Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

700 TOWER DRIVE
SUITE 300
TROY, MI 48098

2b Employer Identification Number (EIN) 51-6123713

2c Plan Sponsor's telephone number 248-813-9800

2d Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2023	MICHAEL J KWIATKOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2023	JEFF NUTTALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	11921
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	4285
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4486
b Retired or separated participants receiving benefits	**6b**	3846
c Other retired or separated participants entitled to future benefits	**6c**	3025
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11357
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	719
f Total. Add lines **6d** and **6e**	**6f**	12076
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	336

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

1B

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

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
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	335180	0	10/01/2020	09/30/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	758643
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	683361
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	9534		
	(3) Interest credited during the year	7c(3)	19609		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	29143
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	712504
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	5459		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	5459
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	707045

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 07 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	1479110487
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1335801078
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1500482868
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1500482868
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	3197214578
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	76177060
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	95220527
(3)	Expected plan disbursements for the plan year	**1d(3)**	97878920

Statement by Enrolled Actuary

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

SIGN HERE

	04/06/2023
Signature of actuary	Date
MICHAEL J. NOBLE	23-06711
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	877-243-4766
Firm name	Telephone number (including area code)
200 WEST MONROE STREET, SUITE 1800, CHICAGO, IL 60606	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		1479110487
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4718	1508733775
(2) For terminated vested participants		3048	467080574
(3) For active participants:			
(a) Non-vested benefits			224960408
(b) Vested benefits			996439821
(c) Total active		4285	1221400229
(4) Total		12051	3197214578
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		46.26 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2021	5347364		12/15/2021	7117156	
08/15/2021	5386370		01/15/2022	6202312	
09/15/2021	5154678		02/15/2022	4434826	
10/15/2021	7136025		03/15/2022	5103105	
11/15/2021	6418530		04/15/2022	5554703	
			Totals ► **3(b)**	71235544	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	89.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

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

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

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

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
05/15/2022	6219233				
06/15/2022	7161242				
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.33 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males		**6c(1)**	A	A	
(2) Females		**6c(2)**	A	A	
d Valuation liability interest rate		**6d**	7.25 %	7.25 %	
e Expense loading		**6e**	7.2 % ☐ N/A	% ☒ N/A	
f Salary scale		**6f**	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	10.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	25.5 %		

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-42923790	-4463860

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	1185991

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	25947776
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	499774843	84987977
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	8042842
e Total charges. Add lines 9a through 9d		**9e**	118978595

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	245487708
g	Employer contributions. Total from column (b) of line 3		**9g**	71235544
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 89605345		12616609
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	21254923
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 467735776		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 1595718542		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	350594784
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	231616189
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
9o	Current year's accumulated reconciliation account:			
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year		**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
	(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
	(3) Total as of valuation date		**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)		**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

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).. . . . . [X] 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

MACQUARIE INFRASTRUCTURE PARTNERS
125 WEST 55TH STREET
NEW YORK, NY 10019

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

THE VANGUARD GROUP, INC.

23-1945930

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

PARAMETRIC PORTFOLIO ASSOCIATES

20-0292745

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

WABASH LANDING, LLC

6930 ATRIUM BOARDWALK STE 100
INDIANAPOLIS, IN 46250

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

PNC BANK

22-1146430

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

PROLOAN BOND FUND LLC

26-3436991

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

WILMINGTON TRUST, N.A.

1100 N. MARKET STREET
WILMINGTON, DE 19890

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

HARBOURVEST PARTNERS LP

74-3130888

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

WELLINGTON TRUST COMPANY

04-2755549

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

PORTFOLIO ADVISORS, LLC

06-1487853

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)

SEGALL BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 55	NONE	648773	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BENESYS, INC.

38-2383171

(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	605159	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	480457	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	412143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	363126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BOERNER VAN DEUREN S.C.

39-1126909

(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	202618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHEIRON, INC.

13-4215617

(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	181174	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	160000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BMO HARRIS BANK

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 62 71	NONE	132750	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

L.M. HENDERSON & COMPANY, LLP

20-5520612

(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?
50 10	NONE	92399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES, INC.

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 51	NONE	86506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(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	82456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 62 71	NONE	71806	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

JOHNSON & KROL, LLC

36-4342024

(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	60058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN GRAPHICS PRINTING CO.

38-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	43495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BOYD WATTERSON ASSET MANAGEMENT

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 51	NONE	30605	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MLS GROUP OF COMPANIES, LLC

38-3341904

(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	29738	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNDERWOOD INSURANCE AGENCY, INC.

35-1975594

(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 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	15400	Yes [ ] No [X]

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)

PRINCIPAL FINANCIAL GROUP

711 HIGH STREET
DES MOINES, IA 50392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	5537	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
52-6257033-006	C	53162940

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT/CREDIT BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-064	C	93475656

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND - LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-009	C	32061802

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION

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)
52-6328901-001	C	47117724

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

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)
20-0005644-001	C	40427931

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC - CIF II CORE BOND SERIES 1

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-003	C	42524629

a Name of MTIA, CCT, PSA, or 103-12 IE: CREDIT SUISSE FLOATING RATE TRUST

b Name of sponsor of entity listed in (a): WILMINGTON TRUST

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)
46-3073254-179	C	50501931

a Name of MTIA, CCT, PSA, or 103-12 IE: PROLOAN BOND FUND

b Name of sponsor of entity listed in (a): PROLOAN BOND FUND, LLC

c EIN-PN 26-3436991-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5748041

a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND

b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC

c EIN-PN 45-2531297-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81529034

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10933736	11129659
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7670366	9842530
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2092261	2646338
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	23108549	24465036
(2) U.S. Government securities	1c(2)	39741351	40135929
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	54109343	45558975
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	24218	5219
(B) Common	1c(4)(B)	204020318	167678283
(5) Partnership/joint venture interests	1c(5)	202660845	241846796
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	373072905	359272613
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	91378539	87277075
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	465645701	383630846
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	751345	680464
(15) Other	1c(15)	6256082	5752171

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	1481465559	1379921934
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	530607	659470
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	1824465	2002232
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	2355072	2661702
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	1479110487	1377260232

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	71235544	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		71235544
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	30575	
	(B) U.S. Government securities	**2b(1)(B)**	841664	
	(C) Corporate debt instruments	**2b(1)(C)**	1582230	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**	2638777	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		5093246
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	3381351	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	7266050	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		10647401
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	161805641	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	156203839	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		5601802
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-15112690	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-15112690

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-13800296
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-4101465
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-61524686
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1961144
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	95663115	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		95663115
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	618705	
(2) Contract administrator fees	2i(2)	558229	
(3) Investment advisory and management fees	2i(3)	2351175	
(4) Other	2i(4)	697887	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4225996
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		99889111
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-101850255
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
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.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 458530.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE

D Employer Identification Number (EIN)
51-6123713

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer SOLID PLATFORMS, INC.

b EIN 35-1808713 **c** Dollar amount contributed by employer 13093776

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2023

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 13.51
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	37
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	37

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	99.91
b The corresponding number for the second preceding plan year	**15b**	103.47

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 48.4 % Investment-Grade Debt: 20.5 % High-Yield Debt: 3.5 % Real Estate: 8.7 % Other: 18.9 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[X] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? [ ] Yes [X] No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

[ ] Yes.

[ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

[ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

[ ] No. Other. Provide explanation _____

INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

FINANCIAL STATEMENTS

JUNE 30, 2022

INDIANA/KENTUCKY/OHIO REGIONAL
COUNCIL OF CARPENTERS PENSION FUND

FINANCIAL STATEMENTS WITH ADDITIONAL INFORMATION

JUNE 30, 2022 AND 2021

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund

Opinion

We have audited the financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund as of June 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2021, and the changes in its accumulated plan benefits for the year 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Schererville, Indiana

April 17, 2023

INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2022 AND 2021

	2022	2021
ASSETS		
INVESTMENTS - at fair value		
U.S. Government obligations	$ 27,194,528	$ 23,819,946
U.S. Government Agency obligations	12,941,401	15,921,405
Corporate bonds and notes	45,558,975	54,109,343
Municipal obligations	5,752,171	6,256,082
Corporate stocks	167,683,502	204,044,536
Mutual funds	383,630,846	465,645,701
Common collective trusts	365,020,654	379,491,735
Partnerships	323,375,830	287,620,554
Insurance contract	680,464	751,345
Short-term investments	24,465,036	23,108,549
Total investments	1,356,303,407	1,460,769,196
RECEIVABLES		
Employer contributions	9,842,530	7,670,366
Accrued interest and dividends	785,629	698,392
Due from broker	1,712,142	1,210,376
Total receivables	12,340,301	9,579,134
PREPAID EXPENSES	148,567	183,493
CASH	11,129,659	10,933,736
Total assets	1,379,921,934	1,481,465,559
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	659,470	530,607
Amounts due under reciprocity agreements	1,725,458	798,107
Due to broker	276,774	1,026,358
Total liabilities	2,661,702	2,355,072
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,377,260,232	$ 1,479,110,487

See accompanying notes to financial statements.

INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ (89,749,587)	$ 291,332,419
Dividends	11,459,653	10,598,316
Interest	5,093,246	4,158,368
	(73,196,688)	306,089,103
Less investment expenses	(2,351,175)	(2,387,403)
Investment income (loss) - net	(75,547,863)	303,701,700
Employer contributions	71,235,544	59,812,202
	(4,312,319)	363,513,902
DEDUCTIONS		
Benefits paid	95,663,115	89,999,641
Administrative expenses	1,874,821	1,530,181
Total deductions	97,537,936	91,529,822
NET INCREASE (DECREASE)	(101,850,255)	271,984,080
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,479,110,487	1,207,126,407
End of year	$ 1,377,260,232	$ 1,479,110,487

See accompanying notes to financial statements.

INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2022 AND 2021

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to the year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded as income when collected. An allowance for uncollectible amounts is considered unnecessary and has not been provided.

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked and the contribution rates currently in effect as set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in various counties throughout the states of Indiana, Kentucky, and Ohio.

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer retirement plans for its participants who perform work outside the geographic jurisdiction of the regional council. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit funds on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit trust funds. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the regional council, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of $14,563,740 and $12,057,346 for the years ended June 30, 2022 and 2021, respectively, from various other retirement plans under the terms of reciprocity agreements. The Plan remitted a total of $5,887,606 and $4,136,780 in reciprocal contributions to various other retirement plans under the terms of reciprocity agreements for the years ended June 30, 2022 and 2021, respectively.

Payment of Benefits - Benefits paid to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

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

Subsequent Events - Subsequent events have been evaluated through April 17, 2023, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established as a result of collective bargaining to provide retirement, disability and survivor benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, a participant earns one year of eligibility service for each calendar year in which 500 or more hours of service are performed. Partial years of eligibility service can be earned for each calendar year with at least 125 hours of service performed. Full vesting of benefits is attained for participants who have earned five years of eligibility service. Participants earn a year of benefit accrual credit for each calendar year they work in covered employment and obtain at least 125 hours of service.

Under current provisions of the Plan, a participant is eligible for a normal retirement pension benefit at age 65 or older with five or more years of eligibility service. The Plan offers early retirement, 30-year early retirement and disability pension benefits. Pension benefits are payable monthly and are generally equal to an amount based on the number of years of eligibility service at the appropriate accrual rate. The Plan also offers death benefits for eligible surviving beneficiaries.

The rights of participants whose final period of covered employment terminated prior to various plan mergers effective January 1, 2013 are determined in accordance with the terms of the merging plan in which the individual participated as it existed on the date the participant terminated covered employment.

Participants should refer to the summary plan descriptions for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated August 1, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Section 401(a) of the Internal Revenue Code, and was therefore exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on any unrelated business income. The Plan receives a flow-through of partnership income through its investments structured as partnerships. Taxes paid on such income are not considered to be material to the financial statements.

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

NOTE 5. FUNDING POLICY

Participating employers contribute such amounts as specified in their collective bargaining agreements, which vary depending on the geographic area as well as the type of work performed. Generally, hourly contribution rates ranged from $1.92 to $13.66 during the years ended June 30, 2022 and 2021.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of July 1, 2021.

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of June 30, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	$ 892,281,828
Other vested benefits	516,671,305
Total vested benefits	1,408,953,133
Nonvested benefits	118,538,427
Total actuarial present value of accumulated plan benefits	$ 1,527,491,560

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended June 30, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 1,489,926,821
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial loss	$ 23,021,819	
Interest	106,822,983	
Benefits paid	(89,999,641)	
Changes in actuarial assumptions	(750,241)	
Administrative expenses	(1,530,181)	
Net increase		37,564,739
Actuarial present value of accumulated plan benefits at end of year		$ 1,527,491,560

The actuarial valuation was prepared using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rates:
  Healthy lives:
  125% and 112%, for males and females, respectively, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019
  Disabled lives:
  RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

- Retirement rates:

Age	Less than 30 years of service	30 or more years of service
< 55	N/A	40%
55	15%	40%
56	8%	25%
57 - 58	10%	25%
59	12%	25%
60	15%	30%
61	20%	30%
62	25%	30%
63 - 64	25%	50%
65+	100%	100%

- Interest rate:
  7.25%

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

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

Changes in actuarial assumptions reflect updates to the administrative expense load.

Since information on the accumulated plan benefits at June 30, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2022 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2022. The complete financial status is presented as of June 30, 2021.

As of July 1, 2022, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

NOTE 7. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2022 and 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 6/30/22 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government obligations	$ 27,194,528	$ 27,194,528	$ -	$ -
U.S. Government Agency obligations	12,941,401	-	12,941,401	-
Corporate bonds and notes	45,558,975	-	45,558,975	-
Municipal obligations	5,752,171	-	5,752,171	-
Corporate stocks	167,683,502	167,683,502	-	-
Mutual funds	383,630,846	383,630,846	-	-
Insurance contract	680,464	-	-	680,464
Short-term investments	24,465,036	-	24,465,036	-
	667,906,923	$ 578,508,876	$ 88,717,583	$ 680,464
Investments measured at net asset value:				
Common collective trusts	365,020,654			
Partnerships	323,375,830			
Total	$ 1,356,303,407			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 6/30/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government obligations	$ 23,819,946	$ 23,819,946	$ -	$ -
U.S. Government Agency obligations	15,921,405	-	15,921,405	-
Corporate bonds and notes	54,109,343	-	54,109,343	-
Municipal obligations	6,256,082	-	6,256,082	-
Corporate stocks	204,044,536	204,044,536	-	-
Mutual funds	465,645,701	465,645,701	-	-
Insurance contract	751,345	-	-	751,345
Short-term investments	23,108,549	-	23,108,549	-
	793,656,907	$ 693,510,183	$ 99,395,379	$ 751,345
Investments measured at net asset value:				
Common collective trusts	379,491,735			
Partnerships	287,620,554			
Total	$ 1,460,769,196			

Level 1 Measurements

U.S. Treasury securities and corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and notes, and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Short-term investments are valued at cost, which approximates their fair value.

Level 3 Measurements

The fair value of the insurance contract is based on an estimate from the insurance company, which the Plan has not adjusted. The insurance company determines the fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Unobservable inputs are primarily assessed through review of contract terms, including duration and payout date.

