

**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

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
	<b>1c</b> Effective date of plan <u>05/01/1997</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC</u>  <u>5600 NEW KING DRIVE, SUITE 330</u> <u>TROY, MI 48098</u>	<b>2b</b> Employer Identification Number (EIN) <u>38-3386104</u>
	<b>2c</b> Plan Sponsor's telephone number <u>248-641-4900</u>
	<b>2d</b> Business code (see instructions) <u>237310</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>02/13/2026</u>	<u>SCOTT HART</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>02/13/2026</u>	<u>CARRIE WARUNEK</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	19432
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	7667
	<b>6a(2)</b>	8349
	<b>6b</b>	42
	<b>6c</b>	12245
	<b>6d</b>	20636
	<b>6e</b>	0
	<b>6f</b>	20636
	<b>6g(1)</b>	19432
<b>6g(2)</b>	20636	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	592

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

**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)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3386104</b>	

**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

**ABS INVESTMENT MGMT LLC**

**13-4205457**

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

**ARENA CAPITAL ADVISORS, LLC**

**46-4305266**

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

**BEACH POINT CAPITAL MANAGEMENT LP**

**80-0242162**

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

**ENTRUST PARTNERS OFFSHORE LP**

**90-0644478**

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

GROSVENOR CAPITAL MGMGT, L.P.

36-3795985

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

INTERCONTINENTAL REAL EST CORP

04-2895544

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

MESIROW

353 NORTH CLARK STREET  
CHICAGO, IL 60654

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

PEMBERTON EVERGREEN ALT CREDIT FD

251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

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

PRUDENTIAL TRUST CO.

23-6994310

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

SEI TRUST COMPANY

06-1271230

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

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

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

BLACKSTONE INFRA PARTNERS V FEEDER

345 PARK AVENUE  
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	446335	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)

PGIM

655 BROAD STREET, 8TH FLOOR  
NEWARK, NJ 07102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	371709	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)

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	206286	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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 51 52 59 62	NONE KNOWN	163439	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)

PLANTE & MORAN, PLLC

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	140565	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)

EARNEST PARTNERS, LLC

58-2386669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	133383	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)

PERMIRA ADVISORS LLP

80 PALL MALL  
LONDON, UNITED KINGDOM SW1Y 5ES GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	109637	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)

SCHRODER INVESTMENT MANAGEMENT NA

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	104549	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)

WASHINGTON CAPITAL MANAGEMENT INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	97983	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)

ALCENTRA EUROPEAN CREDIT OPP FD

98-1453417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE KNOWN	94580	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)

HUDSON EDGE INVESTMENT PARTNERS INC

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE KNOWN	90976	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)

NATIONAL INVSTMNT SERV OF AMERICA

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	83649	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)

CRESCENT CAPITAL GROUP

11100 SANTA MONICAL BOULEVARD  
SUITE 2000  
LOS ANGELES, CA 99025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	75928	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)

THE LONDON COMPANY OF VIRGINIA, LLC

90-0824693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	71902	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)

NOVARA TESIJA CATENACCI MCDONALD

38-3763096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	69893	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50	NONE KNOWN	68944	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)

LINDELL TRAIN LIMITED

98-1104976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	52261	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE KNOWN	45991	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)

STEFANSKY, HOLLOWAY & NICHOLS, INC.

38-2388845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	44926	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE KNOWN	37531	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	33095	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)

MORGAN STANLEY

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	32557	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)

AXIOM INVESTORS, LLC

33 BENEDICT PLACE  
GREENWICH, CT 06830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68 71	NONE KNOWN	24354	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23	NONE KNOWN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18436	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

WEISMAN, YOUNG & RUEMENAPP, P.C.

38-2590458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	17334	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)

ASHERKELLY

25800 NORTHWESTERN HIGHWAY  
SUITE 1100  
SOUTHFIELD, MI 48075

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	12473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL INSURANCE SERVICES INC	22 23	3057
(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.	
AMWINS BROKERAGE  13-4279678	INSURANCE SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL INSURANCE SERVICES INC	22 23	2541
(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.	
ENCORE  45-3957469	INSURANCE SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL INSURANCE SERVICES INC	22 23	12303
(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.	
ULLICO  13-2988846	INSURANCE SERVICES	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<b>A</b> Name of plan <u>OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3386104</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WACAP O REAL ESTATE OPPORT FD VIII</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>		
<b>c</b> EIN-PN <u>87-2580443-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3262002</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NHIT MULTISECTOR FULL DISCRETION</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>20-8080381-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11113196</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COLLECTIVE TRUST GOV SHORT TERM INV</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>81-6243181-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1814892</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ALCENTRA EURO CR OPP FD III SCSP</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ALCENTRA EUROPEAN CREDIT OPPORTUNITIES FUND III SCSP</u>		
<b>c</b> EIN-PN <u>98-1453417-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3283841</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS PREFERRED STOCK FUND II, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>16-1626084-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>860063</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS TOTAL ABS RETURN FUND, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>45-4783986-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1441306</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS INTERMEDIATE FIXED INC FUND, LL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
<b>c</b> EIN-PN <u>20-0065449-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>12276921</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC

