

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 04/01/2022 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN P.O. BOX 1449 GOODLETTSVILLE, TN 37070-1449 2b Employer Identification Number (EIN) 61-2026841 2c Plan Sponsor's telephone number 615-859-0131 2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	829
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	639
	6a(2)	749
	6b	0
	6c	345
	6d	1094
	6e	0
	6f	1094
	6g(1)	829
6g(2)	1094	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	160

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN	D Employer Identification Number (EIN) 61-2026841

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	18874	11148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	118912	153519
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19425	14408
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1131886	2467063
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1289097	2646138
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	550	572
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	550	572
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1288547	2645566

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1303873	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1303873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	86643	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86643
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3165
d Total income. Add all income amounts in column (b) and enter total.....	2d		1393681

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36662	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		36662
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36662

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1357019
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DANIELS, IRWIN & AYLOR

(2) EIN: 62-1802605

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>61-2026841</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 61-2026841

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		11
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>1303873</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>1303873</u>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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): _____

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): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

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ORGANIZATION AND PURPOSE
OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN

MARCH 31, 2025

Date of Agreement and Declaration of Trust

April 1, 2022

Office Location

Goodlettsville, Tennessee

Officers and Trustees

Jay Elders	Chairman
Stephen W. Boyd	Secretary
Justin Schultz	Trustee
Jeff Edwards	Alternate Trustee
Justin Raines	Alternate Trustee

Purpose of the Plan

To provide retirement and related benefits to participants and their beneficiaries. The benefits provided by the Trustees are established to meet the objectives of the Plan and are consistent with the provisions of the Agreement and Declaration of Trust.



DANIELS, IRWIN & AYLOR

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Operating Engineers Local 318 Supplemental Retirement Plan
Goodlettsville, Tennessee

Opinion

We have audited the financial statements of the **Operating Engineers Local 318 Supplemental Retirement Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, 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 present fairly, in all material respects, the net assets available for benefits of the **Operating Engineers Local 318 Supplemental Retirement Plan** as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements Section of our report. We are required to be independent of **Operating Engineers Local 318 Supplemental Retirement Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Operating Engineers Local 318 Supplemental Retirement Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Operating Engineers Local 318 Supplemental Retirement Plan's** internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Operating Engineers Local 318 Supplemental Retirement Plan's** ability to continue as a going concern for a reasonable period of time.

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

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 for the years ended March 31, 2025 and 2024, together referred to as "supplemental information", are presented for the purpose of additional analyses and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Daniels, Luvin & Aylor

Certified Public Accountants

November 6, 2025

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31,

2025

2024

ASSETS

Investments, at fair value:

Certificates of deposit \$ 2,307,063 \$ 570,624

Receivables:

Employer contributions 153,519 118,912

Accrued interest 11,403 19,425

Expense reimbursements 3,005 0

Cash - Sweeps to money market @ 3.998% 160,000 550,000

Cash 11,148 30,136

Total assets 2,646,138 1,289,097

LIABILITIES

Accounts payable and accrued expense 572 550

NET ASSETS AVAILABLE FOR BENEFITS \$ 2,645,566 \$ 1,288,547

The accompanying notes are an integral part of this statement.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Additions		
Employer contributions	\$ 1,303,873	\$ 822,489
Rollover contributions	0	3,756
Investment income	86,643	29,904
Bank charges reimbursed - prior year	3,165	0
Total additions	<u>1,393,681</u>	<u>856,149</u>
Deductions		
Benefits paid	36,662	2,239
Bank charges	0	3,165
Total deductions	<u>36,662</u>	<u>5,404</u>
Net increase in assets for the year	1,357,019	850,745
Net assets available for benefits at beginning of year	<u>1,288,547</u>	<u>437,802</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 2,645,566</u>	<u>\$ 1,288,547</u>

The accompanying notes are an integral part of this statement.

