with the cash collateral received and the amount due to the Borrower upon return of securities on loan is recorded as an unrealized gain (loss) in the statement of changes in net assets available for benefits.

Although the Fund's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the Borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral or that the Fund's investment of collateral received from the Borrower of the Fund's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

### Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

#### **Level 1**

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Fund has the ability to access.

#### **Level 2**

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

**April 30, 2024 and 2023**

**Note 7 - Fair Value Measurements (Continued)**

***Level 3***

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Fund's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Fund's investments:

***Money Market Fund and Equity Securities***

These investments are valued at quoted prices reported in active markets.

***U.S. Government Securities***

These investments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

***Common/Collective Trust Funds and 103-12 Investments***

These investments are valued at net asset value (NAV) per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets.

## Operating Engineers' Local 324 Pension Fund

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 7 - Fair Value Measurements (Continued)

##### *Limited Partnerships, Limited Liability Companies, and Limited Companies*

These investments are valued based on the Fund's percentage ownership of the net assets of each entity or at net asset value per share (or its equivalent) based on audited investee financial statements, where available, with adjustments to account for partnership activity and other applicable valuation adjustments, where applicable.

##### *Collateral Held for Securities on Loan*

The U.S. Treasury notes and debt securities held as collateral are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures.

The following tables present information about the Fund's assets measured at fair value on a recurring basis at April 30, 2024 and 2023:

| Assets Measured at Fair Value on a Recurring Basis<br>at April 30, 2024     |                                |                |              |
|-----------------------------------------------------------------------------|--------------------------------|----------------|--------------|
|                                                                             | Investments<br>(at Fair Value) | Level 1        | Level 2      |
| Money market fund                                                           | \$ 6,539,580                   | \$ 6,539,580   | \$ -         |
| U.S. government securities                                                  | 2,980,209                      | -              | 2,980,209    |
| Equity securities                                                           | 240,296,126                    | 240,296,126    | -            |
| Collateral held for securities on loan                                      | 3,940,005                      | -              | 3,940,005    |
| Total                                                                       | 253,755,920                    | \$ 246,835,706 | \$ 6,920,214 |
| Investments measured at NAV:                                                |                                |                |              |
| Common/collective trust funds                                               | 894,779,528                    |                |              |
| 103-12 investments                                                          | 157,768,279                    |                |              |
| Limited partnerships, limited liability companies,<br>and limited companies | 439,110,768                    |                |              |
| Total investments at fair value                                             | \$ 1,745,414,495               |                |              |
| Assets Measured at Fair Value on a Recurring Basis<br>at April 30, 2023     |                                |                |              |
|                                                                             | Investments<br>(at Fair Value) | Level 1        | Level 2      |
| Money market fund                                                           | \$ 5,240,693                   | \$ 5,240,693   | \$ -         |
| Equity securities                                                           | 205,814,757                    | 205,814,757    | -            |
| Collateral held for securities on loan                                      | 3,940,005                      | -              | 3,940,005    |
| Total                                                                       | 214,995,455                    | \$ 211,055,450 | \$ 3,940,005 |
| Investments measured at NAV:                                                |                                |                |              |
| Common/collective trust funds                                               | 775,583,273                    |                |              |
| 103-12 investments                                                          | 144,501,235                    |                |              |
| Limited partnerships, limited liability companies,<br>and limited companies | 445,793,100                    |                |              |
| Total investments at fair value                                             | \$ 1,580,873,063               |                |              |

# Operating Engineers' Local 324 Pension Fund

## Notes to Financial Statements

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

#### Investments in Entities That Calculate Net Asset Value per Share

The Fund holds shares or interests in investment companies at year end whose fair value is estimated based on net asset value per share (or its equivalent).

At year end, the fair value, unfunded commitments, and redemption limitations of those investments are as follows:

|                                                                           | April 30, 2024 | April 30, 2023 |                      |                                   |                          |
|---------------------------------------------------------------------------|----------------|----------------|----------------------|-----------------------------------|--------------------------|
|                                                                           | Fair Value     | Fair Value     | Unfunded Commitments | Redemption Frequency, if Eligible | Redemption Notice Period |
| Common/collective trust funds:                                            |                |                |                      |                                   |                          |
| ABS Long/Short Strategies Fund (12)                                       | \$ 69,398,925  | \$ 62,034,570  | \$ -                 | Quarterly                         | 45 days                  |
| Aristotle Value Equity Fund (55)                                          | 88,071,189     | 74,198,489     | -                    | Daily                             | 1 day                    |
| Artisan Global Opportunities Trust (28)                                   | 106,107,383    | 86,546,908     | -                    | Daily                             | 5 days                   |
| ASB Labor Equity Index Fund (54)                                          | 100,349,015    | 101,905,693    | -                    | Daily                             | 1 day                    |
| Axiom Emerging Markets Equity Fund (36)                                   | 47,183,174     | 43,135,223     | -                    | Monthly                           | 15 days                  |
| BNY Mellon MSCI ACWI Index Fund (4)                                       | 140,221,337    | 136,798,050    | -                    | Daily                             | 1 day                    |
| Collective Trust Government Short Term Investment (10)                    | 28,788,966     | 33,425,913     | -                    | Daily                             | N/A                      |
| Crescent Capital Trust II Levered (53)                                    | 9,475,630      | 9,434,549      | 1,081,200            | N/A                               | N/A                      |
| Maj Invest Global Value Equities CIT (61)                                 | 105,673,745    | 86,332,046     | -                    | Daily                             | 5 days                   |
| NHIT - MultiSector Full Discretion Trust (49)                             | 102,408,799    | 68,830,814     | -                    | Daily                             | Daily                    |
| NIS High Yield Fund, LLC (32)                                             | 5,130,303      | 3,787,584      | -                    | Monthly                           | 3 days                   |
| NIS Intermediate Fixed-Income Fund, LLC (32)                              | 76,688,275     | 57,415,174     | -                    | Monthly                           | 3 days                   |
| NIS Preferred Stock Fund II, LLC (32)                                     | 5,271,267      | 3,826,750      | -                    | Monthly                           | 30 days                  |
| NIS Total Absolute Return Fund, LLC (32)                                  | 9,954,292      | 7,854,282      | -                    | Quarterly                         | 30 days                  |
| TCW Capital Trust (5)                                                     | 57,228         | 57,228         | -                    | N/A                               | N/A                      |
| Total common/collective trust funds                                       | 894,779,528    | 775,583,273    | 1,081,200            |                                   |                          |
| 103-12 investments:                                                       |                |                |                      |                                   |                          |
| Alcentra European Credit Opportunities Fund III SCSP (51)                 | 6,503,726      | 8,107,844      | 3,206,246            | N/A                               | N/A                      |
| Fiera USA Global Equities Fund, LP (27)                                   | 108,550,637    | 97,913,073     | -                    | Daily                             | 3 days                   |
| Ullico Infrastructure Fund, LP (9)                                        | 12,897,720     | 13,124,192     | -                    | (9)                               | (9)                      |
| Washington Capital Management Joint Master Trust (38)                     | 9,735,359      | 8,777,754      | 913,367              | N/A                               | N/A                      |
| WaCap - O Real Estate Opportunity Fund VIII Feeder LLC (38)               | 10,100,426     | 7,970,997      | 5,500,000            | N/A                               | N/A                      |
| WaCap - O Transportation Infrastructure Capital Partners Feeder LLC (38)  | 9,980,411      | 8,607,375      | 613,057              | Quarterly                         | 90 days                  |
| Total 103-12 investments                                                  | 157,768,279    | 144,501,235    | 10,232,670           |                                   |                          |
| Limited partnerships, limited liability companies, and limited companies: |                |                |                      |                                   |                          |
| AA Capital Equity Fund, LP (47)                                           | 1,298,380      | 1,298,380      | -                    | (47)                              | (47)                     |
| ABS Opportunities Ltd - Emerging Markets Portfolio (69)                   | 22,149,940     | -              | -                    | Quarterly                         | 45 days                  |
| Adams Street Co-Investment Fund IV (58)                                   | 8,782,649      | 8,487,535      | 1,192,315            | N/A                               | N/A                      |
| AG Core Plus Realty Fund IV, LP (6)                                       | 3,436,356      | 4,354,140      | 873,250              | N/A                               | N/A                      |

# Operating Engineers' Local 324 Pension Fund

## Notes to Financial Statements

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

|                                                         | April 30, 2024 | April 30, 2023 |                      |                                   |                          |
|---------------------------------------------------------|----------------|----------------|----------------------|-----------------------------------|--------------------------|
|                                                         | Fair Value     | Fair Value     | Unfunded Commitments | Redemption Frequency, if Eligible | Redemption Notice Period |
| Alcentra European Direct Lending Fund, LP (37)          | \$ 66,384      | \$ 477,275     | \$ 11,847,941        | N/A                               | N/A                      |
| Apogem Private Equity Fund X, LP (65)                   | 4,520,756      | -              | 5,897,467            | N/A                               | N/A                      |
| Ares Real Estate Enhanced Income Fund, LP (3)           | 11,626,020     | 10,821,468     | -                    | Quarterly                         | 90 days                  |
| ASB Allegiance Real Estate Fund, LP (35)                | 11,726,911     | 15,192,390     | -                    | Quarterly                         | 30 days                  |
| Ashmore Emerging Markets Blended Debt Fund, LP (34)     | 43,733         | 53,032,904     | -                    | Monthly                           | 5 days                   |
| Benefit Street Partners Snr Secured Opps Fd (43)        | 8,521,402      | 11,579,671     | -                    | N/A                               | N/A                      |
| BentallGreenOak US Lending A LP (66)                    | 6,303,203      | -              | 8,776,072            | N/A                               | N/A                      |
| Blackstone Infrastructure Partners V LP (67)            | 25,000,000     | -              | -                    | N/A                               | 5-7 year lockup          |
| Blue Wolf Capital Fund III, LP (29)                     | 2,488,718      | 2,733,610      | 1,390,739            | N/A                               | N/A                      |
| Blue Wolf Capital Fund IV, LP (46)                      | 11,637,744     | 9,161,465      | 18                   | N/A                               | N/A                      |
| BPEA Strategic Healthcare I-B, LP (57)                  | 11,004,664     | 9,554,960      | 550,000              | N/A                               | N/A                      |
| BPEA Strategic Healthcare II, LP (59)                   | 4,332,021      | 1,007,120      | 10,800,000           | N/A                               | N/A                      |
| Brookfield Capital Partners IV, LP (39)                 | 3,918,540      | 7,219,310      | 466,541              | N/A                               | N/A                      |
| Brookfield Strategic Real Estate Partners II, LP (17)   | 8,645,000      | 10,142,000     | 3,659,323            | N/A                               | N/A                      |
| CCMP Capital Investors III, LP (30)                     | 76,638         | 1,347,634      | 1,034,820            | N/A                               | N/A                      |
| Cevian Capital II, LTD (41)                             | 10,495,068     | 8,418,147      | -                    | Quarterly                         | 90 days                  |
| Crow Holdings Realty Partners VII, LP (14)              | 218,194        | 340,446        | 858,356              | N/A                               | N/A                      |
| EnTrust Capital Diversified Fund QP LTD (15)            | 121,175        | 145,233        | -                    | Quarterly                         | 90 days                  |
| EnTrust Special Opportunities Fund IV LTD (42)          | 9,924,010      | 9,605,720      | -                    | Quarterly                         | 95 days                  |
| EnTrust Special Opportunities Fund II LTD (19)          | 31,684         | 127,603        | -                    | Quarterly                         | 95 days                  |
| EnTrust Special Opportunities Fund III LTD (19)         | 1,779,922      | 1,915,179      | -                    | Quarterly                         | 95 days                  |
| Grosvenor Labor Impact Fund, LP (31)                    | 15,026,131     | 13,020,327     | 2,112,159            | N/A                               | N/A                      |
| Grosvenor Special Opportunities Fund, LTD (52)          | 33,411,067     | 33,670,390     | -                    | Quarterly                         | 95 days                  |
| Harrison Street Core Property Fund, LP (33)             | 16,326,167     | 17,624,827     | -                    | Quarterly                         | 45 days                  |
| Intercontinental U.S. Real Estate Investment Fund (1)   | 11,290,859     | 13,472,878     | -                    | Quarterly                         | 90 days                  |
| Invesco Private Credit Opportunities Fund, LP (60)      | 11,772,716     | 11,325,271     | 13,939,790           | N/A                               | N/A                      |
| Kayne Anderson Real Estate Investment Fund V, LP (50)   | 7,982,268      | 8,044,214      | -                    | N/A                               | N/A                      |
| King Street Global Drawdown Fund (Offshore) II, LP (71) | 5,283,310      | -              | 6,273,293            | N/A                               | N/A                      |
| Lone Star Fund VII U.S., LP (21)                        | 6,654          | 12,766         | -                    | N/A                               | N/A                      |
| Lone Star Real Estate Fund II U.S., LP (20)             | 1              | 23,401         | -                    | N/A                               | N/A                      |
| Mesirow Financial Private Equity Fund VII-A, LP (16)    | 12,093,630     | 12,200,171     | 1,650,000            | N/A                               | N/A                      |
| Mesirow Financial Private Equity Fund VIII-A (62)       | 5,738,972      | 3,574,688      | 4,350,000            | (62)                              | (62)                     |

## Operating Engineers' Local 324 Pension Fund

### Notes to Financial Statements

April 30, 2024 and 2023

#### Note 7 - Fair Value Measurements (Continued)

|                                                                                | April 30, 2024   | April 30, 2023   |                      |                                   |                          |
|--------------------------------------------------------------------------------|------------------|------------------|----------------------|-----------------------------------|--------------------------|
|                                                                                | Fair Value       | Fair Value       | Unfunded Commitments | Redemption Frequency, if Eligible | Redemption Notice Period |
| Mesirow Floating Rate Fund I, L.P. (26)                                        | \$ 16,950,956    | \$ 15,170,787    | \$ -                 | Monthly                           | 30 days                  |
| Monomoy Capital Partners III LP (44)                                           | 5,464,773        | 8,567,005        | 1,845,607            | N/A                               | N/A                      |
| Monroe Capital Private Credit Fund II, LP (22)                                 | 2,030,269        | 2,624,588        | 1,800,000            | N/A                               | N/A                      |
| Morgan Stanley IFHF (Cayman) SPV LP (7)                                        | 190,042          | 160,866          | -                    | N/A                               | N/A                      |
| Natural Gas Partners Natural Resources X, LP (25)                              | 609,117          | 793,814          | 15,101               | GP Discretion                     | 2 days                   |
| Newstone Capital Partners II, LP (13)                                          | 172,957          | 359,723          | 145,571              | N/A                               | N/A                      |
| North Sky Alliance Fund II, LP (2)                                             | 1,461,703        | 1,302,576        | -                    | (2)                               | (2)                      |
| Pemberton Evergreen Alternative Credit Fund, LP (68)                           | 4,340,637        | -                | 15,659,363           | (68)                              | (68)                     |
| Permal Private Equity Opportunities IV, LP (18)                                | 184,139          | 307,890          | -                    | N/A                               | N/A                      |
| Permira Credit Solutions Managed Account N LP (45)                             | 15,746,697       | 16,852,633       | 2,167,769            | N/A                               | N/A                      |
| PRISA III Fund LP (11)                                                         | 39,889,382       | 57,752,845       | -                    | Quarterly                         | 90 days                  |
| RainTree Credit Opportunity Fund Ltd (48)                                      | 12,095,592       | 11,652,914       | -                    | (48)                              | 1 day                    |
| Riverstone Credit Partners, LP (40)                                            | 2,937,469        | 3,654,860        | 514,295              | N/A                               | N/A                      |
| Schroder Taft-Hartley Income Fund, LP (23)                                     | 21,940,156       | 31,693,271       | 10,395,810           | Annually                          | 90 days                  |
| Schroders Capital Taft-Hartley Ventures S.C.S. (64)                            | 1,669,957        | 1,569,222        | 3,400,000            | N/A                               | N/A                      |
| Siguler Guff Small Buyout Opportunities Fund V, LP (63)                        | 3,788,542        | 2,012,655        | 6,390,000            | N/A                               | N/A                      |
| Sterling United Properties I, LP (24)                                          | 11,865,664       | 11,315,320       | 261,385              | N/A                               | N/A                      |
| TPG Opportunities Partners II (8)                                              | 47,486           | 71,008           | 2,182,910            | N/A                               | N/A                      |
| WCP SCP III, LP (70)                                                           | 10,644,343       | -                | 9,700,000            | N/A                               | N/A                      |
| Total limited partnerships, limited liability companies, and limited companies | 439,110,768      | 445,793,100      | 130,149,895          |                                   |                          |
| Total                                                                          | \$ 1,491,658,575 | \$ 1,365,877,608 | \$ 141,463,765       |                                   |                          |

- (1) This investment represents a limited liability company that invests in a pool of real estate assets with a focus on yield-driven and value-added investments.
- (2) This investment represents a limited partnership that invests in private real assets. The fund itself does not permit voluntary redemptions but may allow distributions at the general partner's discretion.
- (3) This investment represents a limited partnership that seeks to invest in first mortgages secured by core and core-plus commercial real estate in the United States with the principal objective of generating current income with an emphasis on principal protection by creating a diversified portfolio of first mortgage loans secured by commercial real estate across major property types, which primarily include multifamily, industrial, retail, office, and hospitality properties.
- (4) This investment represents a common collective trust fund that seeks to track the performance of the MSCI All Country World Index (ACWI) (the "Index"). The fund is constructed to mirror the Index to provide long-term capital growth.
- (5) This investment represents a common collective trust fund that invests in a diversified multiasset investment portfolio of below-investment-grade assets, including bank loans, public high-yield investments, mezzanine securities, and private debt.