**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) 1026249
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GLOBAL OPP FUND

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

<b>c</b> EIN-PN 23-6994310-210	<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) 11448571
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - INTERNATIONAL FD

**b** Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT ADVISER, INC.

<b>c</b> EIN-PN 76-6192146-001	<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) 13253184
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WACAP O TRAN INFRA CAPITAL PARTNERS

**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) 3364973
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II (LEVERED)

**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) 4749948
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**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 83-4025990-129	<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) 14923713
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**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)
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**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)
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**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)
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**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)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3386104</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	567684	5129337
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2359465	2411376
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	167015	126531
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	311775	139590
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>	62854183	59748227
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	84573269	83364326
<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>	6818139	6985948
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	43732428	59654859
<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>	28579033	23164000
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6672973	7067320
<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>		

<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>	236635964	247791514
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	199424	132235
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	199424	132235
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	236436540	247659279

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	14633068	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		14633068
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	-527	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	521561	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		521034
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	931240	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		931240
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	32758394	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	29259835	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		3498559
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4784559	
<b>(C)</b> 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>		3336441
(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>		1010370
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		187462
<b>c</b> Other income .....	<b>2c</b>		1159181
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		30061914

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	15344033	
(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>		15344033
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		767669
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	78624	
(2) Contract administrator fees .....	<b>2i(2)</b>	67550	
(3) Recordkeeping fees .....	<b>2i(3)</b>	44926	
(4) IQPA audit fees .....	<b>2i(4)</b>	140565	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2147783	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	44840	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	101794	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	101391	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2727473
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		18839175

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		11222739
<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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		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?		X	
<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?	X		180550449
<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?		X	
<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.)	X		
<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.)	X		
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3386104</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	0
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	961

<b>Part II</b>	<b>Funding Information</b> (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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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	14633068	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	14633068	
<b>c</b> 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).....	<b>6c</b>	0	
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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# Operating Engineers' Local 324 Defined Contribution Pension Plan

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**Financial Report**  
**April 30, 2025**

**Operating Engineers' Local 324 Defined Contribution Pension Plan**

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## Independent Auditor's Report

To the Board of Trustees  
Operating Engineers' Local 324  
Defined Contribution Pension Plan

### **Opinion**

We have audited the financial statements of Operating Engineers' Local 324 Defined Contribution Pension Plan (the "Plan"), 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, 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 referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of April 30, 2025 and 2024 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 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.

### **Emphasis of Matter**

As explained in Note 5, the financial statements include investments valued at approximately \$181,000,000 (73 percent of net assets) at April 30, 2025 and approximately \$171,000,000 (72 percent of net assets) at April 30, 2024, 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 manager 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 Plan'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 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 that may become due to such participants.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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, 2025 and reportable transactions for the year ended April 30, 2025 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

To the Board of Trustees  
Operating Engineers' Local 324  
Defined Contribution Pension Plan

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, 2026

## Operating Engineers' Local 324 Defined Contribution Pension Plan

### Statement of Net Assets Available for Benefits

April 30, 2025 and 2024

	2025	2024
<b>Assets</b>		
Investments at fair value: (Note 5)		
Money market fund	\$ 74,449	\$ 223,275
Common/collective trust funds	74,928,120	58,010,175
103-12 investments	23,164,000	28,579,033
Corporate stock	51,607,427	55,337,909
Limited partnerships, limited liability companies, and limited companies	83,364,326	84,573,269
Total investments at fair value	233,138,322	226,723,661
Employer contributions receivable:		
Employer	1,475,952	1,304,857
Employer contributions receivable due from related funds	935,424	1,054,608
Total employer contributions receivable	2,411,376	2,359,465
Participant notes receivable	6,985,948	6,818,139
Due from broker for securities sold	15,338	-
Accrued interest and dividends	51,535	61,202
Other assets	59,658	105,813
Cash	5,129,337	567,684
Total assets	247,791,514	236,635,964
<b>Liabilities - Other payables</b>	132,235	199,424
<b>Net Assets Available for Benefits</b>	<b>\$ 247,659,279</b>	<b>\$ 236,436,540</b>

