

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 11/11/1975
2a Plan sponsor's name (employer, if for a single-employer plan) JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324
2b Employer Identification Number (EIN) 38-1940673
2c Plan Sponsor's telephone number 248-836-2760
2d Business code (see instructions) 237310

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Doug Stockwell (plan administrator) and Carrie Warunek (employer/plan sponsor).

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>	11073
<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>	7728
	<b>6a(2)</b>	8096
	<b>6b</b>	3333
	<b>6c</b>	0
	<b>6d</b>	11429
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	825

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4E 4F 4L 4T 4U

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</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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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-1940673</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-2069753	54291	35821/600	4132	05/01/2024	04/30/2025

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		15016087
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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 HEALTH CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</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</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1940673</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

**BOSTON TRUST WALDEN COMPANY**

**04-2273811**

**(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

**THE UNION LABOR LIFE INSURANCE CO**

**13-1423090**

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

**NORTHERN TRUST CORPORATION**

**36-2723087**

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

THE NORTHERN TRUST COMPANY

36-1561860

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

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

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

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

BLUE CROSS BLUE SHIELD OF MICHIGAN

38-2069753

(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?
12 13 15 16 23 50 62 99	NONE KNOWN	2810381	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)

DELTA DENTAL OF MICHIGAN

38-1791480

(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?
12 13 50	NONE KNOWN	395234	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)

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 50	NONE KNOWN	366149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PLANTE & MORAN, PLLC

33-1498605

(b) 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	314310	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)

OPTUM RX INC.

33-0441200

(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?
12 50 99	NONE KNOWN	245464	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEFANSKY, HOLLOWAY & NICHOLS, INC.

38-2388845

(b) 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	209387	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)

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	165131	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)

BENEFITS PARTNER LLC DBA SALUS GRP

20-2024076

(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?
16 22 50	NONE KNOWN	111000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DIANE E PIZZO

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96944	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)

AMERICAN GRAPHICS PRINTING CO.

34895 GROESBECK HWY  
CLINTON TWP, MI 48035

(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	86102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEPHANIE LUPA

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	72975	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)

DOMINIQUE POLICICCHIO

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62434	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"/>

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

ASHER KELLY

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	55271	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)

MORGAN OTTENBACHER

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVSTMNT SERVICES OF AMER

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	51526	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)

KRISTIN KINGSLEY

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51278	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)

ALEXANDRA SPITTLE

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47607	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)

SHAYVEON GISSENDANNER

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46210	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"/>

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

EMILY M WEEKS

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40034	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)

BRIAN TATMAN

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38044	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)

BRIAN GANTON

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37912	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"/>

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

CHADWICK CAPANDA

38-1940673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34383	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVARA TESIJA CATENACCI MCDONALD &

38-3763096

(b) 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	31023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZENWORK, INC.

22-3876667

(b) 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?
49 50	NONE KNOWN	26314	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"/>

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

CONSTRUCTION INDUSTRY RESOURCES INC

38-2838463

(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?
16 50 70	NONE KNOWN	23525	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(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	22637	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	21210	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"/>

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

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	20050	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)

EBIX INC.

77-0021975

(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?
38 49 50	NONE KNOWN	19046	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL 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"/>	18573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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(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?
28 50 51 52 59 62 63	NONE KNOWN	17878	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)

CANCER NAVIGATORS, INC.

03-0397867

(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?
49 50	NONE KNOWN	15500	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)

QUADIENT, INC.

478 WHEELERS FARMS ROAD  
MILFORD, CT 06461

(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?
38 50	NONE KNOWN	10171	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"/>

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

MADDIN, HAUSER, ROTH & HELLER

38-3024220

(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	9243	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)

CORRIGAN RECORD STORAGE, LLC

38-3544543

(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?
49 50	NONE KNOWN	8487	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)

JPMORGAN CHASE BANK, N.A.

13-4994650

(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	7834	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"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE KNOWN	7479	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)

PAYCHEX OF NEW YORK LLC

911 PANORAMA TRL S  
ROCHESTER, NY 14625

(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	6354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL RICHARD ROLL

27-1875122

(b) 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	5159	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"/>

**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 SELECT 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 SELECT 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 SELECT 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>	<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 <u>OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</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</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1940673</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>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>417818</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE 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>816739</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INCOME FD</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>7031015</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD 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>39-2021943-001</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>584809</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE UNION LABOR LIFE INS CO SEP ACC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>13-1423090-210</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18034632</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<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>	<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 <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</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</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1940673</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	4533259	12737744
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	23839924	25982673
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	6601564	8311768
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	18373868	9015313
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	8577523	9348394
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	28631544	30322964
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1598822	1860483
<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>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	18760076	9734222
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	8166702	8850381
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	15762649	18034632
<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>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	11807444
<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>	1787749	1912457