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

- (6) This investment represents a limited partnership that seeks to focus on sub-performing office, retail, apartment, and industrial real estate, predominantly located in the largest U.S. markets.
- (7) This investment represents a limited partnership that invests in a group of private investment funds (hedge funds).
- (8) This investment represents a limited partnership that specializes in making actively managed credit-related investments, primarily through the purchase or origination of special situations and distressed investments.
- (9) This investment represents a limited partnership that invests in small-scale, long-lived North American infrastructure assets and will target investments in transportation, utility, social, and specialist infrastructure assets that are essential at the local community level. Redemption will only occur when there is liquidity available, with a notice period of 45 days.
- (10) This investment represents a common collective trust fund that invests primarily in fixed-income securities with short-term maturities.
- (11) This investment represents an open-ended commingled limited partnership that invests in commercial real estate through one or more real estate investment trusts.
- (12) This investment represents a common collective trust fund that invests in investment funds that target returns through the use of a wide array of investment strategies throughout the global financial markets, with an emphasis on equity long/short strategies.
- (13) This investment represents a limited partnership that invests in debt and equity securities in connection with leveraged buyouts, recapitalizations, and later-stage growth financings. This investment is expected to be held to maturity.
- (14) This investment represents a limited partnership that seeks to acquire and invest in a diversified portfolio of real estate investments.
- (15) This investment represents a limited company that invests in a diversified portfolio of private investment entities that seek above-average rates of return and long-term capital growth. This investment's redemption frequency is subject to a one-year lock-up period, which has expired.
- (16) This investment represents a limited partnership with an investment strategy of portfolio diversification by private equity subasset class, manager, geography, and vintage year. The investment expects to commit to approximately 30 to 35 premier U.S. and non-U.S. private equity managers over a three- to four-year commitment period and may also make opportunistic investments in the secondary market. The investment's expected portfolio construction will allocate approximately 40-50 percent to U.S. buyout, 10-20 percent to non-U.S. buyout, 20-25 percent to venture capital/growth equity, and 15-20 percent to special situations.
- (17) This investment represents a limited partnership that invests in real estate companies, distressed loans, and securities on an attractive cost basis. The fund itself does not permit voluntary redemptions.
- (18) This investment represents a limited partnership that seeks to achieve long-term capital appreciation through the purchase of existing limited partnership interests in independently managed private equity funds (the "Portfolio Funds") from third parties seeking liquidity prior to the contractual termination of such Portfolio Funds.
- (19) This investment represents a limited company that invests in global distressed corporate securities, activist equities, value equities, post reorganization equities, municipal bonds, high-yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, commercial mortgage-backed securities, direct lending, and sovereign debt. This investment's redemption frequency is subject to a one-year lock-up period, which has expired.
- (20) This investment represents a limited partnership that invests in a variety of investment vehicles that target a broad range of financial and other investment assets, including investments in single-family residential, corporate and consumer debt products, financially oriented or other operating companies, securitized products, and derivative instruments.
- (21) This investment represents a limited partnership that invests in distressed commercial real estate debt and equity products through transaction structures located in North America, Europe, and Asia.

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

- (22) This investment represents a limited partnership that invests in private debt related to lower middle market companies. The fund itself does not permit voluntary redemptions.
- (23) This investment represents a limited partnership that targets attractive risk-adjusted returns, produced from either income or appreciation, primarily by purchasing securities within securitized credit markets in the United States with a focus on asset-backed and mortgage-backed securities and/or by holding, through acquisition or origination, a portfolio of mortgage loan investments, including, but not limited to, commercial property loans, residential mortgages, performing or nonperforming, consumer loans or leases, income-producing property loan investments, and mezzanine loan investments, including whole loans and participations therein.
- (24) This investment represents a limited partnership that invests in real estate related to grocery anchored shopping. The fund itself does not permit voluntary redemptions.
- (25) This investment represents a limited partnership that invests in companies that provide services related to the production, marketing, and/or transportation of oil or natural gas.
- (26) This investment represents a limited partnership that seeks to provide a high level of current income consistent with the preservation of principal. The investment manager will generally seek to achieve the fund's investment objective by investing in primarily senior floating rate loans of domestic borrowers and other financial instruments with economic characteristics similar to such instruments, such as high-yield instruments, derivatives, and exchange-traded funds.
- (27) This investment represents a 103-12 investment that invests primarily in global equity securities.
- (28) This investment represents a common collective trust fund that invests mainly in publicly traded equities of U.S. and non-U.S. companies across a broad capitalization range.
- (29) This investment represents a limited partnership that invests primarily in private equity investments of U.S. and Canadian middle market companies.
- (30) This investment represents a limited partnership that invests primarily in equity, equity-related, and other securities in connection with privately negotiated buyout and growth equity transactions.
- (31) This investment represents a limited partnership with value-additive union labor that seeks target allocations of 80-100 percent to infrastructure investments and 0-20 percent to opportunistic real estate investments.
- (32) This investment represents a limited liability company that invests primarily in fixed-income securities, high-yield securities, and preferred stocks.
- (33) This investment represents a limited partnership that invests primarily in the education, health care, and storage sectors of the commercial real estate market.
- (34) This investment represents a common collective trust fund that invests in EM Sovereign external debt, local currency, and corporate debt.
- (35) This investment represents a limited partnership that invests in a variety of core real estate investments.
- (36) This investment represents a common collective trust fund that invests in global markets equity and equity-related securities.
- (37) This investment represents a limited partnership that invests primarily in European private debt (direct lending). The fund itself does not permit voluntary redemptions.
- (38) This investment represents a limited partnership that seeks to make investments primarily in North American real assets and infrastructure-related businesses in the energy and transportation sectors, where the fund can achieve meaningful capital appreciation.
- (39) This investment represents a limited partnership that invests in private equity investments. The fund allows distributions to be made at the discretion of the general partner, at least quarterly.
- (40) This investment represents a limited partnership that invests in energy-related private equity investments. The fund itself does not permit voluntary redemptions.

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

- (41) This investment represents a limited company that takes substantial minority ownership stakes (typically 5-20 percent ownership stakes) in a limited number (typically 10-15) of undervalued publicly listed companies in Europe and seeks to add value by effecting change through hands-on involvement (constructive activism).
- (42) This investment represents a limited company of hedge fund investments that target opportunistic direct investments in credit and equity markets globally. The duration of investments is expected to range from two to five years, and the fund will invest through commingled hedge funds, concentrated separate accounts created to target specific opportunity sets, and coinvestments in individual companies or securities. This investment's redemption frequency is subject to a one-year lock-up period, which has expired.
- (43) This investment represents a limited partnership that seeks to generate high current income while focusing on preservation of capital by primarily making private debt investments in core middle market companies.
- (44) This investment represents a limited partnership private equity fund that focuses on making middle- to lower-middle- market special situation and/or turnaround investments in distressed and underperforming businesses out of challenging transaction environments, including bankruptcy, out-of-court restructurings, corporate divestitures, and the sale of family-owned businesses.
- (45) This investment represents a limited partnership that focuses predominantly on primary, senior secured investments in midmarket companies in Europe. The fund itself does not permit voluntary redemptions.
- (46) This investment represents a limited partnership private equity fund that seeks to take controlling interests in 10 to 12 companies that are facing obstacles due to complex labor issues, poor and/or inefficient management, governmental pressures, and/or financial distress and will rebuild them into stronger and more competitive enterprises.
- (47) This investment represents a limited partnership that invests in a group of private investment funds, which may hold private placements and other securities. Distributions are made when underlying investments are sold. There are no other redemptions allowed.
- (48) This investment represents a limited company that invests substantially all of its assets through a master feeder structure in RainTree Credit Opportunity Master Fund Ltd, which also is a Cayman Islands exempted company of unlimited duration. The fund and the master fund's investment objective is (a) capital preservation and (b) the generation of superior, risk-adjusted absolute returns over a multiyear period by transacting in the global credit and fixed-income markets. Redemptions are allowed the last business day of the sixth month following each applicable lock-up period.
- (49) This investment represents a common collective trust fund that has a global multisector best ideas strategy across from the Loomis fixed-income research platform that has a heavy tilt toward corporate bonds, both investment grade and high yield and both U.S. and international.
- (50) This investment represents a limited partnership that invests in focused opportunistic equity investments in niche sectors, including medical office, senior housing, and student housing.
- (51) This investment represents a limited partnership that seeks to generate attractive, risk-adjusted returns by lending to middle market businesses predominantly operating in the U.K. and Europe.
- (52) This investment represents a limited company that invests opportunistically in coinvestments and direct trades across asset classes, strategies, sectors, and regions.
- (53) This investment represents a common collective trust fund that seeks to realize superior risk-adjusted returns by investing in a multiasset class, diversified portfolio of primarily below-investment-grade debt securities on a levered basis.
- (54) This investment represents a common collective trust fund that seeks to replicate the performance of the S&P 500 Index.
- (55) This investment represents a common collective trust fund that seeks to invest primarily in U.S.-headquartered companies that have a minimum market capitalization of \$2 billion at the time of initial investment. These companies are typically high-quality businesses believed to be undervalued based on internal research analysis and that possess catalysts expected to narrow the valuation gap within the next three to five years.

April 30, 2024 and 2023

### Note 7 - Fair Value Measurements (Continued)

- (56) This investment represents a limited liability company that seeks to realize substantial capital appreciation without subjecting principal to undue risk by investing substantially all of its assets in the Oaktree Real Estate Opportunities Fund VIII, L.P. (the "Underlying Fund").
- (57) This investment represents a limited partnership that invests in buyout and growth funds and companies that operate in the U.S. health care industry.
- (58) This investment represents a limited partnership that invests in buyout and growth funds and companies that operate primarily in technology, business services, and consumer sectors.
- (59) This investment represents a limited partnership whose primary purpose is to acquire, manage, and dispose of investments in health care-focused (a) private equity funds that are focused primarily on making buyout and growth capital investments in companies that are organized or headquartered within the United States and/or that conduct a substantial portion of their business activities within the United States and (b) companies that are privately held at the time of investment, including, without limitation, co-investing in such companies with portfolio funds and other private equity funds that are not portfolio funds; provided, however, that the partnership may invest in private equity funds that are not exclusively health care focused. Subject to Section 2.04(e), the partnership also may make investments in companies that have publicly listed securities.
- (60) This investment represents a limited partnership that invests primarily in stressed and opportunistic credit and direct lending assets.
- (61) This investment represents a common collective trust fund that invests primarily in global large capital equity investments.
- (62) This investment represents a limited partnership and is a diversified private equity fund of funds with exposure via primary commitments, opportunistic secondary purchases, and co-investments. The primary geographic exposure is North America and Europe. The frequency of redemptions and notice period are made at the discretion of the general partner.
- (63) This investment represents a limited partnership that invests its assets in small and lower middle market businesses in North America through equity commitments to underlying funds and co-investments.
- (64) This investment represents a limited partnership that invests its assets in Schroder Capital Private Equity Global Innovation X S.C.S. (SCGI Fund X) and Schroder Capital Private Equity Global Innovation XI S.C.S. (SCGI Fund XI) and, at the discretion of the AIFM, will invest its remaining assets, if any, alongside SCGI Fund X and SCGI Fund XI in early stage and growth investment opportunities (including through direct investments, co-investments, and investments in underlying portfolio funds that focus on such investments) or opportunistically invest in other segments and strategies.
- (65) This investment represents a limited partnership that seeks to invests in small company growth, buyout, and turnaround partnerships; co-investments; and secondary interests in North America.
- (66) This investment represents a limited partnership that seeks to invests in loans secured by real estate assets in the United States.
- (67) This investment represents a limited partnership that invests in privately negotiated control or control-oriented infrastructure investments, as well as investments in public-private partnership infrastructure projects, primarily in North America.
- (68) This investment represents a limited partnership that invests in European first lien and senior secured debt facilities. Redemption frequency is the first fiscal quarter end following the fourth anniversary of the first closing and each two-year anniversary thereafter. For redemption notice period, 180 calendar days' notice is required.
- (69) This investment represents a limited liability company that invests in long-biased, long-only, and flexible-biased emerging markets managers.
- (70) This investment represents an actively managed value-add fund that invests in housing and industrial assets. Generally, the investment focuses on markets that have job growth, migration trends, and tax advantages. The fund currently invests in six different assets (built-to-rent, student housing, multitenant industrial properties, and residential multifamily properties).

April 30, 2024 and 2023

**Note 7 - Fair Value Measurements (Continued)**

(71) This investment represents a limited partnership that invests in special situations credit strategies and is focused on idiosyncratic opportunities.

**Note 8 - Derivative Financial Instruments**

The Fund is party to certain futures contracts. The futures contracts are used for the purpose of hedging changes in the fair value of assets and the actuarial present value of accumulated plan benefits or as an efficient substitute for traditional securities. The Fund's investment policies specifically prohibit the use of derivatives for speculative purposes.

Any gains or losses recognized on derivatives are recognized in current year investment income. Management has elected to present derivative information on a gross basis when subject to master netting arrangements. The following are the estimated fair values of derivative instruments at April 30, 2024 and 2023 shown at the gross amounts:

|                   | Asset Derivatives |           | Liability Derivatives |      |
|-------------------|-------------------|-----------|-----------------------|------|
|                   | 2024              | 2023      | 2024                  | 2023 |
| Futures contracts | \$ 19,390         | \$ 16,753 | \$ -                  | \$ - |

Asset derivatives are recorded as part of accrued interest and dividends on the statement of net assets available for benefits.