The following table presents information about the Plan's investment in the insurance contract at June 30, 2022 and 2021:

Principal Valuation Technique	Unobservable Input	Significant Input Value
Discounted cash flow	Interest rate	3%

Measurements Using Net Asset Value as a Practical Expedient

The fair values of the common collective trusts and partnerships are based on the net asset value per share (or its equivalent), used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts and one partnership are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are generally available quarterly, with a 90 day or one-year notice period.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following tables summarize investments measured using net asset value per share, other than DFE investments, as of June 30, 2022 and 2021:

June 30, 2022					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Partnership	$ 55,236,208	Real estate properties	90%	Quarterly	Up to 90 days
		Unconsolidated joint ventures - real estate	5%		
		Other	5%		
Partnership	$ 54,640,838	Master-feeder structure - portfolio funds	97%	Quarterly	70 days
		Other	3%		
Partnership	$ 44,708,925	Investments in limited partnerships:		Not available	N/A
		Buyout	42%		
		Venture capital	24%		
		Special situation	20%		
		Secondaries	9%		
		Other	5%		
Partnership	$ 35,831,996	Master-feeder structure -		Not available	N/A
		Infrastructure investments	100%		
Partnership	$ 32,126,180	Global feeder fund -		Not available	N/A
		Global private equity investments	100%		
Partnership	$ 16,577,499	Infrastructure investments	100%	Not available	N/A
Partnership	$ 2,703,141	Private equity investments	100%	Not available	N/A
Partnership	$ 22,009	Cash and cash equivalents	100%	Not available	N/A

June 30, 2021					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Partnership	$ 57,348,657	Master-feeder structure - portfolio funds	97%	Quarterly	70 days
		Other	3%		
Partnership	$ 47,523,569	Investments in limited partnerships:		Not available	N/A
		Buyout	42%		
		Venture capital	24%		
		Special situation	20%		
		Secondaries	9%		
		Other	5%		
Partnership	$ 42,670,083	Real estate properties	90%	Quarterly	Up to 90 days
		Unconsolidated joint ventures - real estate	5%		
Partnership	$ 25,344,999	Global feeder fund -		Not available	N/A
		Global private equity investments	100%		
Partnership	$ 15,066,804	Infrastructure investments	100%	Not available	N/A
Partnership	$ 14,494,359	Master-feeder structure -		Not available	N/A
		Infrastructure investments	100%		
Partnership	$ 185,160	Private equity investments	100%	Not available	N/A
Partnership	$ 23,302	Cash and cash equivalents	100%	Not available	N/A
Partnership	$ 3,912	Cash and cash equivalents	100%	Not available	N/A

Concentration of Investments

As of June 30, 2022 and 2021, the Plan held units in the Vanguard Institutional Index Fund with a fair value of $269,670,550 (approximately 20% of net assets available for benefits) and $323,304,172 (approximately 22% of net assets available for benefits), respectively.

NOTE 8. COMMITMENTS

The Plan participates in several partnership investments with outstanding purchase commitments totaling approximately $38,100,000 at June 30, 2022.

NOTE 9. RELATED ORGANIZATIONS

The Plan is related to several entities, which include a number of pension plans, health and welfare plans, apprenticeship and training funds, vacation plans and savings plans, which are tax-exempt trusts, as well as a regional council, which is a separate tax-exempt entity.

NOTE 10. MAJOR EMPLOYER

During the years ended June 30, 2022 and 2021, contributions from one employer accounted for approximately 18% and 12%, respectively, of employer contributions. In the event this employer suspends contributions, the Plan would retain the risk of paying current fixed administrative expenses until the appropriate adjustments were made.

NOTE 11. RISKS AND UNCERTAINTIES

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

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 the amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for underlying securities existed.

NOTE 11. RISKS AND UNCERTAINTIES (CONTINUED)

The Plan holds alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

The Plan invests in private investment funds which utilize a variety of trading strategies. These financial instruments contain various degrees of off-balance sheet risk, including both market risk and credit risk. Market risk is the risk of potential adverse changes to the value of the financial instruments and their derivatives because of changes in market conditions such as, but not limited to, interest and currency rate movements and volatility in commodity or security prices. Credit risk is the risk of the potential inability of counterparties to perform under the terms of contracts, which may be in excess of the amounts recorded in the respective investment fund's balance sheet.

The Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to change in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

NOTE 12. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which may negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of the newly enacted legislation on its provisions, operations and cash flows.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund

We have audited the financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (the Plan) as of and for the years ended June 30, 2022 and 2021, and our report thereon dated April 17, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Schererville, Indiana

April 17, 2023

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
BMO HARRIS BANK	19
BMO HARRIS BANK	28
BMO HARRIS BANK	51
BMO HARRIS BANK	52
BMO HARRIS BANK	62
BMO HARRIS BANK	71
NORTHERN TRUST CORPORATION	28
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	62
NORTHERN TRUST CORPORATION	71
SEGALL BRYANT & HAMILL	28
SEGALL BRYANT & HAMILL	51
SEGALL BRYANT & HAMILL	52
SEGALL BRYANT & HAMILL	55

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	698,392.	785,629.
PREPAID EXPENSES	183,493.	148,567.
DUE FROM BROKER	1,210,376.	1,712,142.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,092,261.	2,646,338.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	6,256,082.	5,752,171.
TOTAL TO SCHEDULE H, LINE 1C(15)	6,256,082.	5,752,171.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	1,026,358.	276,774.
RECIPROCAL CONTRIBUTIONS PAYABLE	798,107.	1,725,458.
TOTAL TO SCHEDULE H, LINE 1J	1,824,465.	2,002,232.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
BANK FEES	45,028.
MEETING & CONFERENCE EXPENSE	4,880.
INSURANCE EXPENSE	129,667.
MEDICAL EXAM FEES	29,738.
PLAN TERMINATION INSURANCE	392,956.
PRINTING AND POSTAGE EXPENSE	86,887.
OFFICE EXPENSE	8,731.
TOTAL TO SCHEDULE H, LINE 2I(4)	697,887.

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- BMO Govt Money Market Fd Y # 605							
Purchases	355	.00	.00	1.000	44,435,176.13	44,435,176.13	.00
Sales	187	.00	.00	1.000	35,422,496.42	35,422,496.42	.00

*** Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.**

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Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Summary of Attached Schedules for Assets Held for Investment Purposes
June 30, 2022
Plan # 001
EIN: 51-6123713

	COST/ FAIR VALUE
FORM 5500, LINE 1C(1)	
INTEREST BEARING CASH:	
BMO GOV'T MONEY MARKET FUND	$ 24,463,022
BLACKROCK LIQUIDITY FUNDS FEDFUND PORTFOLIO	846
COLTV SHORT TERM INVESTMENT FUND	1,168
TOTAL INTEREST-BEARING CASH	24,465,036

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Summary of Attached Schedules for Assets Held for Investment Purposes
June 30, 2022
Plan # 001
EIN: 51-6123713

Investment Type	Cost	Fair Value
BMO Harris Bank		
U.S. Government securities	$ 43,238,663	$ 40,135,929
Corporate debt instruments	49,426,309	45,558,975
Common stocks	135,814,671	167,678,283
Mutual funds	218,021,817	383,630,846
Other (Municipal obligations)	5,987,343	5,752,171

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Summary of Attached Schedules for Assets Held for Investment Purposes
June 30, 2022
Plan # 001