NOTES TO THE FINANCIAL STATEMENTS

OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN

MARCH 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the **Operating Engineers Local 318 Supplemental Retirement Plan** provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

1. **General** - The Plan was established April 1, 2022, as a result of a collective bargaining agreement between the Union and various employers to provide retirement benefits to eligible participants. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is financed by employer contributions as specified in the collective bargaining agreement and earnings from investments. The Board of Trustees is responsible for all aspects of the administration and operation of the Plan.
2. **Contributions/Funding policy** - Each month, the employers of the participants make contributions to the Plan based on the collective bargaining agreement. The collective bargaining agreement currently provides for a contribution rate of \$3.00 (\$4.00 effective 4-1-25) per hour worked by participants.
3. **Investments** - The investments are directed by the Board of Trustees and, therefore, are not participant-directed.
4. **Participant accounts** - On the valuation date, each participant's account is credited with the contributions made for that participant plus an allocation of investment income earned during the period minus an allocation of the Plan's operating expenses for the period. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
5. **Vesting** - Participants are immediately vested in their respective accumulated account balances.
6. **Retirement benefits** - Retirement benefits under the Plan are payable in the form of a single lump sum payment.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

7. **Pre-Retirement death benefits** - In the event that a participant dies before their account has been paid to them, the balance accumulated in the participant's account will be payable to the spouse of the participant. The spouse will receive the balance of the account in the form of a single lump sum payment. If the participant is unmarried at the time of their death, their beneficiary shall be entitled to receive the balance of the participant's individual account in the form of a single lump sum payment.
8. **Disability benefits** - In the event a participant becomes totally and permanently disabled prior to their normal retirement date they shall be entitled to a distribution of their full accumulated account balance in the form of a single lump sum payment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. **Basis of accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.
- B. **Cash and cash equivalents** - Cash and cash equivalents include all short-term highly liquid investments that have original maturities of three months or less, including the Fund's general checking/money market sweep account and savings account with Regions Bank.
- C. **Investment valuation and income recognition** - The Plan's investments are reported at fair value. Fair value is 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its third party administrator.

See Note 7 for discussion of fair value measurements. Interest income is recorded on an accrual basis.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

- D. **Use of estimates** - The preparation of financial statements in accordance 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, liabilities and changes therein; and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- E. **Payment of benefits** - Benefits are recorded when paid.
- F. **Administrative expenses** - The Plan's expenses are paid by the Plan.
- G. **Subsequent events** - The Plan has evaluated subsequent events through November 6, 2025, the date the financial statements were available to be issued.

NOTE 3 - PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than for the exclusive benefit of the employees or their eligible dependents. In the event the Fund terminates, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations. Participants should refer to the Agreement and Declaration of Trust for a complete description of the Plan's termination provisions.

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service has advised that the Plan and Trust qualify under the applicable sections of the Internal Revenue Code. The Plan obtained its latest determination letter on July 25, 2024, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related Trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

NOTE 4 - INCOME TAX STATUS (CONTINUED)

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

NOTE 5 - EMPLOYER CONTRIBUTIONS RECEIVABLE

Employer contributions receivable represents the total of employers' contribution reports that were applicable to the periods prior to April 1st which were received during a period of time following the close of the year. These amounts do not reflect any amounts due from employers who are contractually liable to the Plan that have failed to file the required reports of covered workers in their employ during the period under review.

NOTE 6 - INVESTMENTS

The Fund's investment portfolio as of March 31, 2025, consisted of:

	Fair Value at <u>3/31/24</u>	Net Investments Purchased (Sold)	Net Appreciation (Depreciation) in Fair Value	Fair Value at <u>3/31/25</u>
Certificates of deposit	\$ <u>570,624</u>	\$ <u>1,736,439</u>	\$ <u>0</u>	\$ <u>2,307,063</u>

NOTE 7 - FAIR VALUE MEASUREMENTS

The Fund's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Certificates of deposit: Valued at deposit amount which approximates fair value. Not traded on the open market and held to maturity.

As of March 31, 2025 and 2024, all plan investments were valued under **Level 1** of the fair value hierarchy outlined above.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Operating Engineers Local 318 is a local union doing business in the Marion Illinois Area. Consequently, concentration of the employers contributing to the Annuity Fund in the Marion Illinois Area subjects the Fund to the risks associated with the economy in this area.