In connection with certain derivative instrument agreements, the Fund posts collateral in the form of cash. Collateral posted related to the derivative instrument agreements totaled approximately \$0 at April 30, 2024 and 2023.

The notional amount represents the contract amount, not the amount at risk. The notional amount of foreign currency instruments was approximately \$0 at April 30, 2024 and 2023.

The investment managers, on behalf of the Fund, manage its futures contracts and interest rate counterparty credit risks by limiting exposure to and by monitoring the financial condition of each counterparty. In the unlikely event that a counterparty fails to meet the terms of a foreign currency or an interest rate instrument, the Fund's risk is limited to the fair value of the instrument, offset by the value of any collateral held.

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

Measurement Date: May 1, 2023

[Schedule MB, Line 8b(2)]

|          |         | Years of Credited Service |       |       |         |         |         |         |         |         |      |         |
|----------|---------|---------------------------|-------|-------|---------|---------|---------|---------|---------|---------|------|---------|
| Age      | Stat    | Under 1                   | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 + | Total   |
| Under 25 | Count   | 98                        | 501   | 30    | -       | -       | -       | -       | -       | -       | -    | 629     |
|          | Avg Ben | \$0                       | \$192 | \$607 |         |         |         |         |         |         |      | \$182   |
| 25 - 29  | Count   | 84                        | 533   | 294   | 10      | -       | -       | -       | -       | -       | -    | 921     |
|          | Avg Ben | \$0                       | \$239 | \$741 |         |         |         |         |         |         |      | \$389   |
| 30 - 34  | Count   | 196                       | 487   | 332   | 80      | 4       | -       | -       | -       | -       | -    | 1,099   |
|          | Avg Ben | \$0                       | \$246 | \$830 | \$1,462 |         |         |         |         |         |      | \$476   |
| 35 - 39  | Count   | 44                        | 314   | 292   | 80      | 47      | 4       | -       | -       | -       | -    | 781     |
|          | Avg Ben | \$0                       | \$244 | \$851 | \$1,844 | \$2,512 |         |         |         |         |      | \$771   |
| 40 - 44  | Count   | 36                        | 220   | 242   | 95      | 92      | 83      | 10      | -       | -       | -    | 778     |
|          | Avg Ben | \$0                       | \$271 | \$888 | \$1,817 | \$2,701 | \$3,780 |         |         |         |      | \$1,337 |
| 45 - 49  | Count   | 38                        | 205   | 197   | 110     | 112     | 168     | 105     | 3       | -       | -    | 938     |
|          | Avg Ben | \$0                       | \$266 | \$961 | \$1,899 | \$2,842 | \$3,843 | \$4,253 |         |         |      | \$1,995 |
| 50 - 54  | Count   | 29                        | 166   | 195   | 98      | 143     | 193     | 174     | 51      | 6       | -    | 1,055   |
|          | Avg Ben | \$0                       | \$250 | \$864 | \$1,708 | \$2,800 | \$3,878 | \$4,484 | \$5,069 |         |      | \$2,464 |
| 55 - 59  | Count   | 22                        | 103   | 130   | 100     | 99      | 183     | 206     | 100     | 26      | 1    | 970     |
|          | Avg Ben | \$0                       | \$243 | \$898 | \$1,694 | \$2,753 | \$3,730 | \$4,442 | \$5,228 | \$4,905 |      | \$2,924 |
| 60 - 64  | Count   | 15                        | 52    | 79    | 43      | 65      | 86      | 92      | 60      | 15      | 4    | 511     |
|          | Avg Ben |                           | \$246 | \$774 | \$1,677 | \$2,570 | \$3,351 | \$4,223 | \$5,284 |         |      | \$2,759 |
| 65 - 69  | Count   | 4                         | 14    | 21    | 8       | 8       | 10      | 4       | 6       | -       | 2    | 77      |
|          | Avg Ben |                           |       | \$650 |         |         |         |         |         |         |      | \$1,805 |
| 70 +     | Count   | -                         | 2     | 3     | 2       | -       | -       | -       | -       | 1       | -    | 8       |
|          | Avg Ben |                           |       |       |         |         |         |         |         |         |      |         |
| Total    | Count   | 566                       | 2,597 | 1,815 | 626     | 570     | 727     | 591     | 220     | 48      | 7    | 7,767   |
|          | Avg Ben | \$0                       | \$238 | \$841 | \$1,730 | \$2,725 | \$3,748 | \$4,357 | \$5,212 | \$5,252 |      | \$1,481 |

**Stat Description:**

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                                                              | Operating Engineers' Local 324 Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Plan Sponsor</b>                                                           | Joint Board of Trustees of the Operating Engineers' Local 324 Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>EIN / PN</b>                                                               | 38-1900637 / 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Interest Rates</b>                                                         | <p>7.50% per annum, compounded annually, net of investment expenses for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment.</p> <p>2.75% per annum for determining Current Liability, which is the highest rate in the permissible range provided by the IRS.</p> |
| <b>Valuation Date</b>                                                         | May 1, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Future Increases in Maximum Benefits and Plan Compensation Limitations</b> | Projected benefits are limited to the maximum presently allowed under Code Section 415. No provision is made for future increases in the maximum annual benefit limit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

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**Section 415 Limit Assumptions**

*Dollar Limit:* \$265,000

*Assumed form of payment for those limited by Code Section 415:* Qualified joint and 100% survivor annuity

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**Operating Expenses**

Expenses are assumed to be \$5,000,000, payable at the beginning of the plan year (equivalent to \$5,187,500 payable middle of year), and are added to the normal cost.

Investment consulting fees are not included in assumed operating expenses.

The expense assumption is based on a review of expenses from prior Plan Years and has been adjusted to reflect estimated future experience of the Plan.

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**Active Participant**

For valuation purposes, an active participant is a participant who has at least one hour worked in the prior plan year and is not retired as of the valuation date.

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**Inactive Vested Participants Over Age 75**

Inactive vested participants older than age 75 are excluded from the valuation on the assumption that they are deceased or otherwise will not claim benefits under the Plan.

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**QDRO Benefits**

Benefits payable to an alternate payee are included with the participant's benefit until payment commences.

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**Hours Worked**

Actual hours worked by each active participant in the prior plan year.

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**Service Accrual**

Active participants are assumed to earn one year of service for each future plan year.

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**Contribution Income**

Contributions for active participants are assumed to be paid at the same rate as was paid on their behalf during the prior plan year, increased to reflect negotiated contribution rate increases.

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# Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

Non-Disabled Mortality

The sex distinct RP-2014 Mortality Tables with Blue Collar adjustment and adjusted to base year 2006, with no future improvement in mortality rates.

The mortality assumption is based on a review of available tables and studies and has been adjusted to reflect estimated future experience of participants in the Plan.

Disabled Mortality

The sex distinct RP-2014 Disabled Mortality Tables adjusted to base year 2006, with no future improvement in mortality rates.

The mortality assumption is based on a review of available tables and studies and has been adjusted to reflect estimated future experience of participants in the Plan.

Retirement Age

Active participants:

Retirement Rates

| Age     | Prior to Being Eligible for<br>Unreduced Early Retirement | Eligible for Unreduced<br>Early Retirement |
|---------|-----------------------------------------------------------|--------------------------------------------|
| 55      | 6.0%                                                      | 50.0%                                      |
| 56 - 60 | 6.0%                                                      | 25.0%                                      |
| 61      | 25.0%                                                     | 50.0%                                      |
| 62 - 64 | 25.0%                                                     | 100.0%                                     |
| 65 +    | 100.0%                                                    | 100.0%                                     |

Inactive vested participants: Earliest eligible retirement age (age 55 with 10 or more years of service; otherwise, normal retirement age) or age on the valuation date, if later.

The retirement rates are based on historical and current demographic data, adjusted to reflect estimated future experience in the Plan, and professional judgment.

Weighted Average Retirement Age: 61.7, based on the weighted average of the individual retirement ages of all the active participants included in the May 1, 2023 actuarial valuation.



## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

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### **Disability**

50% of the adjusted 1964 OASDI Disability Table for ages through 55, and a rate of zero after 55 – sample rates shown below:

*Representative Disability Rates*

| Age | Rates |
|-----|-------|
| 25  | 0.11% |
| 30  | 0.14% |
| 35  | 0.18% |
| 40  | 0.26% |
| 45  | 0.44% |
| 50  | 0.73% |
| 55  | 1.22% |

The disability rates are based on historical and current demographic data, adjusted to reflect estimated future experience in the Plan, and professional judgment.

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### **Withdrawal**

Rates are linearly interpolated between the rates at the indicated ages shown below:

*Representative Withdrawal Rates*

| Age | Under One Year | One to Two Years | Two or More Years |
|-----|----------------|------------------|-------------------|
| 20  | 45.0%          | 15.00%           | 11.0%             |
| 38  | 45.0%          | 15.00%           | 7.0%              |
| 55  | 45.0%          | 15.00%           | 5.0%              |

The withdrawal rates are based on historical and current demographic data, adjusted to reflect estimated future experience in the Plan, and professional judgment.

---

### **Reemployment**

It is assumed that participants will not be reemployed following a break in service.

---

### **Marriage**

80% of non-retired participants are assumed to be married.

---

### **Spouse Ages**

Spouses of male participants are assumed to be three years younger than the participant. Spouses of female participants are assumed to be three years older than the participant.

---

### **Form of Payment**

All single participants are assumed to elect a Life Annuity. All married participants are assumed to elect a 50% Joint and Survivor Annuity.

---



## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

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### ***Cost Method***

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

---

### ***Asset Valuation Method***

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the assumed investment return) during each of the last five years at the rate of 20% per year. Assumed investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

---

### ***Pension Relief Act of 2010***

The following special rules were elected by the Trustees under the Pension Relief Act of 2010:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending April 30, 2009 are amortized in the funding standard account over a period ending April 30, 2038.
- Special asset valuation rule: Eligible net investment losses incurred during the May 1, 2008 - April 30, 2009 Plan Year are smoothed in the actuarial value of assets over a period of 10 years.

The special rules apply retroactively to the May 1, 2009 - April 30, 2010 Plan Year. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used.

The net investment loss for the May 1, 2008 – April 30, 2009 plan year has been fully recognized in the actuarial value of assets of May 1, 2018.

---

### ***Participant Data***

Participant census data as of May 1, 2023 were provided by Solxsys.

---



## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

---

### ***Missing or Incomplete Participant Data***

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics. Key assumptions include:

- 122 active participants missing a date of birth were assumed to have an entry age of 32.8 (the average entry age for all active participants). 108 inactive vested participants missing a date of birth were assumed to be the average age of inactive vested participants with a date of birth.
- 181 active participants and 157 inactive vested participants missing a gender were assumed to be the same gender as last year unless they are new then they are assumed to be male. 1,135 participants and beneficiaries in pay status were missing a gender. Beneficiaries and alternate payees missing a gender were assumed to be female and other participants in pay status who were missing a gender were assumed to be male if a gender was not provided in past valuation data.
- Assumptions for other missing information are based on averages for participants exhibiting similar characteristics.

---

### ***Financial Information***

Financial information was supplied by Plante Moran.

---

### ***Loading for Pop-Up Feature***

The value of the pop-up is estimated based on average characteristics of the retirees and disabled lives who are eligible for this feature.

Liabilities for benefits of grandfathered active participants are increased 0.8%.

---

### ***Rehabilitation Plan***

All active participants are assumed to be subject to the Preferred Schedule of the Rehabilitation Plan. All inactive vested participants are assumed to be subject to the Default schedule.

---

### ***Benefits Not Included in Valuation***

We believe we have reflected all significant plan provisions in this valuation.

---

## Schedule MB, Line 6 - Statement of Actuarial Assumptions/Methods

---

### ***Nature of Actuarial Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

---

### ***Changes in Assumptions and Methods***

Since the prior valuation, the following assumptions and methods have been changed:

- The age at which we excluded inactive vested participants from the valuation results was changed from 70.5 to 75.
  - The Current Liability interest rate was decreased from 2.21% to 2.75%, in accordance with the change in the highest rate in the IRS prescribed range of rates.
  - The mortality table used to value the Plan's RPA current liability was also changed to comply with IRS regulations.
- 



## Schedule MB – Statement by Enrolled Actuary

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**Plan Sponsor:** Joint Board of Trustees of the Operating Engineers' Local 324 Pension Fund  
**EIN / PN:** 38-1900637 / 001  
**Plan Year:** Beginning May 1, 2023 and ending April 30, 2024  
**Plan Name:** Operating Engineers' Local 324 Pension Fund (the "Plan")  
**Enrolled Actuary:** Jonathan M. Feldman  
**Enrollment Number:** 23-06980

---

*Actuarial assumptions:* The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

*Census data and financial information:* The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The contributions shown in Line 3 of Schedule MB were listed in reliance on information provided by the Plan auditor, Plante Moran.

*Status under Pension Protection Act of 2006 ("PPA"):* As indicated on Line 4b of the Schedule MB, the Plan remained in critical status for the Plan Year.

*Scheduled Progress under Rehabilitation Plan:* The Plan's Rehabilitation Period ended on April 30, 2023, so no certification of Scheduled Progress was required to be made in the plan year in which the Schedule MB is being filed (the plan year beginning May 1, 2024), therefore Line 4c was left blank and the Line 4c attachment is not required.



## Operating Engineers' Local 324 Pension Fund

### Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
EIN 38-1900637, Plan No. 001  
Year Ended April 30, 2024

| (a)<br>Identity of Party Involved                                                                                                                                                           | (b)<br>Description of Asset      | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------------|---------------------------|
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                  |                       |                      |                      |                                                            |                           |
| BNY Mellon                                                                                                                                                                                  | Collective US Gov't Stif 15 BPS: |                       |                      |                      |                                                            |                           |
|                                                                                                                                                                                             | Purchases - 393                  | \$ 113,871,977        | \$ -                 | \$ 113,871,977       | \$ 113,871,977                                             | \$ -                      |
|                                                                                                                                                                                             | Sales - 104                      | -                     | 118,048,001          | 118,048,001          | 118,048,001                                                | -                         |

There were no Category (i), (ii), or (iv) reportable transactions during the year.

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain</div> <div>Money Purchase Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

Round off amounts to nearest dollar.