<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>	136633680	147918475
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	5606560	5590332
<b>h</b> Operating payables.....	<b>1h</b>	804247	715848
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	98097197	127226802
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	104508004	133532982
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	32125676	14385493

**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>	144429079	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	19524354	
<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>		163953433
<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>	557115	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	314325	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1393299	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<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>		2264739
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<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>		0
(3) 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>	2471709	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2384939	
<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>		86770
<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>	-11037	
<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 .....	2b(6)	683678
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	1024332
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	7946
<b>c</b> Other income .....	2c	2809234
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	170819095

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	15016087
(3) Other .....	2e(3)	174306398
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	189322485
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	749698
(2) Contract administrator fees .....	2i(2)	3797215
(3) Recordkeeping fees .....	2i(3)	209387
(4) IQPA audit fees .....	2i(4)	314310
(5) Investment advisory and investment management fees .....	2i(5)	74962
(6) Bank or trust company trustee/custodial fees .....	2i(6)	33191
(7) Actuarial fees .....	2i(7)	20050
(8) Legal fees .....	2i(8)	259336
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	12553
(11) Other expenses .....	2i(11)	1128411
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	6599113
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	195921598

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-25102503
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	7362320
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **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		18584603
<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.)			
<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 \_\_\_\_\_.

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# Operating Engineers' Local 324 Health Care Plan

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

# Operating Engineers' Local 324 Health Care Plan

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## Independent Auditor's Report

To the Board of Trustees  
Operating Engineers' Local 324 Health Care Plan

### **Opinion**

We have audited the financial statements of Operating Engineers' Local 324 Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of April 30, 2025 and 2024 and the related statements of changes in net assets available for benefits and changes in plan benefit obligations 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 and plan benefit obligations of the Plan as of April 30, 2025 and 2024 and the changes in net assets available for benefits and changes in plan benefit obligations 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 Matters**

As explained in Note 8, the financial statements include investments valued at approximately \$18,585,000 (13 percent of net assets) at April 30, 2025 and approximately \$26,900,000 (20 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 fund managers, audited financial statements, and projected cash flows. Our opinion is not modified with respect to this matter.

As discussed in Note 1 to the financial statements, the International Union of Operating Engineers Local 324 Health & Welfare Fund has merged with the Plan effective September 30, 2024. 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 Health Care 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 6, 2026

## Operating Engineers' Local 324 Health Care Plan

### Statement of Net Assets Available for Benefits

April 30, 2025 and 2024

	2025	2024
<b>Assets</b>		
Investments at fair value:		
Money market funds	\$ 9,015,313	\$ 18,373,868
Mutual fund	11,807,444	-
Pooled separate accounts	18,034,632	15,762,649
Common/collective trust funds	8,850,381	8,166,702
U.S. government securities	9,348,394	8,577,523
Corporate bonds and notes	32,183,447	30,230,366
Limited partnerships	9,734,222	9,716,921
103-12 investments	-	9,043,155
Total investments at fair value	98,973,833	99,871,184
Contributions receivable:		
Employer	15,298,458	13,245,430
Employer contributions receivable due from related funds	10,684,215	10,594,494
Total contributions receivable	25,982,673	23,839,924
Due from broker for securities sold	2,000,000	-
Other accounts receivable	6,195,357	6,486,484
Accrued interest receivable	116,411	115,080
Cash	12,737,744	4,533,259
Delta Dental deposit	646,500	512,200
Medicare Advantage and Prescription Drug prepaid premium	1,254,414	1,253,280
Property and equipment - Net	5,925	9,130
Other assets - Prepaid expenses	5,618	13,139
Total assets	147,918,475	136,633,680
<b>Liabilities</b>		
Accrued liabilities	715,848	804,247
Advance employer contributions	547,517	-
Deferred revenue - Self-payments	246,531	247,197
Total liabilities	1,509,896	1,051,444
<b>Net Assets Available for Benefits</b>	<b>\$ 146,408,579</b>	<b>\$ 135,582,236</b>