NOTE 9 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid all expenses related to operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA. Of note, Southern Benefit Administrators, Inc., is the Plan's third-party administrator and benefits payer; Regions Bank is custodian of the Plan's general checking and money market sweep accounts; Bank of Herrin, First Horizon Bank, and Legence Bank are custodians of the Plan's standalone certificates of deposit, and Bank of Herrin is also the custodian of the Plan's certificates of deposit portfolio.

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit</u>			
Bank of Herrin 4.400% Matures 06-09-25	\$ 246,352	\$ 246,352	\$ 246,352
Bank of China 4.400% Matures 06-20-25	245,530	245,530	245,530
CIBC Bank USA 5.000% Matures 06-20-25	46,271	46,271	46,271
City Bank 5.000% Matures 06-20-25	244,875	244,875	244,875
Guaranty Bank 4.400% Matures 06-20-25	45,487	45,487	45,487
First Citizens Bank 4.400% Matures 06-26-25	107,740	107,740	107,740
Traditional Bank 4.400% Matures 06-26-25	145,170	145,170	145,170
Pinnacle Bank 5.000% Matures 07-31-25	170,068	170,068	170,068
Western Alliance Bank 5.000% Matures 07-31-25	243,471	243,471	243,471
First Citizens Bank 4.750% Matures 08-21-25	133,810	133,810	133,810
BOKF, National Association 4.200% Matures 09-11-25	243,031	243,031	243,031
Santa Cruz County Bank 4.200% Matures 09-11-25	7,516	7,516	7,516
Legence Bank 4.400% Matures 10-18-25	250,000	250,000	250,000

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

MARCH 31, 2025

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>Certificates of Deposit (Continued)</u>			
First Horizon Bank 4.150% Matures 10-22-25	\$ 177,742	\$ 177,742	\$ 177,742
		<hr/>	<hr/>
		\$ 2,307,063	\$ 2,307,063
		<hr/>	<hr/>

**SCHEDULE OF INVESTMENT ASSETS REQUIRED TO BE REPORTED
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR**

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31, 2025

	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Proceeds</u>
<u>Certificates of Deposit</u>			
Bank of Herrin 5.250% 12-09-24	\$ 240,000	\$ 240,000	\$ 240,000
Bank of China 5.250% Matures 12-19-24	280,000	280,000	280,000

SCHEDULE OF REPORTABLE TRANSACTIONS

OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN

FOR THE YEAR ENDED MARCH 31, 2025

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value at Time of Sale</u>	<u>Net Gain or Loss</u>
<u>Certificates of Deposit</u>						
Pinnacle Bank	4.250% Matures 04-18-24	\$	\$ 167,044	\$ 167,044	\$ 167,044	\$ 0
First National Bank	5.100% Matures 06-16-24		235,000	235,000	235,000	0
First Horizon Bank	5.000% Matures 10-12-24		168,580	168,580	168,580	0
Bank of Herrin	5.250% Matures 12-09-24	240,000	240,000	240,000	240,000	0
Bank of China	5.250% Matures 12-19-24	280,000	280,000	280,000	280,000	0
Bank of Herrin	4.400% Matures 06-09-25	246,352				
Bank of China	4.400% Matures 06-20-25	245,530				
City Bank	5.000% Matures 06-20-25	244,875				
First Citizens Bank	4.400% Matures 06-26-25	107,740				
Traditional Bank	4.400% Matures 06-26-25	145,170				
Pinnacle Bank	5.000% Matures 07-31-25	170,068				
Western Alliance Bank	5.000% Matures 07-31-25	243,471				
First Citizens Bank	4.750% Matures 08-21-25	133,810				
BOKF, National Association	4.200% Matures 09-11-25	243,031				

SCHEDULE OF REPORTABLE TRANSACTIONS

OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN

FOR THE YEAR ENDED MARCH 31, 2025

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value at Time of Sale</u>	<u>Net Gain or Loss</u>
<u>Certificates of Deposit (Continued)</u>						
Legence Bank	4.400% Matures 10-18-25	\$ 250,000	\$	\$	\$	\$
First Horizon Bank	4.150% Matures 10-22-25	177,742				

Note: This information is required for and reported on Schedule H Form 5500.