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

|                                                                                                                                                          |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>OPERATING ENGINEERS' LOCAL 324 PENSION FUND</div>                                                              | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>38-1900637</div> |

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

|                                                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <div>1a</div> <div>Enter the valuation date:</div> <div>Month 05 Day 01 Year 2023</div>                                       |                                              |
| <div>b</div> <div>Assets</div>                                                                                                |                                              |
| <div>(1)</div> <div>Current value of assets</div>                                                                             | <div>1b(1)</div> <div>1,624,449,272</div>    |
| <div>(2)</div> <div>Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>1,704,470,691</div>    |
| <div>c</div> <div>(1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>2,346,988,306</div>    |
| <div>(2)</div> <div>Information for plans using spread gain methods:</div>                                                    |                                              |
| <div>(a)</div> <div>Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div> <div></div>              |
| <div>(b)</div> <div>Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div> <div></div>              |
| <div>(c)</div> <div>Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div> <div></div>              |
| <div>(3)</div> <div>Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>2,346,988,306</div>    |
| <div>d</div> <div>Information on current liabilities of the plan:</div>                                                       |                                              |
| <div>(1)</div> <div>Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div> <div></div>                 |
| <div>(2)</div> <div>"RPA '94" information:</div>                                                                              |                                              |
| <div>(a)</div> <div>Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>4,397,440,730</div> |
| <div>(b)</div> <div>Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>86,682,561</div>    |
| <div>(c)</div> <div>Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>189,261,674</div>   |
| <div>(3)</div> <div>Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>181,117,430</div>      |

Statement by Enrolled Actuary

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

|                                                                             |                                          |                                                                  |
|-----------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                        | <div>Jonathan Feldman</div>              | <div>February 12, 2025</div>                                     |
| <div>JONATHAN M. FELDMAN</div>                                              | <div>Signature of actuary</div>          | <div>Date</div> <div>2306980</div>                               |
| <div>HORIZON ACTUARIAL SERVICES, LLC</div>                                  | <div>Type or print name of actuary</div> | <div>Most recent enrollment number</div> <div>240-247-4600</div> |
| <div>8601 GEORGIA AVENUE, SUITE 905</div> <div>SILVER SPRING MD 20910</div> | <div>Firm name</div>                     | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                              |                                          |                                                                  |

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

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

Schedule MB (Form 5500) 2023 v. 230728

3(a) Contributions and withdrawal liability payments made throughout the year.

- 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:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                  | <b>6a</b>                                                                                        | 2.75 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males.....                                                                                                         | <b>6c(1)</b>                                                                                     | A A                                                                                                                                             |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | A A                                                                                                                                             |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.50 % 7.50 %                                                                                                                                   |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | %                                                                                                                                               |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 6.1 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 0.3 %                                                                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 5,000,000                                                                                                                                       |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 18,865,557          | 1,988,118                      |
| 4                | 3,812,110           | 401,733                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) .....

**8e****9** Funding standard account statement for this plan year:**Charges to funding standard account:**

**a** Prior year funding deficiency, if any .....

**9a**

0

**b** Employer's normal cost for plan year as of valuation date .....

**9b**

36,290,091

**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)**

797,680,352

125,743,837

**(2)** Funding waivers .....

**9c(2)**

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

**9c(3)**

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

**9d**

12,152,545

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

**9e**

174,186,473

**Credits to funding standard account:**

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

**9f**

1,056,658

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

**9g**

173,417,746

Outstanding balance

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

**9h**

154,106,079

42,341,915

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

**9i**

9,758,058

**j** Full funding limitation (FFL) and credits:

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

**9j(1)**

816,877,216

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

**9j(2)**

2,343,376,501

**(3)** FFL credit .....

**9j(3)**

0

**k (1)** Waived funding deficiency .....

**9k(1)**

0

**(2)** Other credits .....

**9k(2)**

0

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

**9l**

226,574,377

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

**9m**

52,387,904

**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)**

**(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

**Attachment to Form 5500**  
**Schedule R, Line 13e –**  
**Information on Contribution Rates and Base Units**  
**Page 2**

**Plan Name** OPERATING ENGINEERS' LOCAL 324 PENSION FUND

**EIN:** 38-1900637

**Plant Sponsor's Name** JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324      **PN:** 001

**2** Enter the following information for each employer contributing more than five (5) percent of the plan's total contributions to the plan during the plan year or was one of the top-ten highest contributors.

**a** Name of Contributing Employer: Michigan CAT

**b** EIN: 35-0791060

**c** Dollar amount contributed: \$ 5,445,066

**e(1)** Contribution rate:

|           |           |
|-----------|-----------|
| 1) \$4.60 | 2) \$4.90 |
|-----------|-----------|

**e(2)** Base unit measure: ☒ Hourly (all contribution rates) ☐ Weekly ☐ Unit-of-Production ☐ Other: (specify)

**Attachment to Form 5500**  
**Schedule R, Line 13d –**  
**Collective Bargaining Agreement Expiration Date**  
**Page 1**

**Plan Name** OPERATING ENGINEERS' LOCAL 324 PENSION FUND

**EIN:** 38-1900637

**Plant Sponsor's Name** JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324 **PN:** 001

**2** Enter the following information for each employer contributing more than five (5) percent of the plan's total contributions to the plan during the plan year or was one of the top-ten highest contributors.

**a** Name of Contributing Employer: Dan's Excavating  
**b** EIN: 38-2036838 **c** Dollar amount contributed: \$ 6,455,573  
**d** Date collective bargaining agreement expires:

|                 |                  |            |
|-----------------|------------------|------------|
| Jurisdiction:   | MUCG Underground | MUCG HBA   |
| Expiration Date | 08/31/2029       | 05/31/2029 |

**a** Name of Contributing Employer: Barton Malow Company  
**b** EIN: 38-1327761 **c** Dollar amount contributed: \$ 6,082,376  
**d** Date collective bargaining agreement expires:

|                 |               |              |            |
|-----------------|---------------|--------------|------------|
| Jurisdiction:   | AGC - Detroit | AGC Outstate | GLFEA      |
| Expiration Date | 05/31/2026    | 05/31/2026   | 05/31/2025 |

**a** Name of Contributing Employer: BNA Constructors USA JV  
**b** EIN: 83-1894855 **c** Dollar amount contributed: \$ 4,348,050  
**d** Date collective bargaining agreement expires:

|                 |            |            |
|-----------------|------------|------------|
| Jurisdiction:   | GLFEA      | MUCG HBA   |
| Expiration Date | 05/31/2025 | 05/31/2029 |

**a** Name of Contributing Employer: Angelo Iafrate Construction Co  
**b** EIN: 38-1894432 **c** Dollar amount contributed: \$ 3,712,867  
**d** Date collective bargaining agreement expires:

|                 |                           |            |                  |
|-----------------|---------------------------|------------|------------------|
| Jurisdiction:   | Shop Agreement (Mechanic) | MUCG HBA   | MUCG Underground |
| Expiration Date | 08/31/2026                | 05/31/2029 | 08/31/2029       |

**a** Name of Contributing Employer: Infrasource Construction LLC  
**b** EIN: 04-3633384      **c** Dollar amount contributed: \$ 3,012,204  
**d** Date collective bargaining agreement expires:

|                    |                               |            |
|--------------------|-------------------------------|------------|
| Jurisdiction:      | Distribution & Communications | MUCG HBA   |
| Expiration<br>Date | 04/30/2026                    | 05/31/2029 |

**a** Name of Contributing Employer: Kokosing Alberici Traylor LLC  
**b** EIN: 86-3672853      **c** Dollar amount contributed: \$ 2,679,676  
**d** Date collective bargaining agreement expires:

|                    |                 |            |
|--------------------|-----------------|------------|
| Jurisdiction:      | Floating/Marine | UP HBA     |
| Expiration<br>Date | 05/31/2026      | 05/31/2029 |

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

Measurement Date: May 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

| Plan Year<br>Beginning<br>May 1 | Expected Benefit Payments |                                    |                                                 |             |
|---------------------------------|---------------------------|------------------------------------|-------------------------------------------------|-------------|
|                                 | Active<br>Participants    | Inactive<br>Vested<br>Participants | Retired<br>Participants<br>and<br>Beneficiaries | Total       |
| 2023                            | 8,971,632                 | 12,540,701                         | 160,970,787                                     | 182,483,120 |
| 2024                            | 16,147,242                | 13,698,348                         | 157,106,908                                     | 186,952,498 |
| 2025                            | 23,228,801                | 15,078,828                         | 153,005,622                                     | 191,313,251 |
| 2026                            | 30,487,766                | 16,375,379                         | 148,674,770                                     | 195,537,915 |
| 2027                            | 36,832,706                | 17,497,796                         | 144,147,740                                     | 198,478,242 |
| 2028                            | 43,280,683                | 18,616,652                         | 139,420,030                                     | 201,317,366 |
| 2029                            | 49,554,105                | 19,519,433                         | 134,510,970                                     | 203,584,507 |
| 2030                            | 55,445,744                | 20,479,051                         | 129,422,799                                     | 205,347,594 |
| 2031                            | 60,703,295                | 21,300,374                         | 124,183,008                                     | 206,186,677 |
| 2032                            | 65,481,589                | 22,032,295                         | 118,810,593                                     | 206,324,477 |
| 2033                            | 69,252,049                | 22,710,022                         | 113,319,707                                     | 205,281,777 |
| 2034                            | 72,705,840                | 23,277,525                         | 107,731,925                                     | 203,715,289 |
| 2035                            | 75,321,622                | 23,679,301                         | 102,068,913                                     | 201,069,836 |
| 2036                            | 77,504,697                | 23,906,506                         | 96,347,979                                      | 197,759,181 |
| 2037                            | 78,911,507                | 24,035,005                         | 90,588,820                                      | 193,535,332 |
| 2038                            | 79,849,588                | 24,101,739                         | 84,811,419                                      | 188,762,747 |
| 2039                            | 80,272,656                | 23,995,757                         | 79,040,825                                      | 183,309,239 |
| 2040                            | 80,236,621                | 23,810,844                         | 73,301,221                                      | 177,348,686 |
| 2041                            | 79,826,882                | 23,535,735                         | 67,620,288                                      | 170,982,905 |
| 2042                            | 79,168,630                | 23,187,546                         | 62,027,450                                      | 164,383,626 |
| 2043                            | 78,251,831                | 22,769,550                         | 56,553,538                                      | 157,574,919 |
| 2044                            | 77,046,065                | 22,239,212                         | 51,230,467                                      | 150,515,743 |
| 2045                            | 75,608,826                | 21,625,121                         | 46,090,220                                      | 143,324,167 |
| 2046                            | 73,979,589                | 20,996,159                         | 41,164,192                                      | 136,139,940 |
| 2047                            | 72,075,853                | 20,296,242                         | 36,482,224                                      | 128,854,319 |

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

Measurement Date: May 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

| Plan Year<br>Beginning<br>May 1 | Expected Benefit Payments |                                    |                                                 | Total       |
|---------------------------------|---------------------------|------------------------------------|-------------------------------------------------|-------------|
|                                 | Active<br>Participants    | Inactive<br>Vested<br>Participants | Retired<br>Participants<br>and<br>Beneficiaries |             |
| 2048                            | 70,070,902                | 19,492,436                         | 32,071,442                                      | 121,634,780 |
| 2049                            | 67,827,308                | 18,639,242                         | 27,955,600                                      | 114,422,150 |
| 2050                            | 65,429,558                | 17,856,702                         | 24,153,973                                      | 107,440,233 |
| 2051                            | 62,910,064                | 16,965,132                         | 20,680,288                                      | 100,555,484 |
| 2052                            | 60,244,893                | 16,039,823                         | 17,542,331                                      | 93,827,046  |
| 2053                            | 57,362,140                | 15,149,654                         | 14,741,009                                      | 87,252,803  |
| 2054                            | 54,381,629                | 14,234,699                         | 12,270,479                                      | 80,886,807  |
| 2055                            | 51,348,036                | 13,305,746                         | 10,118,434                                      | 74,772,216  |
| 2056                            | 48,225,339                | 12,365,134                         | 8,266,972                                       | 68,857,445  |
| 2057                            | 45,090,299                | 11,424,287                         | 6,693,796                                       | 63,208,383  |
| 2058                            | 41,953,832                | 10,510,612                         | 5,373,705                                       | 57,838,150  |
| 2059                            | 38,907,309                | 9,639,409                          | 4,279,613                                       | 52,826,331  |
| 2060                            | 35,883,608                | 8,802,015                          | 3,383,600                                       | 48,069,222  |
| 2061                            | 32,955,554                | 7,966,413                          | 2,658,172                                       | 43,580,138  |
| 2062                            | 30,141,666                | 7,169,217                          | 2,077,127                                       | 39,388,009  |
| 2063                            | 27,464,204                | 6,418,325                          | 1,616,388                                       | 35,498,918  |
| 2064                            | 24,926,875                | 5,713,255                          | 1,254,387                                       | 31,894,518  |
| 2065                            | 22,543,572                | 5,061,154                          | 972,269                                         | 28,576,995  |
| 2066                            | 20,327,514                | 4,462,090                          | 753,895                                         | 25,543,498  |
| 2067                            | 18,281,256                | 3,915,375                          | 585,757                                         | 22,782,388  |
| 2068                            | 16,404,286                | 3,419,696                          | 456,799                                         | 20,280,780  |
| 2069                            | 14,691,145                | 2,973,186                          | 358,112                                         | 18,022,442  |
| 2070                            | 13,134,203                | 2,573,505                          | 282,641                                         | 15,990,349  |
| 2071                            | 11,724,344                | 2,217,940                          | 224,876                                         | 14,167,160  |
| 2072                            | 10,451,336                | 1,903,490                          | 180,572                                         | 12,535,398  |

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

Measurement Date: May 1, 2023

[Form 5500 Sch. MB, Line 8b(3)]

| Plan Year<br>Beginning<br>May 1 | Employer<br>Contributions | Withdrawal<br>Liability<br>Payments | Total          |
|---------------------------------|---------------------------|-------------------------------------|----------------|
| 2023                            | \$ 115,131,753            | \$ 0                                | \$ 115,131,753 |
| 2024                            | 115,131,753               | 0                                   | 115,131,753    |
| 2025                            | 115,131,753               | 0                                   | 115,131,753    |
| 2026                            | 115,131,753               | 0                                   | 115,131,753    |
| 2027                            | 115,131,753               | 0                                   | 115,131,753    |
| 2028                            | 115,131,753               | 0                                   | 115,131,753    |
| 2029                            | 115,131,753               | 0                                   | 115,131,753    |
| 2030                            | 115,131,753               | 0                                   | 115,131,753    |
| 2031                            | 115,131,753               | 0                                   | 115,131,753    |
| 2032                            | 115,131,753               | 0                                   | 115,131,753    |



## Schedule MB, Line 6 - Summary of Plan Provisions

This summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>                                              | <b>Operating Engineers' Local 324 Pension Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Plan Sponsor</b>                                           | Joint Board of Trustees of the Operating Engineers' Local 324 Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>EIN / PN</b>                                               | 38-1900637 / 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Plan History, Effective Date and Most Recent Amendment</b> | <p>The Operating Engineers' Local 324 Pension Plan was set forth to combine, restate, supersede and continue the Pension Plan that was established as of April 15, 1957 under the Engineers' Local 324 Pension Trust Fund, the Pension Plan established as of May 1, 1959 under the Operating Engineers' Pension Trust Fund - Detroit Area and the Pension Plan established as of September 19, 1962 under the Michigan Highway Construction Industry Operating Engineers' Pension Fund. The revised Pension Plan was effective May 1, 1970.</p> <p>The Plan was last amended, effective May 1, 2019, to update the terms of the Rehabilitation Plan, which was originally effective May 1, 2011 and previously updated effective May 1, 2015. The Rehabilitation Plan consists of two schedules of benefit reductions and contribution rate increases, the Preferred Schedule and the Default Schedule.</p> |
| <b>Plan Year</b>                                              | The twelve-month period beginning May 1 and ending April 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Employers</b>                                              | A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Participation</b>                                          | The first month following the completion of 1,000 hours during a twenty-four consecutive month period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



## Schedule MB, Line 6 - Summary of Plan Provisions

### **Contribution Rates**

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreements. Following is a partial listing of hourly pension contribution rates.

| Date         | Hourly Contribution Rate* |
|--------------|---------------------------|
| May 1, 1988  | \$2.25 to \$2.50          |
| May 1, 1989  | \$2.50 to \$2.75          |
| May 1, 1990  | \$2.75 to \$3.00          |
| June 1, 1991 | \$3.00 to \$3.25          |
| July 1, 1992 | \$3.25                    |
| May 1, 1996  | \$3.50 to \$4.00          |
| May 1, 2001  | \$3.75 to \$4.75          |
| May 1, 2002  | \$4.75                    |
| May 1, 2005  | \$5.00                    |
| May 1, 2006  | \$5.75                    |
| May 1, 2007  | \$6.35                    |
| May 1, 2008  | \$6.95                    |
| May 1, 2009  | \$7.85                    |
| May 1, 2010  | \$8.95                    |
| May 1, 2011  | \$9.45                    |
| May 1, 2012  | \$9.95                    |
| May 1, 2013  | \$10.45                   |
| May 1, 2014  | \$10.95                   |
| May 1, 2015  | \$11.45                   |
| May 1, 2016  | \$11.95                   |
| May 1, 2017  | \$12.45                   |
| May 1, 2018  | \$12.95                   |
| May 1, 2019  | \$13.45                   |
| May 1, 2020  | \$13.95                   |

\* Employers reporting under Shop Agreements contribute at a lower rate. Due to staggered contract renewal dates, some "sections" were contributing at a lower rate as of the valuation date.