## Operating Engineers' Local 324 Defined Contribution Pension Plan

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

Years Ended April 30, 2025 and 2024

	2025	2024
<b>Additions</b>		
Contributions	\$ 14,633,068	\$ 14,080,607
Investment income:		
Interest and dividends	4,211,021	4,007,218
Net realized and unrealized gains on investments	10,631,140	13,244,144
Total investment income	14,842,161	17,251,362
Less investment expenses	2,193,774	1,302,953
Net investment income	12,648,387	15,948,409
Interest from participant notes receivable	521,561	450,001
Liquidated damages	65,124	39,990
Total additions	27,868,140	30,519,007
<b>Deductions</b>		
Benefits paid directly to participants or beneficiaries	16,111,702	14,690,097
Administrative expenses:		
Professional service fees	286,374	243,066
Administrator fees and data processing services	67,550	66,000
Collection fees (Note 4)	58,894	101,919
Payroll audit fees	72,886	80,279
Insurance and miscellaneous expenses	47,995	53,947
Total deductions	16,645,401	15,235,308
<b>Net Increase</b>	11,222,739	15,283,699
<b>Net Assets Available for Benefits</b>		
Beginning of year	236,436,540	221,152,841
End of year	<b>\$ 247,659,279</b>	<b>\$ 236,436,540</b>

# Operating Engineers' Local 324 Defined Contribution Pension Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 1 - Description of the Plan

Operating Engineers' Local 324 Defined Contribution Pension Plan (the "Plan") was established effective May 1, 1997 as a result of a collective bargaining agreement. The Plan is a defined contribution plan that provides benefits to eligible employees of hoisting and portable engineer employers. Employees are eligible to participate in the Plan after completion of one hour of service.

Contributions to the Plan are funded entirely by employer contributions, as specified in collective bargaining agreements.

Participants' rights to benefits shall always be fully vested and nonforfeitable.

The Plan allows participants to borrow money from the Plan up to the lesser of \$50,000 less the participant's highest outstanding loan balance during the 12-month period ending the day before the loan is made or one-half of the participant's account balance. Participant notes receivable must bear a reasonable interest rate and have a term of no longer than five years, with the exception of notes receivable used to acquire, construct, or reconstruct the participant's residence.

Upon termination of the Plan, the trustees shall distribute all remaining assets, after payment of any expense properly chargeable against the Plan, to participants based on the value of their account balances on the termination date.

A comprehensive outline of the plan provisions, eligibility requirements, termination, and other information is included in the plan document and should be consulted for more details.

### Note 2 - Summary of Significant Accounting Policies

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

Investments held by the Plan 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 5 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 for the Plan include amounts to be collected from employers for hours worked prior to April 30 of each year. The Plan has considered subsequent collection activity through July 31, 2025.

Contributions from employers are recognized in the plan year in which members provide services.

Contributions receivable also include amounts collected into the Operating Engineers' Local 324 Pension Fund (the "Pension Fund") collection account but not transferred to the Plan prior to April 30. The amount due from the Pension Fund for contributions collected on behalf of the Plan was \$935,424 and \$1,054,608 as of April 30, 2025 and 2024, respectively.

#### ***Benefit Payments and Administrative Expenses***

Benefit payments are recorded when paid by the Plan. Administrative expenses are recorded when incurred.

#### ***Participant Notes Receivable***

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

# Operating Engineers' Local 324 Defined Contribution Pension Plan

## Notes to Financial Statements

April 30, 2025 and 2024

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

#### *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*

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 values 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 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 Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under Employee Retirement Income Security Act of 1974 (ERISA) guidelines.

#### *Subsequent Events*

The financial statements and related disclosures include evaluation of events up through and including February 11, 2026, which is the date the financial statements were available to be issued.

### Note 3 - Tax Status

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

### Note 4 - Collection Expense Reimbursement

Salaries, fringe benefits, and other expenses of field coordinators and staff employees incurred in connection with the collection of delinquent employer contributions for the various Operating Engineers' Local 324 fringe benefit funds are being paid from Operating Engineers' Local 324 Pension Fund, which is a related party. The Pension Fund is reimbursed by 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. for a pro rata share of these expenses. The Pension Fund was reimbursed by the Plan approximately \$59,000 and \$102,000 for the Plan's prorated share of the aforementioned expenses for the years ended April 30, 2025 and 2024, respectively.

**Note 5 - 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.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at April 30, 2025 and 2024.

**Level 1**

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan 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.

**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 Plan'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 Plan's investments:

***Money Market Fund and Corporate Stock***

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

***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 Defined Contribution Pension Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 5 - Fair Value Measurements (Continued)

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

These investments are valued based on the Plan'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.