EIN: 51-6123713

Investment Type	Cost	Fair Value
Preferred Stock		
Zynerba	$ 24,218	$ 5,219
Limited Partnerships		
Portfolio Advisors Private Equity Fund VIII (Offshore), L.P.	7,632,303	44,708,925
Grosvenor Institutional Partners, L.P.	32,500,000	54,640,838
Wabash Landing, LLC	2,397,000	-
RCP Multi-Strategy Fund, LP	2,400,000	2,703,141
Macquarie Infrastructure II	441,151	22,009
Blackstone Infrastructure Partners - V Feeder L.P.	30,514,084	35,831,996
IIF ERISA Hedged LP	15,000,000	16,577,499
American Core Realty Fund, LLC	34,245,240	55,236,208
Siguler Guff DOF III, L.P.	35,146	-
HarbourVest 2018 Global Feeder Fund L.P.	21,600,000	32,126,180
	$ 146,764,924	$ 241,846,796
Common and Collective Trusts		
ASB Capital Management		
ASB Allegiance Real Estate Fund	20,371,223	53,162,940
Northern Trust		
Intermediate Gov't Credit Bond Index Fund	83,840,712	93,475,656
Russell 2000 Equity Index Fund	13,966,916	32,061,802
AFL-CIO Building Investment Trust	23,893,391	47,117,724
Credit Suisse Floating Rate Trust	40,000,000	50,501,931
NIS Core Fixed Income Fund	35,700,000	40,427,931
Wellington CIF II Core Bond	45,489,310	42,524,629
	$ 263,261,552	$ 359,272,613
103-12 Investment Entities		
ProLoan Bond Fund	5,000,000	5,748,041
Parametric Defensive Equity Fund	49,200,000	81,529,034
	$ 54,200,000	$ 87,277,075
Insurance Co. General Account		
Principal Life Insurance Company	$ 776,942	$ 680,464

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
Equity										
Common Stocks										
Consumer Discretionary										
AI	- Capri Holdings Limited Shs *G1890L107 / CPRI*	16,729.000	.10	752,219.90 *44.965*	686,056.29 *41.010*	- 66,163.61	.05			
AK	- Capri Holdings Limited Shs *G1890L107 / CPRI*	7,671.000	.05	308,653.31 *40.236*	314,587.71 *41.010*	5,934.40	.02			
AG	- Royal Caribbean Cruises LTD *V7780T103 / RCL*	3,400.000	.02	372,663.29 *109.607*	118,694.00 *34.910*	- 253,969.29	.01			
AI	- Amazon.Com Inc Com *023135106 / AMZN*	15,160.000	.24	376,606.51 *24.842*	1,610,143.60 *106.210*	1,233,537.09	.12			
AG	- Best Buy Inc Com *086516101 / BBY*	4,400.000	.04	197,299.96 *44.841*	286,836.00 *65.190*	89,536.04	.02	3,872.00	15,488.00 *3.52000*	5.40%
AG	- Big Lots Inc Com *089302103 / BIG*	3,500.000	.01	132,569.58 *37.877*	73,395.00 *20.970*	- 59,174.58	.01		4,200.00 *1.20000*	5.72%
AK	- Bjs Restaurants Inc Com *09180C106 / BJRI*	7,895.000	.03	280,305.78 *35.504*	171,163.60 *21.680*	- 109,142.18	.01			
AG	- Borgwarner Inc Com *099724106 / BWA*	4,400.000	.02	202,686.90 *46.065*	146,828.00 *33.370*	- 55,858.90	.01		2,992.00 *0.68000*	2.04%
AK	- Churchill Downs Inc Com *171484108 / CHDN*	1,957.000	.06	206,362.34 *105.448*	374,824.21 *191.530*	168,461.87	.03		1,305.00 *0.66700*	.35%
AI	- Darden Restaurants Inc Com *237194105 / DRI*	6,284.000	.11	861,944.71 *137.165*	710,846.08 *113.120*	- 151,098.63	.05		28,340.00 *4.51000*	3.99%
AG	- Dicks Sporting Goods Inc Oc-Com *253393102 / DKS*	5,500.000	.06	180,667.40 *32.849*	414,535.00 *75.370*	233,867.60	.03		10,725.00 *1.95000*	2.59%
AG	- Ebay Inc Com *278642103 / EBAY*	12,000.000	.07	458,338.14 *38.195*	500,040.00 *41.670*	41,701.86	.04		10,560.00 *0.88000*	2.11%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Five Below Inc Com *33829M101 / FIVE*	2,177.000	.04	243,098.04 *111.667*	246,937.11 *113.430*	3,839.07	.02			
AG	- Foot Locker Inc Com *344849104 / FL*	5,900.000	.02	304,584.09 *51.624*	148,975.00 *25.250*	- 155,609.09	.01		9,440.00 *1.60000*	6.34%
AG	- Ford Mtr Co Del Com Par $0.01 *345370860 / F*	41,400.000	.07	612,469.58 *14.794*	460,782.00 *11.130*	- 151,687.58	.03		16,560.00 *0.40000*	3.59%
AK	- Fox Factory Hldg Corp Com *35138V102 / FOXF*	2,707.000	.03	288,417.93 *106.545*	218,021.78 *80.540*	- 70,396.15	.02			
AG	- General Mtrs Co Com *37045V100 / GM*	16,300.000	.08	563,860.29 *34.593*	517,688.00 *31.760*	- 46,172.29	.04			
AK	- Gildan Activewear Inc Cl A Com *375916103 / GIL*	19,431.000	.08	587,997.72 *30.261*	559,224.18 *28.780*	- 28,773.54	.04		13,135.00 *0.67600*	2.35%
AG	- Goodyear Tire & Rubr Co Com *382550101 / GT*	11,000.000	.02	355,076.93 *32.280*	117,810.00 *10.710*	- 237,266.93	.01			
AG	- Hanesbrands Inc Com *410345102 / HBI*	20,700.000	.03	297,395.63 *14.367*	213,003.00 *10.290*	- 84,392.63	.02		12,420.00 *0.60000*	5.83%
AG	- Harley Davidson Inc Com *412822108 / HOG*	5,000.000	.02	300,171.73 *60.034*	158,300.00 *31.660*	- 141,871.73	.01		3,150.00 *0.63000*	1.99%
AK	- Harley Davidson Inc Com *412822108 / HOG*	11,868.000	.06	440,267.97 *37.097*	375,740.88 *31.660*	- 64,527.09	.03		7,476.00 *0.63000*	1.99%
AI	- Home Depot Inc Com *437076102 / HD*	2,785.000	.11	704,732.84 *253.046*	763,841.95 *274.270*	59,109.11	.06		21,166.00 *7.60000*	2.77%
AG	- Kohls Corp Com *500255104 / KSS*	4,300.000	.02	220,767.40 *51.341*	153,467.00 *35.690*	- 67,300.40	.01		8,600.00 *2.00000*	5.60%
AG	- Lear Corp Com New *521865204 / LEA*	4,400.000	.08	259,768.10 *59.038*	553,916.00 *125.890*	294,147.90	.04		12,364.00 *2.81000*	2.23%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Lennar Corp Cl A *526057104 / LEN*	2,301.000	.02	98,481.17 *42.799*	162,381.57 *70.570*	63,900.40	.01		3,451.00 *1.50000*	2.13%
AG	- Macys Inc Com *55616P104 / M*	3,800.000	.01	254,399.54 *66.947*	69,616.00 *18.320*	- 184,783.54	.01	598.50	2,394.00 *0.63000*	3.44%
AK	- Madden Steven LTD Com *556269108 / SHOO*	12,139.000	.06	460,715.95 *37.953*	390,997.19 *32.210*	- 69,718.76	.03		10,196.00 *0.84000*	2.61%
AI	- O Reilly Automotive Inc New Com *67103H107 / ORLY*	1,484.000	.14	507,260.21 *341.820*	937,531.84 *631.760*	430,271.63	.07			
AI	- Papa Johns Intl Inc Com *698813102 / PZZA*	10,143.000	.13	1,024,215.34 *100.978*	847,143.36 *83.520*	- 177,071.98	.06		14,200.00 *1.40000*	1.68%
AG	- Pulte Group Inc Com *745867101 / PHM*	8,300.000	.05	240,761.96 *29.007*	328,929.00 *39.630*	88,167.04	.02	1,245.00	4,980.00 *0.60000*	1.51%
AG	- Rent A Ctr Inc New Com *76009N100 / RCII*	5,420.000	.02	145,310.16 *26.810*	105,419.00 *19.450*	- 39,891.16	.01	1,842.80	7,371.00 *1.36000*	6.99%
AG	- Sleep Number Corp Com *83125X103 / SNBR*	2,600.000	.01	133,640.64 *51.400*	80,470.00 *30.950*	- 53,170.64	.01			
AK	- Stoneridge Inc Com *86183P102 / SRI*	8,358.000	.02	159,251.41 *19.054*	143,339.70 *17.150*	- 15,911.71	.01			
AI	- TJX Cos Inc New Com *872540109 / TJX*	19,046.000	.16	728,857.86 *38.268*	1,063,719.10 *55.850*	334,861.24	.08		22,474.00 *1.18000*	2.11%
AG	- Target Corp Com *87612E106 / TGT*	4,400.000	.09	266,684.42 *60.610*	621,412.00 *141.230*	354,727.58	.05		19,008.00 *4.32000*	3.06%
AK	- Texas Roadhouse Inc Com Cl A *882681109 / TXRH*	5,849.000	.06	469,853.92 *80.331*	428,146.80 *73.200*	- 41,707.12	.03		10,762.00 *1.84000*	2.51%
AG	- The Odp Corp Com *88337F105 / ODP*	290.000	.00	16,941.17 *58.418*	8,769.60 *30.240*	- 8,171.57	.00			