## Operating Engineers' Local 324 Health Care Plan

# Statement of Changes in Net Assets Available for Benefits

Years Ended April 30, 2025 and 2024

	2025	2024
<b>Additions</b>		
Contributions:		
Retiree self-payments - Premiums	\$ 19,009,938	\$ 19,407,794
Employer	144,429,079	135,438,940
Active self-payments	514,416	632,243
Total contributions	163,953,433	155,478,977
Interest and other investment income	3,280,663	1,891,634
Net realized and unrealized gain on investments	3,102,690	3,757,123
Liquidated damages and litigation settlements	482,309	360,902
Total additions	170,819,095	161,488,636
<b>Deductions</b>		
Benefit payments:		
Claims paid	145,739,872	128,789,352
Premiums paid	15,016,087	14,807,644
Total benefit payments	160,755,959	143,596,996
Claims tax	9,649	67,159
Claims administration fees	3,451,079	3,405,923
Administrative expenses:		
Administration fees	346,314	288,000
Consultants	155,735	180,334
Printing and supplies	197,383	164,956
Office salaries	526,891	499,860
Payroll taxes	39,546	60,181
Insurance	1,575	2,564
Trust fund legal fees	194,823	169,576
Collection legal fees	64,514	46,203
Conference expense	12,553	7,961
Field coordination expense	483,171	448,217
Miscellaneous	8,122	1,109
Telephone	1,217	2,359
Internal accounting	6,354	6,241
Independent audit and tax compliance fees	314,310	168,525
Actuary fees	20,050	9,500
Field payroll audit expense	209,387	139,208
Investment management fees	100,319	127,982
Janitorial services	1,240	12,859
Depreciation expense	3,205	-
Postage	10,633	16,414
Rent - Office	62,637	62,858
Employee fringe benefits	378,406	374,507
Total deductions	167,355,072	149,859,492
<b>Net Increase before Other Changes</b>	3,464,023	11,629,144
<b>Transfers In (Note 1)</b>	7,362,320	-
<b>Net Increase</b>	10,826,343	11,629,144
<b>Net Assets Available for Benefits</b>		
Beginning of year	135,582,236	123,953,092
End of year	<b>\$ 146,408,579</b>	<b>\$ 135,582,236</b>

## Operating Engineers' Local 324 Health Care Plan

### Statement of Plan Benefit Obligations

April 30, 2025 and 2024

	2025	2024
<b>Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents</b>		
Health claims payable	\$ 4,872,986	\$ 4,843,231
Death benefits payable	24,167	45,000
Medical reimbursement account - Current portion (Note 3)	693,179	718,329
Total amounts currently payable	5,590,332	5,606,560
<b>Other Obligations for Current Benefit Coverage at Present Value of Estimated Amounts</b>		
Claims incurred but not reported	9,631,232	8,350,000
Medical reimbursement account - Long-term portion (Note 3)	27,500,000	25,000,000
Future benefits (Note 3)	87,000,000	64,500,000
Retiree health reimbursement account	2,301,522	-
Total other obligations for current benefit coverage	126,432,754	97,850,000
<b>Postretirement Benefit Obligation</b>		
Current retirees	109,346,956	97,140,209
Other participants fully eligible for benefits	67,467,643	61,944,561
Other participants not fully eligible for benefits	100,322,678	86,702,306
Total postretirement benefit obligation	277,137,277	245,787,076
<b>Total Plan Benefit Obligations</b>	<b>\$ 409,160,363</b>	<b>\$ 349,243,636</b>

## Operating Engineers' Local 324 Health Care Plan

### Statement of Changes in Plan Benefit Obligations

Years Ended April 30, 2025 and 2024

	2025	2024
<b>Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents</b>		
Balance - Beginning of year	\$ 5,606,560	\$ 4,307,002
Claims and premiums approved for payment	160,739,731	144,896,554
Claims and premiums paid	<u>(160,755,959)</u>	<u>(143,596,996)</u>
Balance - End of year	5,590,332	5,606,560
<b>Other Obligations for Current Benefit Coverage at Present Value of Estimated Amounts</b>		
Balance - Beginning of year	97,850,000	86,240,000
Net change during the year:		
Net change in dental IBNR, unpaid claims, hours bank, and MRA liability	26,004,017	11,610,000
Transfer in (Note 3)	<u>2,578,737</u>	<u>-</u>
Balance - End of year	126,432,754	97,850,000
<b>Postretirement Benefit Obligation</b>		
Balance - Beginning of year	245,787,076	266,529,127
(Decrease) increase during the year attributable to:		
Net benefits paid	(12,300,682)	(11,161,436)
Benefits earned and other changes	9,439,272	415,937
Changes in actuarial assumptions (Note 6)	18,834,275	(22,656,686)
Interest	14,132,757	12,660,134
Plan amendments	<u>1,244,579</u>	<u>-</u>
Net increase (decrease)	<u>31,350,201</u>	<u>(20,742,051)</u>
Balance - End of year	<u>277,137,277</u>	<u>245,787,076</u>
<b>Total Plan Benefit Obligations at End of Year</b>	<b><u>\$ 409,160,363</u></b>	<b><u>\$ 349,243,636</u></b>

April 30, 2025 and 2024

### Note 1 - Plan Description

The following description of Operating Engineers' Local 324 Health Care Plan (the "Plan") provides only general information. A more complete description of the Plan's provisions is contained in the plan document and summary plan description, copies of which are available from the Operating Engineers' Local 324 Union (the "Union") or the plan office.