	<u>Assets Measured at Fair Value on a Recurring Basis at April 30, 2025</u>	
	<u>Investments (at Fair Value)</u>	<u>Level 1</u>
Money market fund	\$ 74,449	\$ 74,449
Corporate stock	51,607,427	51,607,427
Total	51,681,876	<u>51,681,876</u>
Investments measured at NAV:		
Common/collective trust funds	74,928,120	
103-12 investments	23,164,000	
Limited partnerships, limited liability companies, and limited companies	<u>83,364,326</u>	
Total investments at fair value	<u>\$ 233,138,322</u>	
	<u>Assets Measured at Fair Value on a Recurring Basis at April 30, 2024</u>	
	<u>Investments (at Fair Value)</u>	<u>Level 1</u>
Money market fund	\$ 223,275	\$ 223,275
Corporate stock	55,337,909	55,337,909
Total	55,561,184	<u>55,561,184</u>
Investments measured at NAV:		
Common/collective trust funds	58,010,175	
103-12 investments	28,579,033	
Limited partnerships, limited liability companies, and limited companies	<u>84,573,269</u>	
Total investments at fair value	<u>\$ 226,723,661</u>	

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

The Plan 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).

# Operating Engineers' Local 324 Defined Contribution Pension Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 5 - Fair Value Measurements (Continued)

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

	April 30, 2025	April 30, 2024			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Common/collective trust funds:					
ABS Long/Short Strategies Fund (12)	\$ 7,067,320	\$ 6,672,973	\$ -	Quarterly	45 days
Axiom Emerging Markets Equity Fund (10)	8,205,941	7,604,774	-	Monthly	15th day of the month
Collective Trust Government Short Term Investment (3)	1,814,892	3,208,592	-	Daily	2 days
Crescent Capital Trust II (4)	4,749,948	5,211,596	594,660	N/A	N/A
Jennison Global Opportunity Fund (19)	11,448,571	10,866,632	-	Daily	Daily
Maj Invest Global Value Equities CIT Class A (26)	14,923,713	-	-	Daily	5 business days
NHIT: MultiSector Full Discretion Trust (13)	11,113,196	10,042,734	-	Daily	Daily
NIS High Yield Fund, LLC (8)	1,026,249	793,554	-	Monthly	3 days
NIS Intermediate Fixed-Income Fund, LLC (8)	12,276,921	11,321,936	-	Monthly	3 days
NIS Preferred Stock Fund II, LLC (8)	860,063	783,420	-	Monthly	30 days
NIS Total Absolute Return Fund, LLC (8)	1,441,306	1,503,964	-	Quarterly	30 days
Total common/collective trust funds	74,928,120	58,010,175	594,660		
103-12 investments:					
Alcentra European Credit Opportunities Fund III SCSP (18)	3,283,841	3,410,453	1,603,123	N/A	N/A
NCS Group Trust - International Fund (11)	13,253,184	18,757,126	-	Weekly	Weekly
WaCap - O Real Estate Opportunity Fund VIII Feeder LLC (7)	3,262,002	3,451,184	1,350,000	N/A	N/A
WaCap - O Transportation Infrastructure Capital Partners Feeder LLC (22)	3,364,973	2,960,270	-	Quarterly	90 days
Total 103-12 investments	23,164,000	28,579,033	2,953,123		
Limited partnerships, limited liability companies, and limited companies:					
Arena Short Duration High Yield Fund, LP (20)	8,489,353	8,067,345	-	Monthly	30 days
Beach Point Total Return Offshore Fund II LTD (9)	3,522,978	3,505,878	-	Quarterly	60 days
Blackstone Infrastructure Partners V (25)	14,448,946	11,877,424	-	N/A	N/A
EnTrust Capital Diversified Fund QP LTD (6)	17,131	14,206	-	Quarterly	90 days
Grosvenor Special Opportunities Fund, LTD (17)	5,569,336	8,500,224	-	Quarterly	95 days
HGK Trinity Street International Equity Fund (21)	13,075,226	6,138,698	-	Monthly	7 days
Intercontinental U.S. Real Estate Investment Fund, LLC (16)	6,718,530	6,774,516	-	Quarterly	90 days
Lindsell Train Global Equity LLC (23)	-	13,525,934	-	30 days	14 days
Mesirow Floating Rate Fund I, LP (1)	5,941,850	5,650,319	-	Monthly	30 days
Pemberton Evergreen Alternative Credit Fund, LP (24)	3,329,772	868,127	876,202	(24)	(24)
Permira Credit Solutions Managed Account N LP (14)	1,867,909	1,968,337	78,603	N/A	N/A
PRISA III Fund LP (5)	11,550,690	11,252,851	-	Quarterly	90 days
Riverview Global Macro Fund (Cayman) LP (2)	3,477,486	3,444,913	-	Quarterly	65 days
Schroder Taft-Hartley Income Fund (15)	3,206,657	2,984,497	1,386,109	Annually	90 days
Siguler Guff Small Business Credit Opportunities Fund III (F) Holdings, LP (27)	2,148,462	-	2,845,000	5-7 year lock up	N/A
Total limited partnerships, limited liability companies, and limited companies	83,364,326	84,573,269	5,185,914		
Total	\$ 181,456,446	\$ 171,162,477	\$ 8,733,697		

(1) This investment represents a limited partnership that invests primarily in senior floating rate loans of domestic borrowers.