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
618 Civil Contracting	\$ 8,676	\$ 184
A&W Plumbing	10,785	6,465
ACI X	10,382	7,646
AR Martin Construction	4,292	0
Ace Excavating	36	32
Accelerated Excavating	47	0
AgriCycle	1,757	0
Aldridge Electric	0	2,069
Allied Fence & Security	8,721	1,531
American Shoreline	840	1,746
Antigo Construction	207	53
B Excavating & Contracting	13,728	400
BK Hauling & Excavation	240	144
Badger Daylighting	2,258	1,821
Barnhart Crane & Rigging	10,523	314
Baseden Concrete & Excavating	1,053	0
Bass Maintenance	4,038	7,294
Ben Hur Construction	501	0
Beniach Construction	2,361	0
Berkel & Company Contractors	0	1,327
Berrco Group	10,137	6,347
Bevis	84	70
Bickett Farm Tiling	1,820	3,058

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Big M Repair	\$ 768	\$ 0
Blackhawk Foundation	417	49
Brewster Companies	192	27,910
Brockmeier Construction	228	260
Brown Electric	961	368
Bryant Construction	1,226	0
Budrovich Contracting	9,284	5,670
Burkey Excavating	527	0
Byrne & Jones Construction	1,744	0
CEBCO	540	752
C-Hill Civil Contractors	6,215	1,776
C.J. Mahan Construction	16,481	38,156
CSD Environmental Services	1,487	0
Carson Excavating	296	212
Carter X	1,161	315
Central Landscaping	96	0
Central Tree	1,440	0
Cesa Contractors	5,912	5,383
Choctaw Transportation Company	0	840
Chris Harner Excavating	3,724	4,130
Clark Transportation Services	2,847	0
Clevenger Contractors	24	0
Clinton Electric	720	1,478

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Cody & Taylor Construction	\$ 3,384	\$ 1,376
Collins & Hermann	1,185	1,133
Corn Crib Nursery	0	156
Cotren's Custom Hardscapes	939	0
Cupertino Electric	48,113	49,178
D7 Roofing	444	0
DCOX Enterprise	2,056	617
DMS Contracting	48	4,307
DRP Construction	2,784	3,696
Dee Jay Cement	0	415
Drilling Service	51	2,392
Dunn Company	3,981	1,552
Durbin Enterprise	0	1,431
E.T. Simonds Construction	184,853	140,804
E.T. Simonds Materials	62,020	39,809
Emitance Resource	5,922	0
Empire Earth & Concrete	0	78
Endrizzi Contracting	0	762
Erlinger Crane Service	167	0
Fager McGee Construction	1,899	0
Frattalone Companies	4,425	94
G.A. White	4,504	5,238
GEOCON Professional Services	0	94

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
GM Sipes Construction	\$ 128	\$ 0
GRP Wegman	0	10
Gardenscape Contractors	6,964	3,778
Gatwood Crane Service	4,905	0
Gelly Excavating	171	0
Gemma Renewable Power	9,618	0
General Steel Crane & Rigging	397	345
Gibbs Construction	9,435	0
Grabber Crane Services	0	482
Guinzy Construction	818	3,269
Gullet Rich & Sons	444	0
Haier Plumbing	12,326	40
Hayden Wrecking	270	495
Heartland Services	0	48
Hodge Western	11,927	9,407
Homer Tree Service	173	0
Hopkins Roofing	0	18
Howell Construction	2,960	0
Howell Paving	417	0
Hug Excavating	534	0
IUOE Local 318	44,288	30,370
IUOE Local 318 JATP	31,500	21,350
Illini Asphalt	5,391	2,649

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Illini Drilled Foundations	\$ 370	\$ 0
Imperial Crane	863	0
J and S Excavating	8,118	4,723
JMW Excavating	2,236	1,230
Javelina Construction	5,130	2,325
Jones Hydroblast	1,272	1,120
KBL	1,279	876
K.D. Crain & Sons	6,420	4,197
Kamadulski Excavating	66,819	11,444
Keeley Construction	45,685	10,884
Keller North America	1,227	3,662
Kieffer Bros. Construction	2,153	2,173
Kilian Corporation	258	686
Kim Bickett Farms	1,149	0
Kinney Contractors	3,008	593
Kolb Grading	314	2,322
Konstruktion Services	48	1,389
Kujo	0	16
L&L Operations	990	0
Lake Contracting	10,039	6,978
Layne Christensen	828	0
Legacy Services & Supply	0	85
Lentz Enterprise	1,939	2,972