The Preferred Schedule will increase the hourly pension contribution rates by \$0.50 each year for ten years. The first \$0.50 increase was effective May 1, 2011.

The Preferred Schedule increases the hourly pension contribution rates for Shop employers by \$0.30 each year for five years. The first increase is effective May 1, 2019.

For the seven (7) month work period from November 1, 1991 through May 31, 1992, \$1.00 per hour of employer contributions that would have been contributed to the pension fund was allocated to the health care plan.



## Schedule MB, Line 6 - Summary of Plan Provisions

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### ***Credited Contributions***

Contributions are credited on an employee's behalf according to the following table:

| Effective Dates                   | Credited Employer Contributions                               |
|-----------------------------------|---------------------------------------------------------------|
| Prior to<br>October 1, 1970       | 100% of Employer Contributions ,<br>plus                      |
| October 1, 1970 to<br>May 1, 1973 | 75% of Employer Contributions ,<br>plus                       |
| May 1, 1973 to<br>June 1, 1974    | 75% of (Employer Contributions less \$0.05 per hour),<br>plus |
| June 1, 1974 to<br>May 1, 1982    | 75% of (Employer Contributions less \$0.10 per hour),<br>plus |
| May 1, 1982 to<br>May 1, 2019     | 75% of Employer Contributions<br>plus                         |
| May 1, 2019                       | 75% of (Employer Contributions capped at \$8.00 per<br>hour*) |

\* For employers reporting under Shop Agreements contributing at rates below \$8.00 per hour, contributions attributable to the five \$0.30 contribution increases required under the Preferred Schedule of the 2019 Rehabilitation Plan Update are not considered Credited Employer Contributions.

### **Reciprocity**

The plan has entered into money-follows-man reciprocity agreements with other pension plans so that contributions will be transferred to an employee's home plan. Also, the Trustees have signed the International Union of Operating Engineers Pension Reciprocity Agreement which contains both pro-rata and money follows the man reciprocity types.

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### ***Years of Service***

Completion of at least 500 hours during a Plan Year.

---

### ***Vesting Service***

See Year of Service above.

---

### ***Normal Retirement Age***

For benefits accrued prior to May 1, 2011, a participant's Normal Retirement Age at the later of attaining age 62 or the fifth anniversary of an active Participant's Plan participation.

For benefits accrued on and after May 1, 2011, a participant's Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.

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## Schedule MB, Line 6 - Summary of Plan Provisions

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### ***Break-In-Service***

Completion of less than 160 hours of service in a Plan Year.

*Note:* For non-vested benefits, cancellation of Years of Service occurs after five consecutive Break-in-Service years.

---

### ***Normal Pension- Eligibility***

For benefits accrued prior to May 1, 2011:

- (1) Age 65 with at least 5 years of plan participation; or
- (2) Age 62 with at least 5 Years of Service.

For benefits accrued on or after May 1, 2011:

- (1) Age 65 with at least 5 years of plan participation.
- 

### ***Normal Pension – Amount of Benefit***

For participants who first became participants prior to May 1, 2011, the sum of the following:

- (1) \$6.00 times years of past service credit, plus
- (2) 3.3% of credited employer contributions through April 30, 2004, plus
- (3) 1.5% of credited employer contributions after May 1, 2004.

For participants who first became participants on or after May 1, 2011, the sum of the following:

- (1) First 15 Years of Service: 1.167% of credited employer contributions, plus
- (2) Next 15 Years of Service: 1.333% of credited employer contributions, plus
- (3) Additional Years of Service: 1.500% of credited employer contributions.

For participants who first became participants on or after May 1, 2011 and are subject to the Default Schedule of the Rehabilitation Plan, the following:

- (1) 1.333% of credited employer contributions.
- 

### ***Minimum Benefit***

\$175 for participants with at least 10 years of credited service. Payable as a joint and 50% survivor annuity if married; otherwise payable for life.

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### ***Grandfathered Participants***

Participants who have attained at least age 50 with at least 25 Years of Service as of May 1, 2011.

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## Schedule MB, Line 6 - Summary of Plan Provisions

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***Unreduced Early  
Retirement – Eligibility***

Age 55 and 35 Years of Service.

For retirement dates on or before June 1, 2011 and for grandfathered participants, age 55 and 30 Years of Service.

Effective May 1, 2019, Inactive Vested participants are not eligible for unreduced early retirement.

---

***Unreduced Early  
Retirement – Amount of  
Benefit***

The calculated Normal Pension unreduced for early retirement.

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***Early Retirement Pension  
– Eligibility***

Age 55 and 10 Years of Service.

---

***Early Retirement Pension  
– Amount of Benefit***

The calculated Normal Pension, reduced for early retirement. The reductions are as follows:

- (1) Benefits earned prior to May 1, 2011 are reduced by 6% for each year the retiring participant is younger than age 62, plus
  - (2) Benefits earned on and after May 1, 2011 are reduced by 6% for each year the retiring participant is younger than age 65.
- 

***Disability Pension –  
Eligibility***

For disability benefit applications submitted prior to May 1, 2011:

Under age 62, 5 years of service, disabled while active participant.

For disability benefit applications submitted on or after May 1, 2011:

Under age 62, 10 years of service, disabled while active participant, and entitled to a Social Security Disability award.

---

***Disability Pension –  
Amount of Benefit***

For disability benefit applications submitted prior to May 1, 2011:

Vested benefit. No minimum.

For disability benefit applications submitted on or after May 1, 2011:

70% of vested benefit. No minimum. The amount of the disability benefit will not be less than the early retirement benefit.

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## Schedule MB, Line 6 - Summary of Plan Provisions

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### ***Vested Benefit***

A Participant's benefits become 100% vested upon earning 5 years of Vesting Service. The benefit is equal to the Normal Retirement benefit.

---

### ***Pre-Retirement Death Benefit #1***

#### ***Eligibility***

Death of vested active participant or inactive participant with at least 10 years of service before age 55. Has surviving spouse or dependent child.

#### ***Monthly Amount***

Deaths prior to May 1, 2011:

50% of deferred vested benefit. Payable to spouse over spouse's lifetime commencing at participant's earliest retirement date (reduced if prior to age 62) or payable immediately until spouse's death or remarriage or until youngest child reaches age 18 (unreduced).

Deaths on or after May 1, 2011:

50% of deferred vested benefit. Payable to spouse over spouse's lifetime commencing at participant's earliest retirement date (reduced if prior to Normal Retirement Age) or payable immediately until spouse's death or remarriage or until youngest child reaches age 18 (reduced to participant's earliest retirement date).

---

### ***Pre-Retirement Death Benefit #2***

#### ***Eligibility***

Same as #1 above except death at age 55 or older

#### ***Monthly Amount***

Deaths prior to May 1, 2011:

50% of deferred vested benefit (unreduced). Payable immediately until spouse's death or until youngest child reaches age 18.

Deaths on or after May 1, 2011:

50% of deferred vested benefit (reduced for early retirement). Payable immediately until spouse's death or until youngest child reaches age 18.

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## Schedule MB, Line 6 - Summary of Plan Provisions

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### *Pre-Retirement Death Benefit #3*

|                       |                                                                                                                                   |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>    | Death of inactive participant with 5, but less than 10 years of service before age 55. Has eligible spouse.                       |
| <i>Monthly Amount</i> | 50% of deferred vested benefit deferred until participant would have been of Normal Retirement Age. Payable until spouse's death. |

---

### *Pre-Retirement Death Benefit #4*

|                       |                                                                                                                       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>    | Same as #3 above except death age 55 or older                                                                         |
| <i>Monthly Amount</i> | 50% of deferred vested benefit (reduced if prior to Normal Retirement Age). Payable immediately until spouse's death. |

---

### *Pre-Retirement Death Benefit #5*

|                       |                                                                                                                                                  |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>    | Death of active vested participant or participant receiving disability prior to May 1, 2011. No eligible spouse.                                 |
| <i>Monthly Amount</i> | 50% of credited employer contributions. \$15,000 maximum benefit reduced by any disability payments received. Single sum payment to beneficiary. |

---

### *Post-Retirement Death Benefit*

|                       |                                                                                                                                                         |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>    | Death of participant receiving normal, unreduced early, early, disability or deferred vested. Has eligible spouse or child under age 18.                |
| <i>Monthly Amount</i> | 50% of participant's benefit (or continuation of spouse's benefit). Payable if no spouse (or after spouse's death) until youngest child reaches age 18. |

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## Schedule MB, Line 6 - Summary of Plan Provisions

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### *Lump Sum Death Benefit*

|                    |                                                                                                                                                                                                                                                                                                                           |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Deaths prior to May 1, 2011:<br>Death of participant with at least 5 years of service.                                                                                                                                                                                                                                    |
|                    | Deaths on or after May 1, 2011:<br>Death of participant with at least 10 years of service.                                                                                                                                                                                                                                |
|                    | Effective May 1, 2019, Inactive Vested participants are not eligible for the lump sum death benefit.                                                                                                                                                                                                                      |
| <b>Amount</b>      | Deaths prior to May 1, 2011:<br>\$30,000 if active, \$2,500 if inactive vested or retired from inactive vested status, \$20,000 if retired from active status.                                                                                                                                                            |
|                    | Deaths on or after May 1, 2011:<br>Return of employer contributions up to \$30,000 if active, up to \$2,500 if inactive vested or retired from inactive vested status, up to \$20,000 if retired from active status. Effective May 1, 2019, Inactive Vested participants are not eligible for the lump sum death benefit. |

---

### *Supplement Benefit #1*

|                       |                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>    | For retirement dates on or before June 1, 2011 and for grandfathered participants, receiving normal, unreduced early, early or disability benefits. 10 years of service (excluding contiguous non-covered employment, years of service for other employment, inter-fund contiguous service and reciprocity service) and active when benefit commenced. |
| <b>Monthly Amount</b> | \$15.00 times years of credited service, with a maximum of \$300.00. Beginning at retirement, (current age if disabled prior to age 55) and payable until earlier of death or age 65. No continuation to spouse or beneficiary.                                                                                                                        |

---

### *Supplement Benefit #2*

|                       |                                                                                                                                                                                                                                        |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>    | Receiving normal, 55 and 30, early or disability. 10 years of service (excluding contiguous non-covered employment, years of service for other employment, inter-fund contiguous service and reciprocity service) and at least age 65. |
| <b>Monthly Amount</b> | \$7.50 times years of credited service as of May 1, 2011, with a maximum of \$150.00. Beginning at age 65 or current age, if older.                                                                                                    |

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## Schedule MB, Line 6 - Summary of Plan Provisions

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### ***Supplement Benefit #3***

|                              |                                                                                                                                       |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Eligibility</i></b>    | Receiving benefits from pension plan. Retired prior to May 1, 1998. Participating in health and welfare plan.                         |
| <b><i>Monthly Amount</i></b> | \$300.00 beginning May 1, 1998. 100% continuation to spouse. Must continue participation in Health & Welfare plan to receive benefit. |

---

### ***Forms of Payment***

#### ***Normal Form***

- (a) For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor Annuity unless this form is rejected by a Participant and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form.
- (b) If the 50% Joint and Survivor Annuity is rejected or if the Participant is not married, benefits are payable as a Life Annuity. Benefits are payable for the life of the Participant.

#### ***Optional Forms***

- (a) 75% Joint and Survivor Annuity
- (b) 100% Joint and Survivor Annuity

#### ***Death of Spouse after Retirement***

For retirements prior to June 1, 2011 and grandfathered participants, if a Participant receives benefits under a Joint and Survivor annuity and his or her spouse dies before the Participant, the monthly benefit amount will be increased to the amount the Participant would have received under the Life Annuity option.

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### ***Changes in Plan Provisions***

There are no changes to the Plan Provisions since the last valuation.

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# Operating Engineers' Local 324 Pension Fund