(2) This investment represents a limited partnership that invests primarily in hedge funds that employ global macro and managed futures investment strategies.

(3) This investment represents a common/collective trust fund that invests primarily in fixed-income securities with short-term maturities.

# Operating Engineers' Local 324 Defined Contribution Pension Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 5 - Fair Value Measurements (Continued)

- (4) 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 leveraged basis.
- (5) This investment represents an open-ended commingled limited partnership that invests in commercial real estate through one or more real estate investment trusts.
- (6) 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.
- (7) This investment represents a fund that seeks to provide superior risk-adjusted returns without subjecting principal to undue risk of loss through investments in real estate and real estate-related debt, companies, securities, and other assets on a global basis.
- (8) These investments represent common/collective trust funds that invest primarily in fixed-income securities, high-yield securities, and preferred stocks.
- (9) This investment represents a limited company that seeks to generate superior performance with less than commensurate risk through an opportunistic portfolio of investments, including high-yield and convertible bonds, corporate loans, stressed and distressed securities, special situation investments, undervalued equities, capital structure arbitrage, and short positions in debt and equity securities.
- (10) This investment represents a common/collective trust fund that invests primarily in emerging markets equity and equity-related securities.
- (11) This investment represents a 103-12 investment that seeks long-term capital appreciation by investing in equity securities.
- (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 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.
- (14) 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.
- (15) This investment represents a limited partnership that seeks to target 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 (e.g., MBS, CMBS, ABS, CLO, and underlying receivables) 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.
- (16) This investment represents a limited liability company that seeks to: (i) preserve and protect investors' capital, (ii) provide potential for capital appreciation, (iii) produce income on invested capital of approximately 5 percent per annum, and (iv) target total annual average returns of approximately 8-10 percent per annum. The fund will seek to invest directly and indirectly in real estate and real estate-related assets and/or products that the manager believes will assist the fund in achieving its investment objectives. Such investments may include joint ventures, partnerships and other participation interests with real estate owners, developers, and others for the purpose of owning and operating any particular investment. The fund will seek to invest in a diversified portfolio consisting of primarily yield-driven real estate and, to a lesser extent, value-added investments. The fund portfolio will be diversified by geography and property type, including, but not limited to, office, multifamily, industrial, retail, residential, and mixed-use properties. There can be no assurance that the fund will meet its investment objectives or be profitable.
- (17) This investment represents a limited company that invests opportunistically in coinvestments and direct trades across asset classes, strategies, sectors, and regions.
- (18) This investment represents a 103-12 investment that seeks to generate attractive, risk-adjusted returns by lending to middle market businesses predominantly operating in the United Kingdom and Europe.
- (19) This investment represents a common/collective trust fund that seeks to achieve long-term growth of capital by investing primarily in equity and equity-related securities of U.S. and non-U.S. issuers, including emerging markets of established companies with above-average growth prospects. The fund may invest without limit in non-U.S. issuers.
- (20) This investment represents a limited partnership that focuses primarily on convertible bonds, corporate loans, preferred equities, stressed and distressed securities, and special situation investments with durations of approximately one to three years.
- (21) This investment represents a limited partnership that invests primarily in international equity investments.
- (22) This investment represents a 103-12 investment that seeks to realize substantial capital appreciation without subjecting principal to undue risk by investing substantially all of its assets in the Oaktree Transportation Infrastructure Capital Partners, L.P., whose primary objective is to provide superior risk-adjusted returns without subjecting principal to undue risk of loss through investments in the transportation infrastructure industry, focusing primarily on hard assets, operating companies, and other permitted investments, such as airports, toll roads, ports, parking, and other transportation assets in the air, land, and sea transportation sectors.
- (23) This investment represents a limited liability company that invests directly in a concentrated portfolio of global equities, primarily those listed or traded on stock exchanges in developed countries worldwide.
- (24) 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.

## Operating Engineers' Local 324 Defined Contribution Pension Plan

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# Notes to Financial Statements

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April 30, 2025 and 2024

### Note 5 - Fair Value Measurements (Continued)

- (25) This investment represents a limited partnership whose primary business objective is to invest in privately negotiated control or control-oriented infrastructure investments, as well as investments in public-private partnership infrastructure projects, primarily in North America.
- (26) This investment represents a common/collective trust fund that invests primarily in global large-cap value equities, following an actively managed, value-based approach that seeks to identify and invest in fundamentally strong companies trading below intrinsic value.
- (27) This investment in a limited partnership represents a feeder fund that invests substantially all of its assets in a master fund focused on private debt and equity investments in U.S. lower-middle-market companies, primarily through mezzanine and unitranche lending, second lien debt, and select equity positions in leveraged buyout and recapitalization transactions.