The Plan is a multiemployer plan established as a result of collective bargaining agreements to provide health care, death, and disability benefits for eligible participants employed in the construction industry in the state of Michigan and their dependents. Contributions to the Plan are made by participating employers at an average rate of \$8.55 per hour in 2025 and 2024, respectively. Participants may make contributions in accordance with plan provisions to continue coverage after retirement or during periods of unemployment. As a result of the merger of the International Union of Operating Engineers Local 324 Health & Welfare Fund into the Plan, as discussed below, the contributions from employers transferred to the Plan are made by participating employers at negotiated rates to provide the Plan with assets sufficient to meet the projected benefits to pay for wellness costs.

Although it has not expressed any intention to do so, the board of trustees has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 (ERISA).

During 2024, the trustees approved a merger agreement for the International Union of Operating Engineers Local 324 Health & Welfare Fund (the "Health & Welfare Fund") to merge into the Plan, which was effective September 30, 2024, at which point the Health & Welfare Fund was terminated. All assets, liabilities, and postretirement benefit obligations were transferred to the Plan as of September 30, 2024.

### Note 2 - Summary of Significant Accounting Policies

#### ***Contributions Receivable, Contributions from Employers, and Advance Employer Contributions***

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 receivable also include amounts collected into the Operating Engineers' Local 324 Pension Fund (the "Pension Fund") collection account but not transferred to the Fund prior to April 30. The amount due from the Pension Fund for contributions collected on behalf of the Fund was \$15,298,458 and \$13,245,430 as of April 30, 2025 and 2024, respectively. Other revenue, such as self-payments, is recorded in revenue when earned.

Advance employer contributions include contributions remitted prior to April 30 for coverage in a subsequent month.

#### ***Other Accounts Receivable***

Other accounts receivable include rebates owed to the Plan related to prescription claims at year end. No allowance has been recorded, as management deems all receivables to be collectible. The Plan has considered subsequent collection activity through February 6, 2026.

#### ***Cash***

Cash represents amounts not invested and available to pay benefits and obligations of the Plan. Cash is valued at the outstanding balance at April 30. Cash balances held in the bank exceed the federal depository insurance limit. The Plan's cash is only insured up to the federal depository insurance limit.

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

Investments are stated at fair value.

April 30, 2025 and 2024

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

The U.S. government securities and corporate bonds and notes are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The fair value of the common/collective trust funds, 103-12 investments, pooled separate accounts, and limited partnerships is based upon the Plan's percentage of ownership of the net assets of the entity or at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, with adjustments to account for partnership activity and other applicable valuation adjustments. There are no unfunded commitments related to the 103-12 investments, limited partnerships, common/collective trust funds, or the pooled separate account, and any redemption restrictions are disclosed in Note 8. The fair value of the money market funds is based on their outstanding balances or quoted market prices. The fair value of the mutual fund is based on quoted market prices. See Note 8 for additional information.

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.

#### ***Property and Equipment***

Furniture and equipment are stated at cost. Depreciation is computed using the straight-line method over 3 to 10 years at rates designed to amortize the costs of the assets over their estimated useful lives.

#### ***Deposits***

Deposits represent amounts deposited in advance for benefit payments processed by independent agencies.

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

Benefits, which include claims and premium payments, are recorded when paid.

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

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

#### ***Risks and Uncertainties***

The postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. 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 amounts reported in the financial statements.

#### ***Claims Incurred but Not Reported***

The Plan's liability for incurred but unreported claims is estimated using payments made subsequent to year end in conjunction with historical trend information. Claims can be submitted for payment up to 12 months following the date of service.

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.

#### *Subsequent Events*

The financial statements and related disclosures include evaluation of events up through and including February 6, 2026, which is the date the financial statements were available to be issued.

### Note 3 - Benefit Obligations

#### *Medical Reimbursement Account*

Medical reimbursement account claims, included in the Plan's benefit obligation, result from a benefit added to the Plan during 1998 providing participant reimbursements for certain medical expenses. Reimbursement amounts are based on an accumulated available amount based on hours worked. The obligation for unpaid medical reimbursement account claims represents both reported and unprocessed claims and incurred but not reported claims for such reimbursements.

#### *Future Benefits*

The obligation for future benefits represents an estimate of the Plan's liability for claims to be paid for participants eligible for future benefits based on hours worked through April 30, 2025 and 2024 and eligibility rules in effect at those dates. The eligibility rules and benefit levels that govern the payment of future claims are subject to modifications at any time by the board of trustees.

#### *Retiree Health Reimbursement Account*

Prior to the merger described in Note 1, the International Union of Operating Engineers Local 324 Health & Welfare Fund entered into an agreement with several of its employers to provide funding for retirees to cover certain medical expenses. The Health & Welfare Fund was funded by the employers based upon the respective collective bargaining agreements. The beneficiaries were subject to the terms and conditions of the Health & Welfare Fund. The Health & Welfare Fund had no obligation to pay any health benefits beyond the amount funded. The funded amount was included in the Fund's investments, which were transferred as part of the merger with the Plan, as indicated in Note 1.