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 38-1900637, Plan No. 001

April 30, 2024

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                | (d)<br>Cost  | (e)<br>Current Value |
|------------------------------|-----------------------------------------------------------------|--------------|----------------------|
| JPMORGAN                     | Money market fund - JPM US GOVT PREMIER                         | \$ 6,539,580 | \$ 6,539,580         |
| BNY MELLON                   | U.S. Government Securities - MFB NTGI-QM COMMON DAILY TIPS FUND | 3,000,000    | 2,980,209            |
| Equity securities:           |                                                                 |              |                      |
| BNY MELLON                   | A O SMITH CORP                                                  | 2,467,516    | 3,971,681            |
| BNY MELLON                   | ADOBE INC                                                       | 1,947,573    | 2,419,675            |
| BNY MELLON                   | ADVANCED MICRO DEVICES INC                                      | 916,522      | 1,857,639            |
| BNY MELLON                   | AKAMAI TECHNOLOGIES INC                                         | 2,201,272    | 2,770,226            |
| BNY MELLON                   | ALBANY INTERNATIONAL CORP                                       | 1,222,989    | 1,604,889            |
| BNY MELLON                   | ALBEMARLE CORP                                                  | 1,232,823    | 2,008,455            |
| BNY MELLON                   | ALPHABET INC                                                    | 3,793,815    | 7,098,783            |
| BNY MELLON                   | AMAZON.COM INC                                                  | 5,709,796    | 7,373,450            |
| BNY MELLON                   | AMPHENOL CORP                                                   | 1,761,599    | 3,296,538            |
| BNY MELLON                   | ANSYS INC                                                       | 1,861,344    | 2,973,302            |
| BNY MELLON                   | APEX SMALL CAPITAL                                              | 2,333        | 2,333                |
| BNY MELLON                   | APPLE INC                                                       | 2,076,924    | 3,583,403            |
| BNY MELLON                   | ARCHROCK INC                                                    | 1,273,199    | 4,293,072            |
| BNY MELLON                   | ARROW ELECTRONICS INC                                           | 1,589,653    | 2,820,358            |
| BNY MELLON                   | BIO-RAD LABORATORIES INC                                        | 2,537,401    | 2,059,002            |
| BNY MELLON                   | BOOKING HOLDINGS INC                                            | 1,406,730    | 2,012,533            |
| BNY MELLON                   | BORGWARNER INC                                                  | 1,610,374    | 1,806,315            |
| BNY MELLON                   | BOX INC                                                         | 2,669,575    | 2,741,545            |
| BNY MELLON                   | BXP INC                                                         | 2,203,482    | 1,685,698            |
| BNY MELLON                   | CABOT CORP                                                      | 1,043,091    | 2,728,142            |
| BNY MELLON                   | CBRE GROUP INC                                                  | 1,401,671    | 3,566,400            |
| BNY MELLON                   | CDW CORP/DE                                                     | 1,174,262    | 2,236,721            |
| BNY MELLON                   | CENTENE CORP                                                    | 947,633      | 1,927,323            |
| BNY MELLON                   | CF INDUSTRIES HOLDINGS INC                                      | 1,173,559    | 3,817,094            |
| BNY MELLON                   | CHARLES RIVER LABORATORIES INT                                  | 2,806,378    | 3,177,146            |
| BNY MELLON                   | CIRRUS LOGIC INC                                                | 1,846,107    | 2,480,580            |
| BNY MELLON                   | COLGATE-PALMOLIVE CO                                            | 1,478,172    | 1,717,801            |
| BNY MELLON                   | CONMED CORP                                                     | 1,986,071    | 1,475,642            |
| BNY MELLON                   | COPART INC                                                      | 586,684      | 1,019,290            |
| BNY MELLON                   | COPT DEFENSE PROPERTIES                                         | 1,669,848    | 1,610,664            |
| BNY MELLON                   | CRACKER BARREL OLD COUNTRY STO                                  | 2,705,236    | 1,370,200            |
| BNY MELLON                   | DANAHER CORP                                                    | 1,822,196    | 1,912,785            |
| BNY MELLON                   | DARDEN RESTAURANTS INC                                          | 1,129,621    | 2,508,100            |
| BNY MELLON                   | DIODES INC                                                      | 1,252,968    | 2,137,368            |
| BNY MELLON                   | DR HORTON INC                                                   | 932,174      | 3,057,978            |
| BNY MELLON                   | EASTMAN CHEMICAL CO                                             | 2,085,965    | 2,760,103            |
| BNY MELLON                   | EATON CORP PLC                                                  | 825,590      | 1,552,791            |
| BNY MELLON                   | EDWARDS LIFESCIENCES CORP                                       | 1,001,548    | 1,112,818            |
| BNY MELLON                   | ELI LILLY & CO                                                  | 1,111,864    | 4,314,796            |
| BNY MELLON                   | FACTSET RESEARCH SYSTEMS INC                                    | 1,066,645    | 1,018,879            |
| BNY MELLON                   | FIRSTCASH HOLDINGS INC                                          | 1,154,624    | 2,326,936            |
| BNY MELLON                   | FORMFACTOR INC                                                  | 1,706,173    | 2,617,076            |
| BNY MELLON                   | GATX CORP                                                       | 1,781,901    | 3,752,292            |
| BNY MELLON                   | HEXCEL CORP                                                     | 1,421,830    | 2,763,663            |
| BNY MELLON                   | HOLOGIC INC                                                     | 2,033,022    | 3,300,390            |
| BNY MELLON                   | HOULIHAN LOKEY INC                                              | 1,600,272    | 3,876,588            |
| BNY MELLON                   | HUNTINGTON INGALLS INDUSTRIES                                   | 1,355,988    | 2,643,020            |
| BNY MELLON                   | ILLINOIS TOOL WORKS INC                                         | 732,067      | 913,216              |
| BNY MELLON                   | INSPERITY INC                                                   | 3,369,338    | 2,943,592            |
| BNY MELLON                   | INTERCONTINENTAL EXCHANGE INC                                   | 1,572,053    | 2,156,601            |

# Operating Engineers' Local 324 Pension Fund

## Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 38-1900637, Plan No. 001

April 30, 2024

| (a)(b)<br>Identity of Issuer   | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|--------------------------------|----------------------------------|-------------|----------------------|
| Equity securities (Continued): |                                  |             |                      |
| BNY MELLON                     | INTERPUBLIC GROUP OF COS INC/T   | \$ 1        | \$ 1,157             |
| BNY MELLON                     | INTUIT INC                       | 1,848,237   | 2,359,839            |
| BNY MELLON                     | INTUITIVE SURGICAL INC           | 1,303,457   | 1,970,216            |
| BNY MELLON                     | KEYCORP                          | 1,407,634   | 1,656,497            |
| BNY MELLON                     | MASTERCARD INC                   | 2,313,508   | 4,194,806            |
| BNY MELLON                     | MICROCHIP TECHNOLOGY INC         | 1,277,220   | 1,314,946            |
| BNY MELLON                     | MICROSOFT CORP                   | 3,270,210   | 6,948,373            |
| BNY MELLON                     | MONOLITHIC POWER SYSTEMS INC     | 848,431     | 4,477,148            |
| BNY MELLON                     | MOOG INC                         | 1,320,555   | 3,792,706            |
| BNY MELLON                     | MOTOROLA SOLUTIONS INC           | 1,590,400   | 2,385,920            |
| BNY MELLON                     | MYRIAD GENETICS INC              | 1,470,483   | 1,814,765            |
| BNY MELLON                     | NVIDIA CORP                      | 332,163     | 1,358,239            |
| BNY MELLON                     | ON SEMICONDUCTOR CORP            | 620,714     | 3,638,568            |
| BNY MELLON                     | O'REILLY AUTOMOTIVE INC          | 971,406     | 2,041,719            |
| BNY MELLON                     | PAPA JOHN'S INTERNATIONAL INC    | 3,015,192   | 2,334,535            |
| BNY MELLON                     | PENN ENTERTAINMENT INC           | 2,459,541   | 1,467,727            |
| BNY MELLON                     | PEPSICO INC                      | 1,849,384   | 2,091,042            |
| BNY MELLON                     | PROGRESSIVE CORP/THE             | 1,513,808   | 3,126,041            |
| BNY MELLON                     | QIAGEN NV                        | 2,568,532   | 2,338,859            |
| BNY MELLON                     | QUALCOMM INC                     | 1,622,139   | 1,974,444            |
| BNY MELLON                     | RAYMOND JAMES FINANCIAL INC      | 1,049,132   | 3,493,226            |
| BNY MELLON                     | REINSURANCE GROUP OF AMERICA I   | 2,035,580   | 4,280,949            |
| BNY MELLON                     | REPUBLIC SERVICES INC            | 975,302     | 3,005,281            |
| BNY MELLON                     | ROCKWELL AUTOMATION INC          | 620,982     | 695,554              |
| BNY MELLON                     | ROSS STORES INC                  | 1,335,228   | 1,913,842            |
| BNY MELLON                     | RYDER SYSTEM INC                 | 989,358     | 3,444,578            |
| BNY MELLON                     | SALESFORCE INC                   | 1,882,185   | 2,412,930            |
| BNY MELLON                     | SBA COMMUNICATIONS CORP          | 2,485,765   | 2,164,762            |
| BNY MELLON                     | SCHLUMBERGER LTD                 | 1,229,279   | 1,828,360            |
| BNY MELLON                     | SNAP-ON INC                      | 1,099,689   | 3,160,320            |
| BNY MELLON                     | SONOCO PRODUCTS CO               | 2,439,291   | 2,606,269            |
| BNY MELLON                     | SPIRIT AEROSYSTEMS HOLDINGS IN   | 2,064,726   | 2,157,216            |
| BNY MELLON                     | STERICYCLE INC                   | 2,204,159   | 1,920,840            |
| BNY MELLON                     | TELEDYNE TECHNOLOGIES INC        | 1,885,370   | 3,350,157            |
| BNY MELLON                     | THERMO FISHER SCIENTIFIC INC     | 1,723,157   | 2,603,031            |
| BNY MELLON                     | TJX COS INC/THE                  | 1,560,187   | 2,125,117            |
| BNY MELLON                     | UBER TECHNOLOGIES INC            | 857,013     | 1,323,213            |
| BNY MELLON                     | VERALTO CORP                     | 1,011,749   | 1,070,388            |
| BNY MELLON                     | VERTEX PHARMACEUTICALS INC       | 1,999,165   | 1,882,738            |
| BNY MELLON                     | VISA INC                         | 2,118,777   | 2,685,294            |
| BNY MELLON                     | WALT DISNEY CO/THE               | 1,597,718   | 1,734,938            |
| BNY MELLON                     | WEBSTER FINANCIAL CORP           | 1,641,369   | 2,314,443            |
| BNY MELLON                     | WEC ENERGY GROUP INC             | 1,826,219   | 1,913,364            |
| BNY MELLON                     | WESTWOOD COMMON                  | 20,067      | 20,067               |
| BNY MELLON                     | WOODWARD INC                     | 1,564,337   | 3,726,811            |
| Total equity securities        |                                  | 155,078,288 | 240,296,126          |

# Operating Engineers' Local 324 Pension Fund

## Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 38-1900637, Plan No. 001

April 30, 2024

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment                                               | (d)<br>Cost  | (e)<br>Current Value |
|------------------------------|--------------------------------------------------------------------------------|--------------|----------------------|
|                              | Limited partnerships, limited liability companies, and limited companies:      |              |                      |
| BNY MELLON                   | AA CAPITAL EQUITY FUND, LP                                                     | \$ 1,298,380 | \$ 1,298,380         |
| BNY MELLON                   | ABS EMERGING MARKETS                                                           | 20,692,100   | 22,149,940           |
| BNY MELLON                   | ADAMS STREET CO-INVESTMENT IV A                                                | 4,923,512    | 8,782,649            |
| BNY MELLON                   | AG CORE PLUS REALTY FUND IV LP                                                 | 6,275,174    | 3,436,356            |
| BNY MELLON                   | ALCENTRA EUR DIR LDG FD NO.1 LP                                                | 21,606       | 66,384               |
| BNY MELLON                   | APOGEM                                                                         | 3,958,342    | 4,520,756            |
| BNY MELLON                   | ARES RE ENHANCED INC FD LP                                                     | 10,999,375   | 11,626,020           |
| BNY MELLON                   | ASB ALLEGIANCE REAL ESTATE FUND LP                                             | 10,450,780   | 11,726,911           |
| BNY MELLON                   | ASHMORE EM BLENDED DEBT FUND LP                                                | 52,930,889   | 43,733               |
| BNY MELLON                   | BENEFIT ST PTNRS SNR SECURED OPPS FD                                           | 8,989,806    | 8,521,402            |
| BNY MELLON                   | BENTAILGREENOAK US VALUE- ADD                                                  | 5,995,647    | 6,303,203            |
| BNY MELLON                   | BLACKSTONE INFRA PTNRS V FDR                                                   | 25,000,000   | 25,000,000           |
| BNY MELLON                   | BLUE WOLF CAP FUND IV LP                                                       | 6,868,593    | 11,637,744           |
| BNY MELLON                   | BLUE WOLF CAPITAL FUND III LP                                                  | 1,062,510    | 2,488,718            |
| BNY MELLON                   | BPEA STRATEGIC HEALTHCARE                                                      | 8,043,448    | 11,004,664           |
| BNY MELLON                   | BPEA STRATEGIC HEALTHCARE II LP                                                | 3,688,180    | 4,332,021            |
| BNY MELLON                   | BROOKFIELD CAP PTNRS IV LP                                                     | 2,823,379    | 3,918,540            |
| BNY MELLON                   | BROOKFIELD STRATEGIC RE II LP                                                  | 7,361,268    | 8,645,000            |
| BNY MELLON                   | CCMP CAPITAL INVESTORS III LP                                                  | 858,735      | 76,638               |
| BNY MELLON                   | CEVIAN CAPITAL CLASS AUD2 2018 JUL                                             | 6,000,000    | 10,495,068           |
| BNY MELLON                   | CROW HLDGS REALTY PTNRS VII LP                                                 | 1,952,230    | 218,194              |
| BNY MELLON                   | ENTRUST CAPITAL DIVERSIFIED FUND QP LTD                                        | 2,121,002    | 121,175              |
| BNY MELLON                   | ENTRUST SPECIAL OPP FUND III LTD                                               | 2,043,931    | 1,779,922            |
| BNY MELLON                   | ENTRUST SPECIAL OPPS FUND II                                                   | 594          | 31,684               |
| BNY MELLON                   | ENTRUSTPERMAL SPECIAL OPP FUND IV LTD CLASS A                                  | 8,944,445    | 9,924,010            |
| BNY MELLON                   | GROSVENOR LABOR IMPACT FUND, LP                                                | 13,088,317   | 15,026,131           |
| BNY MELLON                   | GROSVENOR SPECIAL OPPORTUNITIES FUND, LTD                                      | 28,795,165   | 33,411,067           |
| BNY MELLON                   | HARRISON STREET CORE PROPERTY FUND LP                                          | 10,000,000   | 16,326,167           |
| BNY MELLON                   | INTERNATIONAL US RE INVST FUND                                                 | 11,252,829   | 11,290,859           |
| BNY MELLON                   | INVESCO PRIVATE CR OPP FD LP                                                   | 11,994,006   | 11,772,716           |
| BNY MELLON                   | KAYNE ANDERSON RE PTNRS V LP                                                   | 5,071,877    | 7,982,268            |
| BNY MELLON                   | KING ST GBL DRAWDOWN OFSHR II                                                  | 5,202,155    | 5,283,310            |
| BNY MELLON                   | LONE STAR FUND VII (U.S.) LP                                                   | 314          | 1                    |
| BNY MELLON                   | LONE STAR RE FUND II (US) LP                                                   | 8,065        | 6,654                |
| BNY MELLON                   | MESIROW FIN PE FUND VIII-A LP                                                  | 4,774,688    | 5,738,972            |
| BNY MELLON                   | MESIROW FINANCIAL PE FD VII-A LP                                               | 7,779,360    | 12,093,630           |
| BNY MELLON                   | MESIROW FLOATING RATE FUND I LP                                                | 15,000,000   | 16,950,956           |
| BNY MELLON                   | MONOMOY CAPITAL PARTNERS III LP                                                | 3,888,765    | 5,464,773            |
| BNY MELLON                   | MONROE CAPITAL PRV CR II                                                       | 2,817,930    | 2,030,269            |
| BNY MELLON                   | MORGAN STANLEY IFHF                                                            | 190,041      | 190,042              |
| BNY MELLON                   | NEWSTONE CAPITAL PARTNERS II LP                                                | 61,541       | 172,957              |
| BNY MELLON                   | NGP NATURAL RESOURCES X LP                                                     | 1,365,512    | 609,117              |
| BNY MELLON                   | NORTHSKY CAP ALLIANCE FD II LP                                                 | 2,925,822    | 1,461,703            |
| BNY MELLON                   | PEMBERTON EVERGREEN                                                            | 4,340,637    | 4,340,637            |
| BNY MELLON                   | PERMAL PRIVATE EQUITY OPPORTUNITIES IV, LP                                     | 1,906,371    | 184,139              |
| BNY MELLON                   | PERMIRA CREDIT SOLUTIONS MANAGED ACCOUNT N LP                                  | 13,537,207   | 15,746,697           |
| BNY MELLON                   | PRISA III Fund LP                                                              | 13,369,107   | 39,889,382           |
| BNY MELLON                   | RAINTREE CREDIT OPPORTUNITY FUND LTD CLASS C                                   | 15,000,000   | 12,095,592           |
| BNY MELLON                   | RIVERSTONE CREDIT PTNRS LP                                                     | 3,541,751    | 2,937,469            |
| BNY MELLON                   | SCHRODERS CAPITAL TAFT-HARTLEY VENTURES S.C.S.                                 | 21,917,277   | 21,940,156           |
| BNY MELLON                   | SCHRODER TAFT-HARTLEY INCOME FUND, LP                                          | 1,451,516    | 1,669,957            |
| BNY MELLON                   | SIGULER GUFF SBOF V LP                                                         | 2,591,103    | 3,788,542            |
| BNY MELLON                   | STERLING UNITED PROPERTIES I                                                   | 9,709,675    | 11,865,664           |
| BNY MELLON                   | TGP PARTNERS II LP                                                             | 132,845      | 47,486               |
| BNY MELLON                   | WCP SCP III LP                                                                 | 9,963,812    | 10,644,343           |
|                              | Total limited partnerships, limited liability companies, and limited companies | 424,981,612  | 439,110,768          |