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Under Armour Inc Cl A *904311107 / UAA*	22,156.000	.03	385,182.84 *17.385*	184,559.48 *8.330*	- 200,623.36	.01			
AK	- Universal Electrs Inc Com *913483103 / UEIC*	7,339.000	.03	331,157.53 *45.123*	187,658.23 *25.570*	- 143,499.30	.01			
AI	- Vail Resorts Inc *91879Q109 / MTN*	3,069.000	.10	918,784.68 *299.376*	669,195.45 *218.050*	- 249,589.23	.05	5,861.79	23,447.00 *7.64000*	3.50%
AG	- Whirlpool Corp Com *963320106 / WHR*	3,000.000	.07	304,758.49 *101.586*	464,610.00 *154.870*	159,851.51	.03		21,000.00 *7.00000*	4.52%
	Total Consumer Discretionary		**2.45**	**15,955,183.36**	**16,589,554.71**	**634,371.35**	**1.22**	**13,420.09**	**317,204.00**	**1.91%**
	Consumer Staples									
AG	- Altria Group Inc Com *02209S103 / MO*	7,100.000	.04	307,323.00 *43.285*	296,567.00 *41.770*	- 10,756.00	.02	6,390.00	25,560.00 *3.60000*	8.62%
AK	- Caseys Gen Stores Inc Com *147528103 / CASY*	2,563.000	.07	479,758.41 *187.186*	474,103.74 *184.980*	- 5,654.67	.03		3,895.00 *1.52000*	.82%
AG	- Conagra Brands, Inc *205887102 / CAG*	15,900.000	.08	566,913.27 *35.655*	544,416.00 *34.240*	- 22,497.27	.04		20,988.00 *1.32000*	3.86%
AG	- Energizer Hldgs Inc New Com *29272W109 / ENR*	8,500.000	.04	329,075.89 *38.715*	240,975.00 *28.350*	- 88,100.89	.02		10,200.00 *1.20000*	4.23%
AK	- Hain Celestial Group Inc Com *405217100 / HAIN*	16,906.000	.06	494,932.68 *29.276*	401,348.44 *23.740*	- 93,584.24	.03			
AG	- Ingredion Inc Com *457187102 / INGR*	3,100.000	.04	259,603.64 *83.743*	273,296.00 *88.160*	13,692.36	.02	2,015.00	8,060.00 *2.60000*	2.95%
AK	- Inter Parfums Inc Com *458334109 / IPAR*	4,737.000	.05	304,396.33 *64.259*	346,085.22 *73.060*	41,688.89	.03		9,474.00 *2.00000*	2.74%
AK	- J & J Snack Foods Corp Com *466032109 / JJSF*	3,926.000	.08	603,416.71 *153.698*	548,305.16 *139.660*	- 55,111.55	.04	2,625.68	9,940.00 *2.53200*	1.81%



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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID		Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	-	Kraft Heinz Co Com *500754106 / KHC*	15,600.000	.09	521,286.98 *33.416*	594,984.00 *38.140*	73,697.02	.04		24,960.00 *1.60000*	4.20%
AG	-	Kroger Co Com *501044101 / KR*	17,100.000	.12	492,854.90 *28.822*	809,343.00 *47.330*	316,488.10	.06		17,784.00 *1.04000*	2.20%
AI	-	Lauder Estee Cos Inc Cl A *518439104 / EL*	3,461.000	.13	261,785.22 *75.639*	881,412.87 *254.670*	619,627.65	.06		8,306.00 *2.40000*	.94%
AG	-	Molson Coors Beverage Company *60871R209 / TAP*	14,200.000	.11	780,574.77 *54.970*	774,042.00 *54.510*	- 6,532.77	.06		21,584.00 *1.52000*	2.79%
AI	-	Mondelez Intl Inc Com *609207105 / MDLZ*	14,697.000	.13	800,673.81 *54.479*	912,536.73 *62.090*	111,862.92	.07	5,143.95	20,575.00 *1.40000*	2.25%
AG	-	Pilgrims Pride Corp New Com *72147K108 / PPC*	471.000	.00	10,844.42 *23.024*	14,709.33 *31.230*	3,864.91	.00			
AG	-	Smucker J M Co Com New *832696405 / SJM*	3,900.000	.07	414,833.83 *106.368*	499,239.00 *128.010*	84,405.17	.04		15,912.00 *4.08000*	3.19%
AG	-	Sprouts Fmrs Mkt Inc Com *85208M102 / SFM*	11,600.000	.04	308,531.73 *26.598*	293,712.00 *25.320*	- 14,819.73	.02			
AI	-	Sysco Corp Com *871829107 / SYY*	13,658.000	.17	1,105,008.71 *80.906*	1,156,969.18 *84.710*	51,960.47	.08	6,692.42	26,769.00 *1.96000*	2.31%
AG	-	Tyson Foods Inc Cl A *902494103 / TSN*	7,000.000	.09	234,937.91 *33.563*	602,420.00 *86.060*	367,482.09	.04		12,880.00 *1.84000*	2.14%
AI	-	Unilever PLC Sponsored ADR New *904767704 / UL*	23,374.000	.16	1,070,736.25 *45.809*	1,071,230.42 *45.830*	494.17	.08		43,358.00 *1.85500*	4.05%
AG	-	Walgreens Boots Alliance Inc Com *931427108 / WBA*	9,000.000	.05	634,426.77 *70.492*	341,100.00 *37.900*	- 293,326.77	.03		17,280.00 *1.92000*	5.07%
		Total Consumer Staples		**1.64**	**9,981,915.23**	**11,076,795.09**	**1,094,879.86**	**.81**	**22,867.05**	**297,525.00**	**2.69%**
		Energy									