### Note 4 - Field Coordinators' 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 approximately \$483,000 and \$448,000 for the Plan's prorated share of the aforementioned expenses for the years ended April 30, 2025 and 2024, respectively.

**Note 5 - Tax Status**

The trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code; accordingly, the Plan’s net investment income is exempt from income taxes. The trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan’s management believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

In accordance with guidance on accounting for uncertain tax positions, management evaluated the Plan’s tax positions and identified unrelated business income tax related to certain investments as an uncertain tax position. This tax position is not expected to change during the next 12 months. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2022.

**Note 6 - Postretirement Benefit Obligation**

The Plan provides retired participants with an opportunity to purchase health care insurance and death benefits. During the years ended April 30, 2025 and 2024, the Plan recognized the following for the retiree coverage:

	2025	2024
Retiree self-pays - Premiums	\$ 19,009,938	\$ 19,407,794
Health care and death benefit expense	(34,579,164)	(28,752,496)
Net expense	\$ (15,569,226)	\$ (9,344,702)

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to participant service rendered through April 30, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to or for currently retired participants and their beneficiaries and dependents and active participants and their beneficiaries and dependents after retirement from service. Prior to an active participant’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant’s service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost and participant payment data to estimate future annual incurred claims cost per participant and to adjust such estimates for time value of money and the probability of payment between the valuation date and the expected date of payment.

The effect of a 1 percentage point increase in the assumed health care cost trend rates for each future year on the postretirement benefit obligation as of April 30, 2025 and 2024 is an increase of \$33,285,555 and \$29,201,006, respectively.

The retiree contributions are assumed to increase with the health care cost trend rate.

***Change in Actuarial Assumptions***

In 2025, the increase in the Plan’s postretirement benefit obligation from changes in actuarial assumptions was primarily from changes in the discount rate and medical and dental trend rates, as outlined below. In 2024, the decrease in the Plan’s postretirement benefit obligation from changes in actuarial assumptions was primarily from changes in the discount rate and medical and dental trend rates, as outlined below.

# Operating Engineers' Local 324 Health Care Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 6 - Postretirement Benefit Obligation (Continued)

#### Actuarial Assumptions

Expected annual medical care costs as of April 30, 2025 and 2024 for future periods are as follows:

Age	2025	2024
Before 55	\$8,292	\$7,390
55-59	8,540 - 9,332	7,612 - 8,318
60-64	9,612 - 10,819	8,568 - 9,643

The following were other significant assumptions used in the valuation as of April 30, 2025 and 2024:

	2025	2024
Discount rate	5.50 %	5.75 %

For measurement purposes, a 7.90 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025 and 2024. The rate was assumed to decrease to a flat rate of 4.00 percent by a 0.10 to 1.00 percent decrease per year through 2041 in the 2025 valuation and 2040 in the 2024 valuation and to remain at that level thereafter.

For measurement purposes, a 4.90 and 5.40 percent annual rate of increase in the per capita cost of covered dental and vision benefits was assumed for both 2025 and 2024, respectively. The rate was assumed to decrease to a flat rate of 4.10 percent by a 0.10 percent decrease per year through 2034 then remaining constant until 2041 when the rate decreases to 4.00 and remain at that level thereafter in the 2025 valuation. The rate was assumed to decrease to a flat rate of 4.00 percent by a 0.10 to 0.50 percent decrease per year through 2040 in the 2024 valuation and to remain at that level thereafter.

The mortality table used in the valuation as of April 30, 2025 and 2024 was the Pri-2012 Blue Collar Mortality Table for employees and healthy annuitants projected forward using the MP-2021 projection scale.

The 2025 and 2024 termination rates before retirement are as follows:

Age	One Year of Service	Two or More Years of Service
20	20.00 %	9.88 %
30	20.00	9.19
40	20.00	7.53
50	20.00	3.62

The 2025 and 2024 retirement rates based on years of service are as follows:

Age	2025 Rates	2024 Rates
55	10.00 %	10.00 %
56-58	8.00	8.00
59	10.00	10.00
60	12.00	12.00
61	30.00	30.00
62	35.00	35.00
63	25.00	25.00
64	40.00	40.00
65+	100.00	100.00

# Operating Engineers' Local 324 Health Care Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 6 - Postretirement Benefit Obligation (Continued)

The above assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

The Plan's deficiency of net assets over benefit obligations at April 30, 2025 and 2024 relates to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in retiree premium payments and future increases in the collectively bargained contribution rates.