## Operating Engineers' Local 324 Defined Contribution Pension Plan

### Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 38-3386104, Plan No. 002  
 Year Ended April 30, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
BNY Mellon	Collective US GOV'T STIF 15 BPS	\$ 14,809,939	\$ -	\$ 14,809,939	\$ 14,809,939	\$ -
BNY Mellon	Collective US GOV'T STIF 15 BPS	-	14,000,000	14,000,000	14,000,000	-
BNY Mellon	Lindsell Train Global Equity LLC	-	14,809,939	11,344,711	14,809,939	3,465,228
BNY Mellon	MAJ Invest Global Value	14,000,000	-	14,000,000	14,000,000	-
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 - 382	31,096,665	-	31,096,665	31,096,665	-
	Sales - 147	-	32,534,234	32,534,234	32,534,234	-
BNY Mellon	MAJ Invest Global Equity LLC - Purchases - 2	14,809,939	-	14,809,939	14,809,939	-
BNY Mellon	Lindsell Train Global Equity LLC - Sales - 9	-	14,862,200	11,385,328	14,862,200	3,476,872

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

# Operating Engineers' Local 324 Defined Contribution Pension Plan

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
 EIN 38-3386104, Plan No. 002  
 April 30, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
JPMORGAN	Money market fund - JPM US GOVT PREMIER	\$ 74,449	\$ 74,449
	Corporate stock:		
BNY MELLON	A O SMITH CORP	245,389	323,556
BNY MELLON	ADOBE INC	268,061	335,982
BNY MELLON	ADVANCED MICRO DEVICES INC	375,202	354,549
BNY MELLON	AIR PRODUCTS AND CHEMICALS INC	835,738	866,404
BNY MELLON	AKAMAI TECHNOLOGIES INC	141,562	219,903
BNY MELLON	ALBANY INTERNATIONAL CORP	121,277	131,257
BNY MELLON	ALBEMARLE CORP	189,525	113,060
BNY MELLON	ALPHABET INC	142,737	397,398
BNY MELLON	ALTRIA GROUP INC	362,496	513,008
BNY MELLON	AMAZON.COM INC	756,560	1,146,724
BNY MELLON	AMPHENOL CORP	226,662	612,214
BNY MELLON	ANSYS INC	119,543	292,911
BNY MELLON	APPLE INC	940,340	2,092,913
BNY MELLON	ARCHROCK INC	136,454	470,341
BNY MELLON	ARROW ELECTRONICS INC	176,528	244,435
BNY MELLON	ASML HOLDING NV	407,012	389,491
BNY MELLON	AVANTOR INC	216,992	185,341
BNY MELLON	BERKSHIRE HATHAWAY INC	469,192	1,123,558
BNY MELLON	BIO-RAD LABORATORIES INC	220,080	227,483
BNY MELLON	BLACKROCK INC	533,885	859,404
BNY MELLON	BOOKING HOLDINGS INC	232,539	494,630
BNY MELLON	BORGWARNER INC	238,728	194,318
BNY MELLON	BOX INC	265,121	326,686
BNY MELLON	BXP INC	297,178	243,130
BNY MELLON	CABOT CORP	145,285	233,657
BNY MELLON	CBRE GROUP INC	109,921	498,861
BNY MELLON	CENTENE CORP	145,711	240,238
BNY MELLON	CF INDUSTRIES HOLDINGS INC	108,157	377,352
BNY MELLON	CHARLES RIVER LABORATORIES INT	326,023	189,318
BNY MELLON	CHARLES SCHWAB CORP/THE	500,468	761,578
BNY MELLON	CHEVRON CORP	357,000	480,020
BNY MELLON	CINCINNATI FINANCIAL CORP	373,622	464,961
BNY MELLON	CIRRUS LOGIC INC	162,696	267,279
BNY MELLON	CISCO SYSTEMS INC	455,304	564,830
BNY MELLON	COMCAST CORP	439,968	292,649
BNY MELLON	CONMED CORP	269,310	153,862
BNY MELLON	COPART INC	224,161	343,660
BNY MELLON	COPT DEFENSE PROPERTIES	166,202	174,624
BNY MELLON	CORNING INC	566,654	485,384
BNY MELLON	CROWN CASTLE INC	660,241	409,080
BNY MELLON	DANAHER CORP	192,336	176,806
BNY MELLON	DARDEN RESTAURANTS INC	104,606	326,040
BNY MELLON	DIAGEO PLC	499,436	355,215
BNY MELLON	DOMINION ENERGY INC	809,516	576,700
BNY MELLON	DR HORTON INC	60,446	218,947
BNY MELLON	EAST WEST BANCORP INC	256,171	216,185
BNY MELLON	EASTMAN CHEMICAL CO	227,274	223,454
BNY MELLON	EATON CORP PLC	146,344	251,392
BNY MELLON	ELI LILLY & CO	298,199	804,560
BNY MELLON	FACTSET RESEARCH SYSTEMS INC	123,815	124,047