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AI	- Chevron Corp New Com *166764100 / CVX*	11,062.000	.24	1,323,499.60 *119.644*	1,601,556.36 *144.780*	278,056.76	.12		62,832.00 *5.68000*	3.92%
AI	- Conocophillips Com *20825C104 / COP*	12,830.000	.17	1,234,809.30 *96.244*	1,152,262.30 *89.810*	- 82,547.00	.08	8,981.00	23,607.00 *1.84000*	2.05%
AK	- Devon Energy Corp New Com *25179M103 / DVN*	15,468.000	.13	254,626.83 *16.462*	852,441.48 *55.110*	597,814.65	.06		55,684.00 *3.60000*	6.53%
AG	- Exxon Mobil Corp Com *30231G102 / XOM*	14,410.000	.18	1,245,446.19 *86.429*	1,234,072.40 *85.640*	- 11,373.79	.09		50,723.00 *3.52000*	4.11%
AG	- Hf Sinclair Corporation Com *403949100 / DINO*	9,500.000	.06	330,926.86 *34.834*	429,020.00 *45.160*	98,093.14	.03		15,200.00 *1.60000*	3.54%
AG	- Marathon Pete Corp Com *56585A102 / MPC*	5,400.000	.07	191,859.14 *35.529*	443,934.00 *82.210*	252,074.86	.03		12,528.00 *2.32000*	2.82%
AK	- Pdc Energy Inc Com *69327R101 / PDCE*	8,076.000	.07	411,733.52 *50.982*	497,562.36 *61.610*	85,828.84	.04		11,306.00 *1.40000*	2.27%
AG	- Phillips 66 Com *718546104 / PSX*	5,700.000	.07	496,198.37 *87.052*	467,343.00 *81.990*	- 28,855.37	.03		22,116.00 *3.88000*	4.73%
AI	- Suncor Energy Inc New Com *867224107 / SU*	30,032.000	.16	753,034.16 *25.074*	1,053,222.24 *35.070*	300,188.08	.08		43,726.00 *1.45600*	4.15%
AG	- Valero Energy Corp New Com *91913Y100 / VLO*	3,200.000	.05	109,864.30 *34.333*	340,096.00 *106.280*	230,231.70	.02		12,544.00 *3.92000*	3.69%
AG	- World Fuel Services Corp Com *981475106 / INT*	7,500.000	.02	255,678.52 *34.090*	153,450.00 *20.460*	- 102,228.52	.01	900.00	3,600.00 *0.48000*	2.35%
	Total Energy		**1.22**	**6,607,676.79**	**8,224,960.14**	**1,617,283.35**	**.60**	**9,881.00**	**313,866.00**	**3.82%**
	Financials									
AG	- Axis Capital Holdings LTD *G0692U109 / AXS*	6,500.000	.05	246,639.49 *37.945*	371,085.00 *57.090*	124,445.51	.03	2,795.00	11,180.00 *1.72000*	3.01%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Everest RE Group LTD *G3223R108 / RE*	1,800.000	.07	169,735.55 *94.298*	504,504.00 *280.280*	334,768.45	.04		11,880.00 *6.60000*	2.35%
AG	- AFLAC Inc Com *001055102 / AFL*	11,300.000	.09	522,442.43 *46.234*	625,229.00 *55.330*	102,786.57	.05		18,080.00 *1.60000*	2.89%
AG	- Allstate Corp Com *020002101 / ALL*	3,400.000	.06	169,265.37 *49.784*	430,882.00 *126.730*	261,616.63	.03	2,890.00	11,560.00 *3.40000*	2.68%
AG	- American Finl Group Hldgs Inc Ohio Com *025932104 / AFG*	3,800.000	.08	180,559.38 *47.516*	527,478.00 *138.810*	346,918.62	.04		8,512.00 *2.24000*	1.61%
AG	- Ameriprise Finl Inc Com *03076C106 / AMP*	4,100.000	.14	303,074.78 *73.921*	974,488.00 *237.680*	671,413.22	.07		20,500.00 *5.00000*	2.10%
AK	- Ameris Bancorp Com *03076K108 / ABCB*	7,116.000	.04	291,395.69 *40.949*	285,920.88 *40.180*	- 5,474.81	.02	1,127.85	4,269.00 *0.60000*	1.49%
AG	- Annaly Capital Mgmt Inc Com *035710409 / NLY*	26,000.000	.02	266,271.87 *10.241*	153,660.00 *5.910*	- 112,611.87	.01	5,720.00	22,880.00 *0.88000*	14.89%
AI	- Ares Management Corporation Cl A Com Stk *03990B101 / ARES*	25,044.000	.21	695,529.71 *27.772*	1,424,001.84 *56.860*	728,472.13	.10		61,107.00 *2.44000*	4.29%
AG	- Bank of America Corp Com *060505104 / BAC*	15,500.000	.07	377,067.58 *24.327*	482,515.00 *31.130*	105,447.42	.04		13,640.00 *0.88000*	2.83%
AG	- Bank New York Mellon Corp Com *064058100 / BK*	12,400.000	.08	691,572.50 *55.772*	517,204.00 *41.710*	- 174,368.50	.04		18,352.00 *1.48000*	3.55%
AI	- Berkley W R Corp Com *084423102 / WRB*	14,250.000	.14	908,258.23 *63.737*	972,705.00 *68.260*	64,446.77	.07	15,675.00	5,700.00 *0.40000*	.59%
AI	- Berkshire Hathaway Inc Del Cl B New *084670702 / BRK B*	3,238.000	.13	208,271.63 *64.321*	884,038.76 *273.020*	675,767.13	.06			