### Note 7 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 146,408,579	\$ 135,582,236
Less benefit obligations currently payable	(5,590,332)	(5,606,560)
Less other obligations	(126,432,754)	(97,850,000)
Net assets available for benefits per Form 5500	<u>\$ 14,385,493</u>	<u>\$ 32,125,676</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended April 30, 2025 and 2024 to Form 5500:

	2025	2024
Benefits paid to participants per the financial statements	\$ 160,755,959	\$ 143,596,996
Plus benefit obligations currently payable	5,590,332	5,606,560
Plus other obligations currently payable	126,432,754	97,850,000
Less benefit obligations payable in prior year	(5,606,560)	(4,307,002)
Less other obligations payable in prior year	(97,850,000)	(86,240,000)
Benefits paid to participants per Form 5500	<u>\$ 189,322,485</u>	<u>\$ 156,506,554</u>

### Note 8 - Fair Value Measurements

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

#### Level 1

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

# Operating Engineers' Local 324 Health Care Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 8 - Fair Value Measurements (Continued)

#### Level 3

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

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The 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 tables present information about the Plan's assets measured at fair value on a recurring basis at April 30, 2025 and 2024:

	Assets Measured at Fair Value on a Recurring Basis at April 30, 2025		
	Investments (at Fair Value)	Quoted Prices in Active Markets for Identical Assets (Level 1)	
		Significant Other Observable Inputs (Level 2)	
Money market funds	\$ 9,015,313	\$ 8,027,383	\$ 987,930
Mutual fund	11,807,444	11,807,444	-
U.S. government securities and corporate bonds and notes	41,531,841	-	41,531,841
Total	62,354,598	<u>\$ 19,834,827</u>	<u>\$ 42,519,771</u>
Investments measured at NAV:			
Common/collective trust funds	8,850,381		
Limited partnerships	9,734,222		
Pooled separate accounts	18,034,632		
Total investments at fair value	<u>\$ 98,973,833</u>		

	Assets Measured at Fair Value on a Recurring Basis at April 30, 2024		
	Investments (at Fair Value)	Quoted Prices in Active Markets for Identical Assets (Level 1)	
		Significant Other Observable Inputs (Level 2)	
Money market funds	\$ 18,373,868	\$ 17,675,329	\$ 698,539
U.S. government securities and corporate bonds and notes	38,807,889	-	38,807,889
Total	57,181,757	<u>\$ 17,675,329</u>	<u>\$ 39,506,428</u>
Investments measured at NAV:			
Common/collective trust funds	8,166,702		
Limited partnerships	9,716,921		
103-12 investments	9,043,155		
Pooled separate accounts	15,762,649		
Total investments at fair value	<u>\$ 99,871,184</u>		

# Operating Engineers' Local 324 Health Care Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 8 - Fair Value Measurements (Continued)

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

At year end, the fair value, unfunded commitments, and redemption rules 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
103-12 investments - NCS Global Fund, LCC (1)	\$ -	\$ 9,043,155	\$ -	Weekly	1 day
Limited partnerships:					
Arena Short Duration High Yield Fund (4)	6,489,352	8,067,345	-	Monthly	3 days
Boyd Watterson State Government Fund (2)	1,605,053	1,649,576	-	Quarterly	60 days
Merganser Short-Term Bond Fund, LLC (3)	1,639,817	-	-	Daily	2 days
Total limited partnerships	9,734,222	9,716,921	-		
Common/collective trust funds:					
NIS High Yield Fund, LLC (5)	584,809	424,433	-	Monthly	3 days
NIS Intermediate Fixed Income Fund, LLC (5)	7,031,015	6,498,467	-	Monthly	3 days
NIS Preferred Stock Fund II, LLC (5)	417,818	398,823	-	Monthly	30 days
NIS Total Absolute Return Fund, LLC (5)	816,739	844,979	-	Quarterly	30 days
Total common/collective trust funds	8,850,381	8,166,702	-		
Pooled separate account - Separate Account C of the Union Labor Life Insurance Company	18,034,632	15,762,649	-	Daily	1 Day
Total	<u>\$ 36,619,235</u>	<u>\$ 42,689,427</u>	<u>\$ -</u>		

- (1) This investment represents a 103-12 investment that seeks to achieve long-term capital appreciation by investing in equity securities of companies located throughout the world (excluding the United States of America).
- (2) This investment represents a limited partnership that seeks to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to state, county, and municipal government agencies with an underlying credit rating at the time of acquisition of Aa3 or higher from Moody's or AA- or higher from S&P Fitch (collectively, the "State Government Tenants").
- (3) The investment represents a limited liability company that seeks a high risk-adjusted return on capital invested by its members. The fund primarily invests in fixed-income securities, including debt securities, mortgage-related securities, and asset-backed securities.
- (4) 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.
- (5) This investment represents a common/collective trust fund that invests primarily in fixed-income securities, high-yield securities, and preferred stocks.