# Operating Engineers' Local 324 Defined Contribution Pension Plan

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

**Form 5500, Schedule H, Line 4i**  
**EIN 38-3386104, Plan No. 002**  
**April 30, 2025**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate stock (Continued):			
BNY MELLON	FASTENAL CO	\$ 288,033	\$ 596,020
BNY MELLON	FIDELITY NATIONAL INFORMATION	802,204	668,271
BNY MELLON	FIRSTCASH HOLDINGS INC	90,604	274,216
BNY MELLON	FORMFACTOR INC	193,285	166,898
BNY MELLON	GATX CORP	171,552	445,178
BNY MELLON	HEXCEL CORP	140,101	207,500
BNY MELLON	HOLOGIC INC	198,990	252,122
BNY MELLON	HOME DEPOT INC/THE	411,254	366,618
BNY MELLON	HOULIHAN LOKEY INC	109,466	349,931
BNY MELLON	HUNTINGTON INGALLS INDUSTRIES	179,240	339,291
BNY MELLON	ILLINOIS TOOL WORKS INC	126,679	170,576
BNY MELLON	INSPERITY INC	334,706	184,693
BNY MELLON	INTERCONTINENTAL EXCHANGE INC	269,470	551,781
BNY MELLON	INTUIT INC	407,981	495,701
BNY MELLON	INTUITIVE SURGICAL INC	277,162	524,569
BNY MELLON	JOHNSON & JOHNSON	625,825	654,783
BNY MELLON	LOWE'S COS INC	395,732	698,178
BNY MELLON	MASTERCARD INC	287,333	827,023
BNY MELLON	MICROCHIP TECHNOLOGY INC	444,002	291,871
BNY MELLON	MICROSOFT CORP	624,205	1,848,632
BNY MELLON	MIDDLEBY CORP/THE	282,546	289,770
BNY MELLON	MONOLITHIC POWER SYSTEMS INC	14,671	265,709
BNY MELLON	MOOG INC	135,533	396,717
BNY MELLON	MOTOROLA SOLUTIONS INC	142,535	302,108
BNY MELLON	MYRIAD GENETICS INC	68,875	25,350
BNY MELLON	NESTLE SA	443,935	440,755
BNY MELLON	NINTENDO CO LTD	598,434	943,998
BNY MELLON	NORFOLK SOUTHERN CORP	655,145	698,364
BNY MELLON	NORTHROP GRUMMAN CORP	494,038	552,178
BNY MELLON	NVIDIA CORP	60,755	295,391
BNY MELLON	ON SEMICONDUCTOR CORP	39,667	150,344
BNY MELLON	ORACLE CORP	563,678	537,691
BNY MELLON	O'REILLY AUTOMOTIVE INC	127,399	488,244
BNY MELLON	PAPA JOHN'S INTERNATIONAL INC	220,362	108,942
BNY MELLON	PAYCHEX INC	388,196	636,441
BNY MELLON	PENN ENTERTAINMENT INC	169,214	87,850
BNY MELLON	PHILIP MORRIS INTERNATIONAL IN	637,227	1,255,383
BNY MELLON	PINTEREST INC	435,161	328,198
BNY MELLON	PROGRESSIVE CORP/THE	443,220	1,284,171
BNY MELLON	QIAGEN NV	285,853	256,757
BNY MELLON	RAYMOND JAMES FINANCIAL INC	86,294	390,290
BNY MELLON	REINSURANCE GROUP OF AMERICA I	181,632	394,849
BNY MELLON	REPUBLIC SERVICES INC	55,406	391,170
BNY MELLON	ROCKWELL AUTOMATION INC	86,174	108,732
BNY MELLON	ROSS STORES INC	206,948	348,195
BNY MELLON	RYDER SYSTEM INC	120,163	387,679
BNY MELLON	SALESFORCE INC	366,632	479,379
BNY MELLON	SBA COMMUNICATIONS CORP	213,654	326,886
BNY MELLON	SERVICENOW INC	399,302	461,270
BNY MELLON	SNAP-ON INC	92,184	368,413