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Capital One Finl Corp Com *14040H105 / COF*	8,600.000	.13	588,978.63 *68.486*	896,034.00 *104.190*	307,055.37	.07		20,640.00 *2.40000*	2.30%
AG	- Citigroup Inc Com New *172967424 / C*	20,600.000	.14	1,648,484.09 *80.023*	947,394.00 *45.990*	- 701,090.09	.07		42,024.00 *2.04000*	4.44%
AG	- Citizens Finl Group Inc Com *174610105 / CFG*	12,400.000	.07	537,739.86 *43.366*	442,556.00 *35.690*	- 95,183.86	.03		20,832.00 *1.68000*	4.71%
AG	- Discover Finl Svcs Com *254709108 / DFS*	7,200.000	.10	255,872.42 *35.538*	680,976.00 *94.580*	425,103.58	.05		17,280.00 *2.40000*	2.54%
AG	- Fifth Third Bancorp Com *316773100 / FITB*	15,800.000	.08	310,234.39 *19.635*	530,880.00 *33.600*	220,645.61	.04	4,740.00	18,960.00 *1.20000*	3.57%
AG	- First Horizon Corporation *320517105 / FHN*	24,400.000	.08	434,986.03 *17.827*	533,384.00 *21.860*	98,397.97	.04	3,660.00	14,640.00 *0.60000*	2.74%
AI	- First Rep Bk San Fran Cali New Com *33616C100 / FRC*	6,186.000	.13	511,547.90 *82.694*	892,021.20 *144.200*	380,473.30	.07		6,680.00 *1.08000*	.75%
AK	- Glacier Bancorp Inc New Com *37637Q105 / GBCI*	12,242.000	.09	466,982.51 *38.146*	580,515.64 *47.420*	113,533.13	.04		16,159.00 *1.32000*	2.78%
AI	- Globe Life Inc Com *37959E102 / GL*	17,449.000	.25	1,490,440.35 *85.417*	1,700,754.03 *97.470*	210,313.68	.12		14,482.00 *0.83000*	.85%
AG	- Goldman Sachs Group Inc Com *38141G104 / GS*	1,300.000	.06	202,964.90 *156.127*	386,126.00 *297.020*	183,161.10	.03		13,000.00 *10.00000*	3.37%
AG	- Hartford Finl Svcs Group Inc Com *416515104 / HIG*	11,500.000	.11	537,228.31 *46.716*	752,445.00 *65.430*	215,216.69	.06	4,427.50	17,710.00 *1.54000*	2.35%
AI	- JPMorgan Chase & Co Com *46625H100 / JPM*	11,258.000	.19	833,990.97 *74.080*	1,267,763.38 *112.610*	433,772.41	.09		45,032.00 *4.00000*	3.55%
AG	- Keycorp New Com *493267108 / KEY*	24,000.000	.06	382,344.57 *15.931*	413,520.00 *17.230*	31,175.43	.03		18,720.00 *0.78000*	4.53%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Lakeland Finl Corp Com *511656100 / LKFN*	2,546.000	.02	122,467.30 *48.102*	169,105.32 *66.420*	46,638.02	.01		4,073.00 *1.60000*	2.41%
AG	- Lincoln Natl Corp Ind Com *534187109 / LNC*	6,800.000	.05	336,148.45 *49.434*	318,036.00 *46.770*	- 18,112.45	.02		12,240.00 *1.80000*	3.85%
AG	- MGIC Invt Corp Wis Com *552848103 / MTG*	20,000.000	.04	206,934.98 *10.347*	252,000.00 *12.600*	45,065.02	.02		6,400.00 *0.32000*	2.54%
AI	- Marsh & McLennan Cos Com *571748102 / MMC*	7,196.000	.17	1,099,428.76 *152.783*	1,117,179.00 *155.250*	17,750.24	.08		16,982.00 *2.36000*	1.52%
AG	- Metlife Inc Com *59156R108 / MET*	6,300.000	.06	226,449.53 *35.944*	395,577.00 *62.790*	169,127.47	.03		12,600.00 *2.00000*	3.19%
AG	- Morgan Stanley Com New *617446448 / MS*	14,800.000	.17	536,861.12 *36.274*	1,125,688.00 *76.060*	588,826.88	.08		45,880.00 *3.10000*	4.08%
AG	- Navient Corp Com *63938C108 / NAVI*	13,000.000	.03	185,827.43 *14.294*	181,870.00 *13.990*	- 3,957.43	.01		8,320.00 *0.64000*	4.57%
AG	- Prudential Finl Inc Com *744320102 / PRU*	5,200.000	.07	316,226.96 *60.813*	497,536.00 *95.680*	181,309.04	.04		24,960.00 *4.80000*	5.02%
AG	- Radian Group Inc Com *750236101 / RDN*	9,700.000	.03	158,125.24 *16.302*	190,605.00 *19.650*	32,479.76	.01		7,760.00 *0.80000*	4.07%
AG	- Regions Finl Corp New Com *7591EP100 / RF*	40,100.000	.11	651,267.68 *16.241*	751,875.00 *18.750*	100,607.32	.06	6,817.00	32,080.00 *0.80000*	4.27%
AG	- Reinsurance Group Amer Inc Com New *759351604 / RGA*	2,570.000	.04	383,224.17 *149.114*	301,435.30 *117.290*	- 81,788.87	.02		7,504.00 *2.92000*	2.49%
AI	- Reinsurance Group Amer Inc Com New *759351604 / RGA*	14,913.000	.26	1,454,570.54 *97.537*	1,749,145.77 *117.290*	294,575.23	.13		43,545.00 *2.92000*	2.49%
AI	- S&P Global Inc Com *78409V104 / SPGI*	2,379.000	.12	551,301.68 *231.737*	801,865.74 *337.060*	250,564.06	.06		8,088.00 *3.40000*	1.01%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Seacoast Bkg Corp Fla Com New *811707801 / SBCF*	20,664.000	.10	524,638.55 *25.389*	682,738.56 *33.040*	158,100.01	.05		14,051.00 *0.68000*	2.06%
AK	- Southstate Corp *840441109 / SSB*	6,678.000	.08	544,483.85 *81.534*	515,207.70 *77.150*	- 29,276.15	.04		13,088.00 *1.96000*	2.54%
AG	- State Str Corp Com *857477103 / STT*	6,402.000	.06	318,865.60 *49.807*	394,683.30 *61.650*	75,817.70	.03	3,649.14	16,133.00 *2.52000*	4.09%
AG	- Synchrony Finl Com *87165B103 / SYF*	8,100.000	.03	338,783.43 *41.825*	223,722.00 *27.620*	- 115,061.43	.02		7,452.00 *0.92000*	3.33%
AK	- United Cmnty Bks Blairsvle GA Com *90984P303 / UCBI*	14,089.000	.06	452,452.37 *32.114*	425,346.91 *30.190*	- 27,105.46	.03	3,126.27	11,834.00 *0.84000*	2.78%
AK	- United Bankshares Inc W VA Com *909907107 / UBSI*	7,550.000	.04	251,606.98 *33.325*	264,778.50 *35.070*	13,171.52	.02	2,872.08	10,872.00 *1.44000*	4.11%
AG	- Voya Finl Inc Com *929089100 / VOYA*	5,800.000	.05	244,512.36 *42.157*	345,274.00 *59.530*	100,761.64	.03		4,640.00 *0.80000*	1.34%
AG	- Wells Fargo & Co New Com *949746101 / WFC*	6,600.000	.04	220,117.27 *33.351*	258,522.00 *39.170*	38,404.73	.02		6,600.00 *1.00000*	2.55%
	Total Financials		**4.31**	**22,356,173.39**	**29,140,271.83**	**6,784,098.44**	**2.14**	**57,499.84**	**788,921.00**	**2.71%**
	Health Care									
AK	- Horizon Therapeutics Pub LTD Shs *G46188101 / HZNP*	5,273.000	.06	91,152.12 *17.287*	420,574.48 *79.760*	329,422.36	.03			
AG	- Jazz Pharmaceuticals PLC *G50871105 / JAZZ*	1,980.000	.05	257,714.56 *130.159*	308,899.80 *156.010*	51,185.24	.02			
AI	- Perrigo Co PLC Shs *G97822103 / PRGO*	30,566.000	.18	1,115,158.25 *36.484*	1,240,062.62 *40.570*	124,904.37	.09		31,788.00 *1.04000*	2.56%
AG	- Abbvie Inc Com *00287Y109 / ABBV*	5,900.000	.13	338,170.28 *57.317*	903,644.00 *153.160*	565,473.72	.07		33,276.00 *5.64000*	3.68%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Amedisys Inc Com *023436108 / AMED*	4,113.000	.06	709,012.68 *172.383*	432,358.56 *105.120*	- 276,654.12	.03			
AG	- Amgen Inc Com *031162100 / AMGN*	4,000.000	.14	345,233.58 *86.308*	973,200.00 *243.300*	627,966.42	.07		31,040.00 *7.76000*	3.19%
AG	- Biogen, Inc. *09062X103 / BIIB*	610.000	.02	209,229.62 *342.999*	124,403.40 *203.940*	- 84,826.22	.01			
AI	- Bio Techne Corp Com *09073M104 / TECH*	2,043.000	.10	228,854.75 *112.019*	708,185.52 *346.640*	479,330.77	.05		2,615.00 *1.28000*	.37%
AK	- Bio Techne Corp Com *09073M104 / TECH*	968.000	.05	171,349.72 *177.014*	335,547.52 *346.640*	164,197.80	.02		1,239.00 *1.28000*	.37%
AG	- Bristol Myers Squibb Co Com *110122108 / BMY*	14,600.000	.17	791,177.86 *54.190*	1,124,200.00 *77.000*	333,022.14	.08	7,884.00	31,536.00 *2.16000*	2.81%
AG	- CVS Health Corporation *126650100 / CVS*	10,755.000	.15	788,059.41 *73.274*	996,558.30 *92.660*	208,498.89	.07		23,661.00 *2.20000*	2.37%
AG	- Cardinal Health Inc Com *14149Y108 / CAH*	2,900.000	.02	235,498.37 *81.206*	151,583.00 *52.270*	- 83,915.37	.01	1,437.53	5,750.00 *1.98300*	3.79%
AK	- Caredx Inc Com *14167L103 / CDNA*	5,296.000	.02	201,072.94 *37.967*	113,758.08 *21.480*	- 87,314.86	.01			
AI	- Catalent Inc Com *148806102 / CTLT*	14,980.000	.24	1,151,965.39 *76.900*	1,607,204.20 *107.290*	455,238.81	.12			
AI	- Charles Riv Laboratories Intl Inc Com *159864107 / CRL*	3,428.000	.11	665,537.57 *194.147*	733,489.16 *213.970*	67,951.59	.05			
AI	- Danaher Corp Com *235851102 / DHR*	4,196.000	.16	228,418.89 *54.437*	1,063,769.92 *253.520*	835,351.03	.08	1,049.00	4,196.00 *1.00000*	.39%
AG	- Davita Inc *23918K108 / DVA*	3,600.000	.04	314,340.05 *87.317*	287,856.00 *79.960*	- 26,484.05	.02			