April 30, 2025 and 2024

### Note 9 - Multiemployer Defined Benefit Pension Plans

The Plan participates in the Operating Engineers' Local 324 Pension Fund, a multiemployer defined benefit pension plan established under the terms of collective bargaining agreements covering most of the Plan's union employees. The Operating Engineers' Local 324 Pension Fund plan number and the employer identification number are 001 and 38-1900637, respectively. Contribution rates are determined annually and assessed based on the number of hours worked and wages earned by individuals covered under the Operating Engineers' Local 324 Pension Fund. Benefits under the Operating Engineers' Local 324 Pension Fund are generally based on compensation levels and years of service. The financial risks of participating in multiemployer plans are different from single-employer defined benefit pension plans in the following respects:

- Assets contributed to the multiemployer plan may be used to provide benefits to employees of other participating employers.
- If a participating employer discontinues contributions to a plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If a participating employer chooses to stop participating in a plan, a withdrawal liability may be created based on the unfunded vested benefits for all employees in the plan.
- Based on information as of April 30, 2025 and 2024, the year end of the Plan, contributions made to the Operating Engineers' Local 324 Pension Fund do not represent more than 5 percent of total contributions received by the Plan.

As of April 30, 2025 and 2024, the certification zone status of the Operating Engineers' Local 324 Pension Fund, as defined by the Department of Labor Pension Protection Act, is red, indicating the Operating Engineers' Local 324 Pension Fund is less than 65 percent funded. A funding improvement plan has been implemented, and no surcharges have been imposed on contributions.

## Operating Engineers' Local 324 Health Care Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 38-1940673, Plan No. 501  
 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:						
JPMorgan	JPM U.S. Govt Premier	\$ 7,000,000	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
BNY Mellon	NCS Global Fund LLC	-	9,980,946	6,843,938	9,980,946	3,137,008
Boston Trust Walden	Boston Trust Walden International Equity Fund	9,980,947	-	9,980,947	9,980,947	-
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:						
JPMorgan	JPM U.S. Govt Premier:					
	Purchases - 2	7,552,054	-	7,552,054	7,552,054	-
	Sales - 5	-	17,200,000	17,200,000	17,200,000	-
BNY Mellon	NCS Global Fund LLC - Sales - 1	-	9,980,946	6,843,938	9,980,946	3,137,008
Boston Trust Walden	Boston Trust Walden International Equity Fund - Purchases - 1	9,980,947	-	9,980,947	9,980,947	-