# Operating Engineers' Local 324 Pension Fund

## Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 38-1900637, Plan No. 001

April 30, 2024

| (a)(b)<br>Identity of Issuer        | (c)<br>Description of Investment                                    | (d)<br>Cost             | (e)<br>Current Value    |
|-------------------------------------|---------------------------------------------------------------------|-------------------------|-------------------------|
| Common/collective trust funds:      |                                                                     |                         |                         |
| BNY MELLON                          | ABS LONG/SHORT STRATEGIES FUND                                      | \$ 69,338,362           | \$ 69,398,925           |
| BNY MELLON                          | ARISTOTLE VALUE EQUITY CIT CL B                                     | 67,001,372              | 88,071,189              |
| BNY MELLON                          | ARTISAN GLOBAL OPPORTUNITIES TRUST                                  | 44,263,052              | 106,107,383             |
| BNY MELLON                          | ASB LABOR EQUITY INDEX FUND                                         | 55,471,008              | 100,349,015             |
| BNY MELLON                          | AXIOM EMERGING MARKETS EQUITY FUND                                  | 38,671,223              | 47,183,173              |
| BNY MELLON                          | BNY MELLON MSCI ACWI INDEX FUND                                     | 82,477,188              | 140,221,338             |
| BNY MELLON                          | COLLECTIVE TRUST GOVERNMENT SHORT TERM INVESTMENT                   | 37,814,472              | 28,788,966              |
| BNY MELLON                          | CRESCENT CAPITAL TRUST II LEVERED                                   | 8,831,134               | 9,475,630               |
| BNY MELLON                          | MAJ INVEST GLOBAL VALUE EQUITIES CIT                                | 86,000,000              | 105,673,745             |
| BNY MELLON                          | NHIT: MULTISECTOR FULL DISCRETION TRUST                             | 91,492,097              | 102,408,799             |
| BNY MELLON                          | NIS HIGH YIELD FUND LLC                                             | 4,212,730               | 5,130,303               |
| BNY MELLON                          | NIS INTERMEDIATE FIXED INCOME FUND LLC                              | 71,781,887              | 76,688,275              |
| BNY MELLON                          | NIS PREFERRED STOCK FUND II LL C                                    | 4,484,756               | 5,271,267               |
| BNY MELLON                          | NIS TOTAL ABSOLUTE RETURN FUND                                      | 8,542,157               | 9,954,292               |
| BNY MELLON                          | TCW CAPITAL TRUST                                                   | 57,228                  | 57,228                  |
| Total common/collective trust funds |                                                                     | 670,438,665             | 894,779,528             |
| 103-12 investments:                 |                                                                     |                         |                         |
| BNY MELLON                          | ALCENTRA EUROPEAN CREDIT OPPORTUNITIES FUND III SCSP                | 7,018,340               | 6,503,726               |
| BNY MELLON                          | FIERA USA GLOBAL EQUITIES FUND, LP                                  | 43,611,702              | 108,550,637             |
| BNY MELLON                          | ULLICO INFRASTRUCTURE FUND LP                                       | 7,706,066               | 12,897,720              |
| BNY MELLON                          | WASHINGTON CAPITAL MANAGEMENT JOINT MASTER TRUST                    | 8,683,731               | 9,735,359               |
| BNY MELLON                          | WACAP - O REAL ESTATE OPPORTUNITY FUND VIII FEEDER LLC              | 10,099,426              | 10,100,426              |
| BNY MELLON                          | WACAP - O TRANSPORTATION INFRASTRUCTURE CAPITAL PARTNERS FEEDER LLC | 9,980,411               | 9,980,411               |
| Total 103-12 investments            |                                                                     | 87,099,677              | 157,768,279             |
| Total                               |                                                                     | <b>\$ 1,347,137,822</b> | <b>\$ 1,741,474,490</b> |

## Schedule MB, Line 4(b) - Illustration Supporting Actuarial Certification of Status

As indicated on line 4b, the Plan was certified to be in critical status under the Pension Protection Act of 2006 ("PPA") for the plan year beginning May 1, 2023.

The following exhibit shows the basic tests for determining critical status under PPA, as defined in section 432(b)(2) of the Code, and the test for emergence from critical status, as defined in section 432(e)(4)(B) of the Code.

### Critical Status Tests

| <b>Section 432(b)(2): Critical Status</b>                                          | <b>Plan Year Beginning May 1, 2023</b> |
|------------------------------------------------------------------------------------|----------------------------------------|
| Section 432(b)(2)(A) measures:                                                     |                                        |
| Funded percentage [threshold = 65.0%]                                              | 72.2%                                  |
| First projected date of insolvency within current or next six plan years           | None                                   |
| Section 432(b)(2)(B) measures:                                                     |                                        |
| Funded percentage [threshold = 65.0%]                                              | 72.2%                                  |
| First projected funding deficiency within current or next three plan years         | 4/30/2024                              |
| <i>Disregarding extensions of amortization periods under section 431(d)</i>        |                                        |
| Section 432(b)(2)(C) measures:                                                     |                                        |
| Normal cost (unit credit cost method, with interest to end of plan year)           | \$ 30,329,946                          |
| Interest on unfunded actuarial accrued liability to end of plan year               | 48,513,849                             |
| Expected contributions during plan year (with interest to end of plan year)        | 119,449,194                            |
| Present value of non-forfeitable benefits for active participants                  | 637,985,141                            |
| Present value of non-forfeitable benefits for inactive participants                | 1,627,025,678                          |
| First projected funding deficiency within current or next four plan years          | 4/30/2024                              |
| <i>Disregarding extensions of amortization periods under section 431(d)</i>        |                                        |
| Section 432(b)(2)(D) measures:                                                     |                                        |
| First projected date of insolvency within current or next four plan years          | None                                   |
| Section 432(e)(4)(B) measures:                                                     |                                        |
| Critical status in the prior plan year                                             | Yes                                    |
| First projected funding deficiency within current or next nine plan years          | 4/30/2024                              |
| <i>Reflecting extensions of amortization periods under section 431(d), if any</i>  |                                        |
| First date of insolvency within any of the 30 succeeding plan years                | None                                   |
| <i>Reflecting contribution rates in current collective bargaining agreement(s)</i> |                                        |

## Schedule MB, Line 4(b) - Illustration Supporting Actuarial Certification of Status (cont.)

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The following Exhibit shows the projected funding standard account (in other words, projected credit balances and funding deficiencies) until the projected funding deficiency.

### *Projection of Funding Standard Account*

|    | <u>Plan Year<br/>Ending</u> | <u>Credit Balance or<br/>(Funding Deficiency)</u> |
|----|-----------------------------|---------------------------------------------------|
| PY | 4/30/2023                   | (3,383,735)                                       |
| CY | 4/30/2024                   | (203,481)                                         |

"PY" = preceding plan year

"CY" = current plan year



# Schedule MB, Line 4(b) - Illustration Supporting Actuarial Certification of Status (cont.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                               |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|
| Form <b>15315</b><br>(December 2022)                                                                                                                                                                                                                                                                                                                                                                                                                    | Department of the Treasury - Internal Revenue Service<br><b>Annual Certification for Multiemployer<br/>Defined Benefit Plans</b> | OMB Number<br>1545-2111                                       |                                     |
| This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)<br>Complete all entries in accordance with the instructions                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |                                                               |                                     |
| For calendar plan year _____ or fiscal plan year beginning <u>05/01/2023</u> and ending <u>04/30/2024</u>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                               |                                     |
| <b>Part I – Basic Plan Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                               |                                     |
| 1a. Name of plan<br><u>Operating Engineers' Local 324 Pension Fund</u>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  | 1b. Three-digit plan number (PN)<br><u>001</u>                |                                     |
| 1c. Plan sponsor's name<br><u>Joint Board of Trustees Operating Engineers Local 324 Pension Fund</u>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | 1d. Employer identification number (EIN)<br><u>38-1900637</u> |                                     |
| 1e. Plan sponsor's telephone number<br><u>248-641-4900</u>                                                                                                                                                                                                                                                                                                                                                                                              | 1f. Plan sponsor's address, city, state, ZIP code<br><u>5600 New King Drive, Suite 330 Troy, Michigan 48098</u>                  |                                                               |                                     |
| <b>Part II – Plan Actuary's Information</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                               |                                     |
| 2a. Plan actuary's name<br><u>Jonathan M. Feldman</u>                                                                                                                                                                                                                                                                                                                                                                                                   | 2b. Plan actuary's firm name<br><u>Horizon Actuarial Services, LLC</u>                                                           |                                                               |                                     |
| 2c. Plan actuary's firm address, city, state, ZIP code<br><u>8601 Georgia Avenue, Suite 700, Silver Spring, Maryland 20910</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                               |                                     |
| 2d. Plan actuary's enrollment number<br><u>23-06980</u>                                                                                                                                                                                                                                                                                                                                                                                                 | 2e. Plan actuary's telephone number<br><u>240-247-4600</u>                                                                       |                                                               |                                     |
| <b>Part III – Plan Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                               |                                     |
| 3. Check the appropriate box to indicate the plan's IRC Section 432 status                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                               |                                     |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Neither endangered nor critical</div><div><input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)</div></div>                                                                                                                                                                                                                    |                                                                                                                                  |                                                               |                                     |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Endangered</div><div><input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)</div></div>                                                                                                                                                                                                                                                |                                                                                                                                  |                                                               |                                     |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Seriously endangered</div><div><input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)</div></div>                                                                                                                                              |                                                                                                                                  |                                                               |                                     |
| <input checked="" type="checkbox"/> Critical                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                               |                                     |
| <input type="checkbox"/> Critical and declining                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                               |                                     |
| <b>Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                               |                                     |
| 4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                                                                                                                              | No                                                            | N/A                                 |
| Funding Improvement Plan                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                         | <input type="checkbox"/>                                      | <input checked="" type="checkbox"/> |
| Rehabilitation Plan                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                         | <input type="checkbox"/>                                      | <input checked="" type="checkbox"/> |
| <b>Part V – Sign Here</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                               |                                     |
| <b>Statement by Enrolled Actuary</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                               |                                     |
| To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan. |                                                                                                                                  |                                                               |                                     |
| Actuary's signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                               | Date<br><u>7/28/2023</u>            |

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Form **15315** (12-2022)

## Schedule MB, Line 3(d) - Withdrawal Liability Amounts

| <b>Payment<br/>Date</b> | <b>Periodic<br/>Amounts</b> | <b>Lump Sum<br/>Amounts</b> | <b>Total<br/>Amounts</b> |
|-------------------------|-----------------------------|-----------------------------|--------------------------|
| 5/15/2023               | 229,090.05                  |                             | 229,090.05               |
| 5/17/2023               | 335,973.76                  |                             | 335,973.76               |
| 5/24/2023               | 3,766.25                    |                             | 3,766.25                 |
| 6/6/2023                | 196,877.13                  |                             | 196,877.13               |
| 7/5/2023                | 1,000.00                    |                             | 1,000.00                 |
| 7/5/2023                | 90,000.00                   |                             | 90,000.00                |
| 7/5/2023                | 25,797.74                   |                             | 25,797.74                |
| 7/5/2023                | 6,831.99                    |                             | 6,831.99                 |
| 7/24/2023               | 5,517.43                    |                             | 5,517.43                 |
| 8/21/2023               | 3,766.25                    |                             | 3,766.25                 |
| 8/23/2023               | 335,973.76                  |                             | 335,973.76               |
| 8/31/2023               | 229,090.05                  |                             | 229,090.05               |
| 9/7/2023                | 196,877.13                  |                             | 196,877.13               |
| 9/12/2023               | 9,080.75                    |                             | 9,080.75                 |
| 9/22/2023               | 6,831.99                    |                             | 6,831.99                 |
| 9/27/2023               | 90,000.00                   |                             | 90,000.00                |
| 9/27/2023               | 25,797.74                   |                             | 25,797.74                |
| 11/6/2023               | 5,517.43                    |                             | 5,517.43                 |
| 11/15/2023              | 335,973.76                  |                             | 335,973.76               |
| 11/16/2023              | 229,090.05                  |                             | 229,090.05               |
| 12/7/2023               | 9,080.75                    |                             | 9,080.75                 |
| 12/19/2023              | 6,831.99                    |                             | 6,831.99                 |
| 12/19/2023              | 2,454.11                    |                             | 2,454.11                 |
| 1/2/2024                | 3,766.25                    |                             | 3,766.25                 |
| 1/3/2024                | 1,000.00                    |                             | 1,000.00                 |
| 1/3/2024                | 90,000.00                   |                             | 90,000.00                |
| 1/3/2024                | 25,797.74                   |                             | 25,797.74                |
| 1/3/2024                | 2,454.11                    |                             | 2,454.11                 |
| 1/19/2024               | 5,517.43                    |                             | 5,517.43                 |
| 1/26/2024               | 196,877.13                  |                             | 196,877.13               |
| 2/13/2024               | 229,090.05                  |                             | 229,090.05               |
| 2/14/2024               | 335,973.76                  |                             | 335,973.76               |
| 3/4/2024                | 3,766.25                    |                             | 3,766.25                 |
| 4/1/2024                | 90,000.00                   |                             | 90,000.00                |
| 4/1/2024                | 25,797.74                   |                             | 25,797.74                |
| 4/15/2024               | 2,454.11                    |                             | 2,454.11                 |
| 4/25/2024               | 5,517.43                    |                             | 5,517.43                 |
| 4/30/2024               | 6,831.99                    |                             | 6,831.99                 |



# Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

## Charges

[Schedule MB, Line 9c]

| Type          | Date<br>Established | Initial<br>Period | Initial<br>Balance | Outstanding at 5/1/2023 |                | Annual<br>Payment |
|---------------|---------------------|-------------------|--------------------|-------------------------|----------------|-------------------|
|               |                     |                   |                    | Period                  | Balance        |                   |
| Amendment     | 5/1/1997            | 30.00             | \$ 25,276,638      | 4.00                    | \$ 7,284,404   | \$ 2,023,150      |
| Assumption    | 5/1/1997            | 30.00             | 11,549,058         | 4.00                    | 3,328,301      | 924,393           |
| Amendment     | 5/1/2002            | 30.00             | 3,590,519          | 9.00                    | 1,962,485      | 286,189           |
| Assumption    | 5/1/2002            | 30.00             | 9,968,738          | 9.00                    | 5,448,654      | 794,577           |
| ENIL (2008)   | 5/1/2009            | 29.00             | 296,186,389        | 15.00                   | 225,057,689    | 23,717,361        |
| ENIL (2008)   | 5/1/2010            | 28.00             | 9,821,977          | 15.00                   | 7,539,014      | 794,487           |
| ENIL (2008)   | 5/1/2011            | 27.00             | 12,986,950         | 15.00                   | 10,078,578     | 1,062,115         |
| ENIL (2008)   | 5/1/2012            | 26.00             | 15,433,474         | 15.00                   | 12,121,668     | 1,277,423         |
| Exper Loss    | 5/1/2012            | 15.00             | 28,030,304         | 4.00                    | 10,719,260     | 2,977,138         |
| ENIL (2008)   | 5/1/2013            | 25.00             | 41,828,860         | 15.00                   | 33,285,501     | 3,507,742         |
| ENIL (2008)   | 5/1/2014            | 24.00             | 41,854,587         | 15.00                   | 33,785,266     | 3,560,409         |
| Exper Loss    | 5/1/2016            | 15.00             | 90,795,303         | 8.00                    | 60,494,211     | 9,607,439         |
| Exper Loss    | 5/1/2017            | 15.00             | 44,963,815         | 9.00                    | 32,597,444     | 4,753,683         |
| Assumption    | 5/1/2017            | 15.00             | 3,782,000          | 9.00                    | 2,741,839      | 399,842           |
| Exper Loss    | 5/1/2018            | 15.00             | 55,158,229         | 10.00                   | 42,993,478     | 5,826,553         |
| Exper Loss    | 5/1/2019            | 15.00             | 20,634,655         | 11.00                   | 17,127,438     | 2,177,932         |
| Exper Loss    | 5/1/2020            | 15.00             | 49,320,949         | 12.00                   | 43,253,389     | 5,201,585         |
| Assumption    | 5/1/2021            | 15.00             | 53,763,403         | 13.00                   | 49,492,115     | 5,665,774         |
| Exper Loss    | 5/1/2023            | 15.00             | 18,865,557         | 15.00                   | 18,865,557     | 1,988,118         |
| Assumption    | 5/1/2023            | 15.00             | 3,812,110          | 15.00                   | 3,812,110      | 401,733           |
| Combined**    | 5/1/2023            | 4.00              | 175,691,951        | 4.00                    | 175,691,951    | 48,796,194        |
| Total Charges |                     |                   |                    |                         | \$ 797,680,352 | \$ 125,743,837    |

\*\*The following charge bases were combined as of May 1, 2023

## Charge Bases Combined as of May 1, 2023

| Type                     | Date<br>Established | Initial<br>Period | Initial<br>Balance | Prior to Combination              |                | Annual<br>Payment |
|--------------------------|---------------------|-------------------|--------------------|-----------------------------------|----------------|-------------------|
|                          |                     |                   |                    | Outstanding at 5/1/2023<br>Period | Balance        |                   |
| Amendment                | 5/1/1994            | 30.00             | \$ 19,109,285      | 1.00                              | \$ 1,532,096   | \$ 1,532,096      |
| Assumption               | 5/1/1996            | 30.00             | 41,595,252         | 3.00                              | 9,312,435      | 3,331,145         |
| Amendment                | 5/1/1998            | 30.00             | 100,354,759        | 5.00                              | 34,916,793     | 8,028,093         |
| Amendment                | 5/1/1999            | 30.00             | 122,428,367        | 6.00                              | 49,372,051     | 9,784,617         |
| Assumption               | 5/1/2000            | 30.00             | 23,856,383         | 7.00                              | 10,846,044     | 1,904,871         |
| Assumption               | 5/1/2001            | 30.00             | 55,431,886         | 8.00                              | 27,844,404     | 4,422,132         |
| Exper Loss               | 5/1/2009            | 15.00             | 47,462,743         | 1.00                              | 5,056,750      | 5,056,750         |
| Assumption               | 5/1/2009            | 15.00             | 30,001,093         | 1.00                              | 3,196,356      | 3,196,356         |
| Assumption               | 5/1/2010            | 15.00             | 27,759,920         | 2.00                              | 5,702,755      | 2,954,440         |
| Exper Loss               | 5/1/2015            | 15.00             | 46,286,698         | 7.00                              | 27,912,267     | 4,902,181         |
| Total Charges to Combine |                     |                   |                    |                                   | \$ 175,691,951 | \$ 45,112,681     |

Combined Amortization Period as of May 1, 2023: 4.00

Combined Annual Payment: 48,796,194



## Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

### Credits

[Schedule MB, Line 9h]

| Type          | Date<br>Established | Initial<br>Period | Initial<br>Balance | Outstanding at 5/1/2023 |                | Annual<br>Payment |
|---------------|---------------------|-------------------|--------------------|-------------------------|----------------|-------------------|
|               |                     |                   |                    | Period                  | Balance        |                   |
| Exper Gain    | 5/1/2010            | 15.00             | \$141,557,706      | 2.00                    | \$ 29,080,392  | \$ 15,065,746     |
| Exper Gain    | 5/1/2011            | 15.00             | 16,637,265         | 3.00                    | 4,944,921      | 1,768,845         |
| Amendment     | 5/1/2011            | 15.00             | 141,123,590        | 3.00                    | 41,944,727     | 15,004,025        |
| Exper Gain    | 5/1/2013            | 15.00             | 12,969,438         | 5.00                    | 5,985,353      | 1,376,156         |
| Exper Gain    | 5/1/2014            | 15.00             | 16,733,503         | 6.00                    | 8,950,721      | 1,773,866         |
| Assumption    | 5/1/2015            | 15.00             | 6,222,918          | 7.00                    | 3,752,607      | 659,063           |
| Amendment     | 5/1/2019            | 15.00             | 416,273            | 11.00                   | 345,520        | 43,937            |
| Exper Gain    | 5/1/2021            | 15.00             | 38,570,777         | 13.00                   | 35,506,482     | 4,064,723         |
| Exper Gain    | 5/1/2022            | 15.00             | 24,534,723         | 14.00                   | 23,595,356     | 2,585,554         |
| Total Credits |                     |                   |                    |                         | \$ 154,106,079 | \$ 42,341,915     |
| Net Total     |                     |                   |                    |                         | \$ 643,574,273 | \$ 83,401,922     |

Different types of amortization bases are as follows:

| Abbreviation | Description                                                       |
|--------------|-------------------------------------------------------------------|
| Initial Liab | Initial unfunded actuarial accrued liability                      |
| Exper Loss   | Actuarial experience loss (charge only)                           |
| Exper Gain   | Actuarial experience gain (credit only)                           |
| ENIL (2008)  | Eligible net investment loss under the Pension Relief Act of 2010 |
| Amendment    | Plan amendment                                                    |
| Assumption   | Change in actuarial assumptions                                   |
| Method       | Change in the actuarial cost method or asset valuation method     |
| Combined     | Combined charge base or combined credit base                      |
| Offset       | Combined and offset charge and credit base                        |



## Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

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The change in age for excluding inactive vested participants was made to more accurately reflect the expected experience of the plan.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



## 2023 Form 5500 – Schedule R Part V Attachment

### Summary of Rehabilitation Plan

Plan Name: Operating Engineers' Local 324 Pension Fund

EIN/PN: 38-1900637/001

Plan Sponsor: Joint Board of Trustees of the Operating Engineers' Local 324 Pension Fund

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Under federal pension law, a plan generally will be considered to be in “endangered” status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent or in “critical” status if the percentage is less than 65 percent (other factors may also apply). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time.

The Plan was in “critical” status in the Plan Year beginning May 1, 2023 because the Plan was in “critical” status during the prior year and has not met the criteria for emergence.

In an effort to improve the Plan’s funding situation, on March 17, 2011, the Trustees adopted a Plan Amendment, which provided for the following changes to the Plan, effective on or after May 1, 2011:

- For benefits accrued on and after May 1, 2011, the normal retirement age has changed to age 65 with five years of service.
- The accrual rate has been reduced for new participants on or after May 1, 2011.
- For those who first became participants prior to May 1, 2011, the accrual rate for benefits accrued on and after May 1, 2011 has been reduced.
- For benefits accrued on and after May 1, 2011, the early retirement reduction factors have been changed.
- No further benefits will be accrued under Supplemental Benefit #2.
- Eligibility for a disability benefit and the amount of disability benefit has been changed. Also, the definition of “Total and Permanent Disability” was modified to require that a participant be entitled to a Social Security Disability benefit.
- Eligibility for the lump sum death benefit and the amount of the lump sum death benefit has been changed.
- The single sum death benefit is eliminated for participants with retirement dates on or after May 1, 2011.
- For participants who had not yet attained age 50 and completed 25 years of service as of May 1, 2011, additional changes apply:
  - a. Supplement Benefit #1 is eliminated for participants with retirement dates on or after June 1, 2011.
  - b. For benefits accrued on and after May 1, 2011, the joint and survivor subsidy and pop-up provisions have been eliminated.
  - c. For benefits accrued on and after May 1, 2011, eligibility for unreduced early retirement benefits has been changed.

## 2023 Form 5500 – Schedule R Part V Attachment

### Summary of Rehabilitation Plan (cont.)

Plan Name: Operating Engineers' Local 324 Pension Fund

EIN/PN: 38-1900637/001

Plan Sponsor: Joint Board of Trustees of the Operating Engineers' Local 324 Pension Fund

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In conjunction with the Plan Amendment, the Trustees also adopted a Rehabilitation Plan, which contains two schedules, the Preferred Schedule and the Default Schedule. The Schedules provide for benefit reductions, contribution increases, or both. The Schedules include reductions to certain benefits, including "adjustable benefits" earned prior to May 1, 2011.

The Rehabilitation Plan will be effective throughout the Rehabilitation Period, which runs from May 1, 2013 through April 30, 2023 when the Fund is expected to emerge from critical status.

- For participants subject to the **Preferred Schedule**, for benefits accrued prior to May 1, 2011:
  - a. The early retirement reduction factors have been changed.
  - b. Eligibility for unreduced early retirement benefits has been changed for participants who had not yet attained age 50 and completed 25 years of service as of May 1, 2011.
  - c. The joint and survivor subsidy and pop-up provisions have been eliminated for participants who had not yet attained age 50 and completed 25 years of service as of May 1, 2011.
- For participants subject to the **Default Schedule**, effective May 1, 2011:
  - a. Accrual rates were changed to 1.000% of contributions, for benefits accrued on or after May 1, 2011.
  - b. For benefits accrued prior to May 1, 2011, the early retirement reduction factors have been changed.
  - c. Eligibility for all disability benefits has been eliminated.
  - d. All lump sum death benefits have been eliminated.
  - e. Eligibility for an unreduced "service pension" has been eliminated.
  - f. The joint and survivor subsidy and pop-up provisions have been eliminated on the full accrued benefit.
- Rehabilitation Plan contribution rate increases are as follows:

#### **Preferred Schedule**

- a. For commercial participants: Effective May 1, 2011, and every May 1 thereafter up to and including May 1, 2020: a \$0.50 per hour increase.
- b. For shop participants: As negotiated with Local 324.

#### **Default Schedule**

- a. For commercial participants: Effective May 1, 2011, and every May 1 thereafter up to and including May 1, 2020: a \$0.60 per hour increase.
- b. For shop participants: As negotiated with Local 324.

The annual standard for meeting the requirements of the Rehabilitation Plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (as updated from time to time), the Fund is expected to emerge from critical status on or before April 30, 2023.

## 2023 Form 5500 – Schedule R Part V Attachment

### Update of Rehabilitation Plan

Plan Name: Operating Engineers' Local 324 Pension Fund

EIN/PN: 38-1900637/001

Plan Sponsor: Joint Board of Trustees of the Operating Engineers' Local 324 Pension Fund

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The Fund's Board of Trustees made the following updates to the Rehabilitation Plan in April 2015:

- Schedules of Contributions and Benefits - The schedules of contributions and benefits remain unchanged, with the exception that, as described in the Multiemployer Pension Reform Act, for bargaining parties whose collective bargaining agreement includes the adoption of a schedule of the Rehabilitation Plan, if the bargaining parties do not adopt a schedule within 180 days after the expiration of their collective bargaining agreement, the Board of Trustees is required to impose the schedule that was previously adopted by the bargaining parties.
- Determination that All Reasonable Measures Have Been Exhausted - After consideration of various alternatives and exhaustion of all reasonable measures, the Board of Trustees has determined that it would not be reasonably possible for the Fund to emerge from critical status under the PPA by the end of its rehabilitation period. This determination is based on the conclusion by the Board of Trustees that it would not be reasonable to reduce benefits or increase contributions beyond the changes already included in the Rehabilitation Plan, and therefore all reasonable measures have been taken to improve the Plan's funding.
- Consideration of Alternate Approaches - Under the Rehabilitation Plan adopted in 2011, the benefit accrual rate for new participants is below 1.0% of total contributions, the normal retirement age was increased from age 62 to age 65, and most early retirement subsidies were removed from the Fund, with the exception of the Service Pension (which is only payable to participants with at least 35 years of Credited Service). The Board of Trustees considered adopting additional benefit reductions, but concluded that doing so would reduce the support for the Plan among active participants to the point where the harm to the Plan would exceed the savings resulting from the reduced benefit levels. Since the Fund was first certified in the red zone, hourly contribution rates for commercial employers increased by \$3.10 as of April 2015, and were scheduled to increase by another \$3.00 over the subsequent six years. The Board of Trustees considered updating the Rehabilitation Plan to include additional contribution increases, but concluded that doing so would place the solvency of the Fund in further risk.
- Annual Standard For Meeting Rehabilitation Plan Requirements - Under this update, the Plan is not projected to emerge from critical status at any future date. The annual standard for meeting the requirements of the Rehabilitation Plan is that actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its Schedules (as updated from time to time), the Fund is expected to remain solvent for a 20-year projection period.

## 2023 Form 5500 – Schedule R Part V Attachment

### Update of Rehabilitation Plan

Plan Name: Operating Engineers' Local 324 Pension Fund

EIN/PN: 38-1900637/001

Plan Sponsor: Joint Board of Trustees of the Operating Engineers' Local 324 Pension Fund

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The Fund's Board of Trustees made the following updates to the Rehabilitation Plan in April 2019:

- Effective May 1, 2019, the adjustable benefits of all Inactive Employee Participants (not just those who were Inactive Employee Participants as of May 1, 2011) are determined subject to the Default Schedule.
- For participants subject to the ***Preferred Schedule***, for benefits accrued on or after May 1, 2019:
  - a. Commercial Contracts and Incoming Reciprocal Contributions: Employer Contributions in excess of \$8.00 per hour shall be used towards the Plan's unfunded liabilities and will not be used to accrue benefits under the Plan
  - b. Shop Contracts: Employer Contributions associated with the five \$0.30 contribution rate increases that are required under the updated 2019 Rehabilitation Plan and received on or after May 1, 2019 shall be used towards the Plan's unfunded liabilities and will not be used to accrue benefits under the Plan
- For participants subject to the ***Default Schedule***, for benefits accrued on or after May 1, 2019:
  - a. Commercial Contracts and Incoming Reciprocal Contributions: Employer Contributions in excess of \$8.00 per hour shall be used towards the Plan's unfunded liabilities and will not be used to accrue benefits under the Plan
  - b. Shop Contracts: Employer Contributions associated with the five \$0.36 contribution rate increases that are required under the updated 2019 Rehabilitation Plan and received on or after May 1, 2019 shall be used towards the Plan's unfunded liabilities and will not be used to accrue benefits under the Plan
- Rehabilitation Plan contribution rate increases are as follows:

#### ***Preferred Schedule***

- c. For Commercial Contract participants: No change from prior Rehabilitation Plan update
- d. For Shop Contract participants: Hourly contribution rates will increase by a minimum of \$0.30 each year for a five year period starting the day following the expiration of the contract that is in effect on April 30, 2019

#### ***Default Schedule***

- e. For Commercial Contract participants: No change from prior Rehabilitation Plan update
- f. For Shop Contract participants: Hourly contribution rates will increase by a minimum of \$0.36 each year for a five year period starting the day following the expiration of the contract that is in effect on April 30, 2019