# Operating Engineers' Local 324 Defined Contribution Pension Plan

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

**Form 5500, Schedule H, Line 4i**  
**EIN 38-3386104, Plan No. 002**  
**April 30, 2025**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate stock (Continued):			
BNY MELLON	SONOCO PRODUCTS CO	\$ 231,472	\$ 189,420
BNY MELLON	STARBUCKS CORP	543,205	498,631
BNY MELLON	TE CONNECTIVITY PLC	566,887	550,828
BNY MELLON	TELEDYNE TECHNOLOGIES INC	77,834	407,310
BNY MELLON	TEXAS INSTRUMENTS INC	589,432	706,301
BNY MELLON	THERMO FISHER SCIENTIFIC INC	149,455	287,001
BNY MELLON	TJX COS INC/THE	255,694	492,072
BNY MELLON	UBER TECHNOLOGIES INC	548,957	719,045
BNY MELLON	UNITED PARCEL SERVICE INC	362,393	322,400
BNY MELLON	VALMONT INDUSTRIES INC	246,334	268,883
BNY MELLON	VERALTO CORP	170,117	187,197
BNY MELLON	VERTEX PHARMACEUTICALS INC	408,334	493,706
BNY MELLON	VISA INC	233,603	379,014
BNY MELLON	WALT DISNEY CO/THE	466,520	411,822
BNY MELLON	WEBSTER FINANCIAL CORP	190,220	248,089
BNY MELLON	WEC ENERGY GROUP INC	177,557	299,647
BNY MELLON	WEX INC	282,599	193,991
BNY MELLON	WINTRUST FINANCIAL CORP	284,703	239,571
BNY MELLON	WOODWARD INC	148,607	428,035
	Total corporate stock	35,974,244	51,607,427
Limited partnerships, limited liability companies, and limited companies:			
BNY MELLON	ARENA SHORT DUR HIGH YIELD LP SRS E	8,156,308	8,489,353
BNY MELLON	BEACH POINT TOTAL RETURN OFFSHORE FUND II LTD	2,627,803	3,522,978
BNY MELLON	BLACKSTONE INFRA PTNRS V FDR	10,644,349	14,448,946
BNY MELLON	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD	251,983	17,131
BNY MELLON	GROSVENOR SPECIAL OPPORTUNITIES FUND, LTD	6,097,420	5,569,336
BNY MELLON	HGK TRINITY STREET	10,857,625	13,075,226
BNY MELLON	INTERCONTINENTAL US RE FD LLC	6,873,352	6,718,530
BNY MELLON	MESIROW FLOATING RATE FUND I LP	5,000,000	5,941,850
BNY MELLON	PEMBERTON EVERGREEN	3,001,038	3,329,772
BNY MELLON	PERMIRA CREDIT SOLUTIONS MANAGED ACCOUNT N LP	1,448,099	1,867,909
BNY MELLON	PRISA III FUND LP	2,765,040	11,550,690
BNY MELLON	RIVERVIEW GLOBAL MACRO FD (CAYMAN) LP	3,369,430	3,477,486
BNY MELLON	SCHRODER TAFT-HARTLEY INCOME FUND	3,098,074	3,206,657
BNY MELLON	SIGULER GUFF SM BUS CR OPP III	2,157,173	2,148,462
	Total limited partnerships, limited liability companies, and limited companies	66,347,694	83,364,326
Common/collective trust funds:			
BNY MELLON	ABS GLOBAL LNG SHORT	6,667,150	7,067,320
BNY MELLON	AXIOM EMERGING MARKETS EQUITY	5,445,830	8,205,941
BNY MELLON	COLLECTIVE US GOV'T STIF 15 BPS	2,255,862	1,814,892
BNY MELLON	CRESCENT CAPITAL TRUST II	4,580,843	4,749,948
BNY MELLON	JENNISON GLOBAL OPPORTUNITY FUND	10,766,944	11,448,571
BNY MELLON	MAJ INVEST GLOBAL VALUE	14,809,939	14,923,713
BNY MELLON	NHIT: MULTISECTOR FULL DISCRETION TRUST	9,015,181	11,113,196

# Operating Engineers' Local 324 Defined Contribution Pension Plan

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

**Form 5500, Schedule H, Line 4i**  
**EIN 38-3386104, Plan No. 002**  
**April 30, 2025**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Common/collective trust funds (Continued):		
BNY MELLON	NIS HIGH YIELD FUND LLC	\$ 813,029	\$ 1,026,249
BNY MELLON	NIS INTERMEDIATE FIXED INCOME FUND LLC	10,521,725	12,276,921
BNY MELLON	NIS PREFERRED STOCK FUND II LL C	709,395	860,063
BNY MELLON	NIS TOTAL ABSOLUTE RETURN FUND	1,097,688	1,441,306
	Total common collective trust funds	66,683,586	74,928,120
	103-12 investments:		
BNY MELLON	ALCENTRA EUR CREDIT OPP III	3,666,044	3,283,841
BNY MELLON	NCS GROUP TRUST INTERNATIONAL	11,894,388	13,253,184
BNY MELLON	WACAP RE OPP VIII FEEDER LLC	3,348,565	3,262,002
BNY MELLON	WACAP O TRAN INFRA CAP PTN FED	3,330,480	3,364,973
	Total 103-12 investments	22,239,477	23,164,000
PARTICIPANTS	Participant notes receivable - BEARING INTEREST RATES RANGING FROM 4.25 TO 6.50 PERCENT	-	6,985,948
	Total	<b>\$ 191,319,451</b>	<b>\$ 240,124,270</b>