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

# Operating Engineers' Local 324 Health Care Plan

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 38-1940673, Plan No. 501

April 30, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	<b>Money Market Funds:</b>		
JPMORGAN	JPM US GOVT PREMIER	\$ 8,027,383	\$ 8,027,383
BNY MELLON	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	987,930	987,930
	<b>Total Money Market Funds</b>	<b>9,015,313</b>	<b>9,015,313</b>
BOSTON TRUST WALDEN	Mutual Fund - Boston Trust Walden International Equity Fund	11,814,903	11,807,444
	<b>U.S. Government Securities:</b>		
BNY MELLON	BYD WTTFRSN LTD DUR ENH-I	2,774,859	2,682,518
BNY MELLON	COLLECTIVE US GOVT STIF 15 BPS	29,464	29,464
BNY MELLON	MFB NTGI-QM COMMON DAILY TIPS FUND	3,041,873	3,219,792
BNY MELLON	FNMA POOL #0MA4210 2.500% 11/01/2050 DD 11/01/20	203,864.0	162,489.0
BNY MELLON	FNMA POOL #0MA4305 2.000% 04/01/2051 DD 03/01/21	276,074	218,322
BNY MELLON	FNMA POOL #0MA4564 3.000% 03/01/2052 DD 02/01/22	47,591	41,045
BNY MELLON	FNMA POOL #0MA4625 3.500% 05/01/2052 DD 05/01/22	110,955	113,442
BNY MELLON	FNMA POOL #0MA4626 4.000% 05/01/2052 DD 05/01/22	125,197	118,554
BNY MELLON	ISHARES MBS ETF	529,658	508,811
BNY MELLON	U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20	169,496	123,860
BNY MELLON	U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	947,116	852,184
BNY MELLON	U S TREASURY NOTE 4.375% 05/15/2034 DD 05/15/24	864,630	849,512
BNY MELLON	FHLMC POOL #SD-6508 5.500% 09/01/2054 DD 09/01/24	267,014	268,610
BNY MELLON	FHLMC POOL #SD-8329 5.000% 05/01/2053 DD 05/01/23	157,590	159,791
	<b>Total U.S. Government Securities</b>	<b>9,545,381</b>	<b>9,348,394</b>
	<b>Corporate bonds and notes:</b>		
BNY MELLON	ACUITY BRANDS LIGHTING INC 2.150% 12/15/2030 DD 11/10/20	78,632	82,415
BNY MELLON	ASBURY AUTOMOTIVE GROUP INC 4.750% 03/01/2030 DD 09/01/20	55,050	56,249
BNY MELLON	BORGWARNER INC 2.650% 07/01/2027 DD 06/19/20	95,356	86,524
BNY MELLON	CENTRAL GARDEN & PET CO 5.125% 02/01/2028 DD 12/14/17	107,250	98,881
BNY MELLON	CHENIERE ENERGY PARTNERS LP 4.500% 10/01/2029 DD 04/01/20	93,070	87,814
BNY MELLON	COTERRA ENERGY CO 4.375% 03/15/2029 DD 03/08/19	120,063	99,144
BNY MELLON	FREEMPORT-MCMORAN INC 4.250% 03/01/2030 DD 03/04/20	74,575	77,574
BNY MELLON	GOLDMAN SACHS GROUP INC/THE VAR RT 10/23/2035 DD 10/23/24	144,554	145,308
BNY MELLON	HB FULLER CO 4.250% 10/15/2028 DD 10/20/20	82,600	75,429
BNY MELLON	MASTEC INC 5.900% 06/15/2029 DD 06/10/24	99,956	102,035
BNY MELLON	MCDONALD'S CORP 4.450% 09/01/2048 DD 08/15/18	96,067	62,357
BNY MELLON	MURPHY OIL USA INC 4.750% 09/15/2029 DD 09/13/19	89,739	96,553
BNY MELLON	MURPHY OIL CORP 6.000% 10/01/2032 DD 10/03/24	80,100	72,782
BNY MELLON	NEXTERA ENERGY CAPITAL HOLDING VAR RT 12/01/2077 DD 11/02/17	82,875	70,528
BNY MELLON	NVIDIA CORP 3.500% 04/01/2050 DD 03/31/20	94,972	59,266
BNY MELLON	OSHKOSH CORP 3.100% 03/01/2030 DD 02/26/20	109,512	91,578
BNY MELLON	SABRA HEALTH CARE LP 3.900% 10/15/2029 DD 10/07/19	104,857	93,719
BNY MELLON	SYSCO CORP 3.300% 02/15/2050 DD 02/13/20	66,768	42,562
BNY MELLON	TARGA RESOURCES PARTNERS LP / 5.000% 01/15/2028 DD 10/17/17	79,313	74,924
BNY MELLON	T-MOBILE USA INC 5.200% 01/15/2033 DD 09/15/22	75,580	75,335
BNY MELLON	VERISK ANALYTICS INC 4.125% 03/15/2029 DD 03/06/19	119,818	98,457
BNY MELLON	WESTERN MIDSTREAM OPERATING LP 6.150% 04/01/2033 DD 04/04/23	110,318	111,049
BNY MELLON	BANK OF AMERICA CORP VAR RT 12/31/2049 DD 03/15/18	39,600	44,542
BNY MELLON	BAIRD SHORT TERM BOND FD-INS	29,306,162	29,943,059
BNY MELLON	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	68,378	42,521
BNY MELLON	HUNTINGTON BANCSHARES INC/OH PFD 4.500% NON-CUMULATIVE	75,000	52,890
BNY MELLON	MORGAN STANLEY VAR RT 07/21/2034 DD 07/21/23	101,950	100,880
BNY MELLON	SERVICE CORP INTERNATIONAL/US 5.125% 06/01/2029 DD 05/21/19	94,376	83,719
BNY MELLON	US BANCORP PFD 4.000% NON-CUMULATIVE	85,000	55,353
	<b>Total Corporate bonds and notes</b>	<b>31,831,489</b>	<b>32,183,447</b>

# Operating Engineers' Local 324 Health Care Plan

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

Form 5500, Schedule H, Line 4i  
 EIN 38-1940673, Plan No. 501  
 April 30, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
BNY MELLON	Pooled Separate Accounts - ULLICO SEP ACCT C	16,047,651	18,034,632
	Limited Partnerships:		
BNY MELLON	BOYD WATTERSON STATE GOVT FD	1,624,787	1,605,053
BNY MELLON	MERGANSER SHORT TERM BOND FUND	1,642,448	1,639,817
BNY MELLON	ARENA SHORT DUR HIGH YIELD LP SRS E	8,591,609	6,489,352
	Total Limited Partnerships	<u>11,858,844</u>	<u>9,734,222</u>
	Common/Collective Trust Funds:		
BNY MELLON	NIS PREFERRED STOCK FUND II LLC	316,463	417,818
BNY MELLON	NIS HIGH YIELD FUND LLC	448,162	584,809
BNY MELLON	NIS TOTAL ABSOLUTE RETURN FUND LLC	597,702	816,739
BNY MELLON	NIS INTERMEDIATE FIXED INCOME FUND LLC	5,780,467	7,031,015
	Total Common/Collective Trust Funds	<u>7,142,794</u>	<u>8,850,381</u>
	<b>Total</b>	<b><u>\$ 97,256,375</u></b>	<b><u>\$ 98,973,833</u></b>