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Lewis Mobile	\$ 292	\$ 0
Liberty Crane	0	2,110
Lindell May Trucking Service	17,682	12,072
Luhr Crosby	0	276
Lunda Construction Company	7,567	728
Marshall Crane	516	318
Mathis Excavating	46,580	19,708
Maxim Crane Works	1,415	113
May Excavating	13,726	7,564
Mayer Landscaping	1,366	0
Mel-Kay Electric	0	80
Mersino Dewatering	155	0
Mid-America Milling	1,728	0
Mid-Central Operating Engineers	0	47
Midwest Fence	3,836	1,173
Midwest Material Supply	35,061	14,577
Midwest Petroleum & Excavating	12,642	9,971
Midwest Specialty Contractors	0	638
Mott Excavating	1,386	8,810
Mt. Carmel Stabilization Group	6,327	7,884
Muench Excavation	240	1,472
N&W Horizontal Boring Company	0	64
O'Daniel Trucking Company	3	129

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Oxford Crane & Trucking Service	\$ 0	\$ 6,074
Partridge Landscaping	1,171	1,136
Payne Construction Services	60	32
Piney Creek Construction	4,811	2,036
Pinoy Construction	5,095	2,836
Plocher Construction Company	57	9,892
Plote Construction	16,261	3,128
Precision Cutting & Coring	447	0
Ramsey Excavating	3,120	2,000
Rend Lake Plumbing & Heating	32	88
Rich Gullet & Sons	2,481	158
Rightway Traffic	5,560	90
Roadworks	18,576	7,752
Ron Hunsche Excavating	0	72
Rosch Midwest	102	0
Rudolph Libbe	3,210	0
Russ Erlinger Crane	3,732	2,731
Ryan Central	37,785	23,917
S & W Contracting	5,760	3,360
S. Shafer Excavating	420	0
S.M. Burkey Construction Company	9,237	9,052
Samron Midwest Contracting	161,201	82,461
Schomburg Construction	24	32

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Scott Escue Construction	\$ 1,922	\$ 186
Sheet Piling Services	1,329	538
Shores Builders	87	48
Sierra Bravo Contractors	35,418	34,540
Simon Crane Service	1,311	0
Skuta Construction	0	382
Southern Illinois Excavators	84	396
Southern Marine Construction	0	1,544
Spirtas Wrecking Company	352	1,344
St. Cotter Turbine Services	481	656
Stein Excavating	0	815
Sterett Crane & Rigging	1,875	1,816
Subsurface Constructors	2,298	1,025
T&M Excavating	0	160
Taylor Ridge Drilled Foundation	528	0
Terra 5 Construction	2,282	1,805
Terrace Fence	408	0
TerraPro Excavating	75	0
Three Phase Line Construction	15,799	0
Travis Construction Company	437	144
United Bridge Builders	1,231	1,172
Vaughn's Roofing	108	88
Vee-Jay Cement Contracting	0	1,137

SCHEDULE OF EMPLOYER CONTRIBUTIONS

**OPERATING ENGINEERS LOCAL 318
SUPPLEMENTAL RETIREMENT PLAN**

FOR THE YEAR ENDED MARCH 31,

	<u>2025</u>	<u>2024</u>
Waggoner Equipment Rentals	\$ 60	\$ 0
Whitehead Concrete Pumping	23,311	17,096
Wiggs Excavating	7,939	4,476
Xtreme Seeding	<u>408</u>	<u>192</u>
	1,305,769	825,009
Less: Refunds	<u>(1,896)</u>	<u>(2,520)</u>
	<u>\$ 1,303,873</u>	<u>\$ 822,489</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>04/01/2024</u> and ending <u>03/31/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> special extension (enter description)
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 OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 04/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions) OPERATING ENGINEERS LOCAL 318 SUPPLEMENTAL RETIREMENT PLAN P.O. BOX 1449 GOODLETTSVILLE TN 37070-1449	2b Employer Identification Number (EIN) **-***6841 2c Plan Sponsor's telephone number 615-859-0131 2d Business code (see instructions) 238900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	<small>Stephen W. Boyd (Jan 13, 2026 14:56:58 CST)</small>		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12-11-25	Jay Elders
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">829</td> </tr> </table>	5	829																		
5	829																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">639</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">749</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">345</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">1094</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">1094</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">829</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">1094</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	639	6a(2)	749	6b	0	6c	345	6d	1094	6e	0	6f	1094	6g(1)	829	6g(2)	1094	6h	0
6a(1)	639																				
6a(2)	749																				
6b	0																				
6c	345																				
6d	1094																				
6e	0																				
6f	1094																				
6g(1)	829																				
6g(2)	1094																				
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">160</td> </tr> </table>	7	160																		
7	160																				

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

2E

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

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

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

a Pension Schedules

- (1) **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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

01999 Operating Engineers Local 318

61-2026841

FYE: 3/31/2025

Federal Statements
Operating Engineers Local 318 Supplemental
Plan: 001

Plan transactions in excess of 5% of plan assets

Name	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
PINNACLE BANK	CD-4.250% 04-18-24	\$	\$ 167,044	\$	\$	\$ 167,044	\$ 167,044	\$
FIRST NATIONAL BANK	CD-5.100% 06-16-24		235,000			235,000	235,000	
FIRST HORIZON BANK	CD-5.000% 10-12-24		168,580			168,580	168,580	
BANK OF HERRIN	CD-5.250% 12-09-24	240,000	240,000			240,000	240,000	
BANK OF CHINA	CD-5.250% 12-19-24	280,000	280,000			280,000	280,000	
BANK OF HERRIN	CD-4.400% 06-09-25	246,352						
BANK OF CHINA	CD-4.400% 06-20-25	245,530						
CITY BANK	CD-5.000% 06-20-25	244,875						
FIRST CITIZENS BANK	CD-4.400% 06-26-25	107,740						
TRADITIONAL BANK	CD-4.400% 06-26-25	145,170						
PINNACLE BANK	CD-5.000% 07-31-25	170,068						
WESTERN ALLIANCE BANK	CD-5.000% 07-31-25	243,471						
FIRST CITIZENS BANK	CD-4.750% 08-21-25	133,810						
BOKF, NATIONAL ASSOCIATION	CD-4.200% 09-11-25	243,031						
LEGENCE BANK	CD-4.400% 10-18-25	250,000						
FIRST HORIZON BANK	CD-4.150% 10-22-25	177,742						

01999 Operating Engineers Local 318

61-2026841

FYE: 3/31/2025

Federal Statements

Operating Engineers Local 318 Supplemental Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	BANK OF HERRIN	CD-4.400% 06-09-25	\$ 246,352	\$ 246,352
	BANK OF CHINA	CD-4.400% 06-20-25	245,530	245,530
	CIBC BANK USA	CD-5.000% 06-20-25	46,271	46,271
	CITY BANK	CD-5.000% 06-20-25	244,875	244,875
	GUARANTY BANK	CD-4.400% 06-20-25	45,487	45,487
	FIRST CITIZENS BANK	CD-4.400% 06-26-25	107,740	107,740
	TRADITIONAL BANK	CD-4.400% 06-26-25	145,170	145,170
	PINNACLE BANK	CD-5.000% 07-31-25	170,068	170,068
	WESTERN ALLIANCE BAN	CD-5.000% 07-31-25	243,471	243,471
	FIRST CITIZENS BANK	CD-4.750% 08-21-25	133,810	133,810
	BOKF, NATIONAL ASSOC	CD-4.200% 09-11-25	243,031	243,031
	SANTA CRUZ COUNTY BA	CD-4.200% 09-11-25	7,516	7,516
	LEGENGE BANK	CD-4.400% 10-18-25	250,000	250,000
	FIRST HORIZON BANK	CD-4.150% 10-22-25	177,742	177,742