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Encompass Health Corp Com *29261A100 / EHC*	5,318.000	.04	264,090.53 *49.660*	298,073.90 *56.050*	33,983.37	.02		3,190.00 *0.60000*	1.07%
AK	- Ensign Group Inc Com *29358P101 / ENSG*	5,062.000	.05	404,396.01 *79.889*	371,905.14 *73.470*	- 32,490.87	.03	294.19	1,113.00 *0.22000*	.30%
AG	- Gilead Sciences Inc Com *375558103 / GILD*	10,700.000	.10	859,556.28 *80.332*	661,367.00 *61.810*	- 198,189.28	.05		31,244.00 *2.92000*	4.72%
AK	- Globus Med Inc Cl A New *379577208 / GMED*	7,359.000	.06	316,213.35 *42.970*	413,134.26 *56.140*	96,920.91	.03			
AG	- HCA Healthcare, Inc. *40412C101 / HCA*	2,900.000	.07	208,614.83 *71.936*	487,374.00 *168.060*	278,759.17	.04		6,496.00 *2.24000*	1.33%
AK	- Heska Corp Com Restrc New *42805E306 / HSKA*	2,913.000	.04	496,427.68 *170.418*	275,307.63 *94.510*	- 221,120.05	.02			
AK	- Insulet Corp Com *45784P101 / PODD*	2,294.000	.07	249,879.32 *108.927*	499,954.36 *217.940*	250,075.04	.04			
AK	- Integra Lifesciences Hldgs Corp Com New *457985208 / IART*	4,076.000	.03	211,414.89 *51.868*	220,226.28 *54.030*	8,811.39	.02			
AG	- McKesson Corp Com *58155Q103 / MCK*	1,300.000	.06	199,167.09 *153.205*	424,073.00 *326.210*	224,905.91	.03	611.00	2,808.00 *2.16000*	.66%
AI	- McKesson Corp Com *58155Q103 / MCK*	3,405.000	.16	708,233.98 *207.998*	1,110,745.05 *326.210*	402,511.07	.08	1,600.35	7,354.00 *2.16000*	.66%
AK	- Medpace Hldgs Inc Com *58506Q109 / MEDP*	1,865.000	.04	290,721.09 *155.883*	279,134.55 *149.670*	- 11,586.54	.02			
AG	- Merck & Co Inc New Com *58933Y105 / MRK*	23,400.000	.32	1,436,814.47 *61.402*	2,133,378.00 *91.170*	696,563.53	.16	16,146.00	64,584.00 *2.76000*	3.03%
AI	- Mettler-Toledo Intl Inc Com *592688105 / MTD*	741.000	.13	69,130.78 *93.294*	851,238.57 *1,148.770*	782,107.79	.06			

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Orthofix Med Inc Com *68752M108 / OFIX*	11,370.000	.04	417,917.90 *36.756*	267,649.80 *23.540*	- 150,268.10	.02			
AG	- Pfizer Inc Com *717081103 / PFE*	41,200.000	.32	1,075,665.23 *26.108*	2,160,116.00 *52.430*	1,084,450.77	.16		65,920.00 *1.60000*	3.05%
AK	- Phreesia Inc Com *71944F106 / PHR*	9,105.000	.03	527,712.28 *57.959*	227,716.05 *25.010*	- 299,996.23	.02			
AG	- Quest Diagnostics Inc Com *74834L100 / DGX*	2,200.000	.04	270,621.14 *123.010*	292,556.00 *132.980*	21,934.86	.02		5,808.00 *2.64000*	1.99%
AG	- Select Med Hldgs Corp Com *81619Q105 / SEM*	9,300.000	.03	192,754.36 *20.726*	219,666.00 *23.620*	26,911.64	.02		4,650.00 *0.50000*	2.12%
AI	- Tenet Healthcare Corp Com New *88033G407 / THC*	13,032.000	.10	1,138,799.98 *87.385*	684,961.92 *52.560*	- 453,838.06	.05			
AI	- Thermo Fisher Corp Com *883556102 / TMO*	1,836.000	.15	350,725.19 *191.027*	997,462.08 *543.280*	646,736.89	.07	550.80	2,203.00 *1.20000*	.22%
AI	- Unitedhealth Group Inc Com *91324P102 / UNH*	3,849.000	.29	588,603.71 *152.924*	1,976,961.87 *513.630*	1,388,358.16	.15		25,403.00 *6.60000*	1.28%
AG	- Universal Health Svcs Inc Cl B *913903100 / UHS*	3,600.000	.05	483,163.28 *134.212*	362,556.00 *100.710*	- 120,607.28	.03		2,880.00 *0.80000*	.79%
AK	- Veracyte Inc Com *92337F107 / VCYT*	11,383.000	.03	436,634.22 *38.358*	226,521.70 *19.900*	- 210,112.52	.02			
AG	- Viatris Inc Com *92556V106 / VTRS*	5,645.000	.01	63,420.99 *11.235*	59,103.15 *10.470*	- 4,317.84	.00		2,709.00 *0.48000*	4.58%
AI	- Zoetis Inc Cl A *98978V103 / ZTS*	5,066.000	.13	359,588.76 *70.981*	870,794.74 *171.890*	511,205.98	.06		6,585.00 *1.30000*	.76%
	Total Health Care		**4.12**	**19,462,213.38**	**27,897,271.61**	**8,435,058.23**	**2.05**	**29,572.87**	**398,048.00**	**1.43%**

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
	Industrials									
AK	- Aar Corp Com *000361105 / AIR*	9,113.000	.06	272,197.79 *29.869*	381,287.92 *41.840*	109,090.13	.03			
AG	- Agco Corp Del Com *001084102 / AGCO*	6,400.000	.09	292,338.24 *45.678*	631,680.00 *98.700*	339,341.76	.05		6,144.00 *0.96000*	.97%
AG	- Acuity Brands Inc Com *00508Y102 / AYI*	2,100.000	.05	241,536.22 *115.017*	323,484.00 *154.040*	81,947.78	.02		1,092.00 *0.52000*	.34%
AI	- Advanced Drain Sys Inc Del Com *00790R104 / WMS*	8,684.000	.12	757,303.47 *87.207*	782,167.88 *90.070*	24,864.41	.06		4,168.00 *0.48000*	.53%
AK	- Allegiant Travel Co Com *01748X102 / ALGT*	2,777.000	.05	438,594.26 *157.938*	314,050.93 *113.090*	- 124,543.33	.02			
AG	- American Airls Group Inc Com *02376R102 / AAL*	7,300.000	.01	336,025.73 *46.031*	92,564.00 *12.680*	- 243,461.73	.01			
AI	- Azek Co Inc Cl A *05478C105 / AZEK*	29,549.000	.07	1,120,554.31 *37.922*	494,650.26 *16.740*	- 625,904.05	.04			
AK	- Carlisle Cos Inc Com *142339100 / CSL*	3,241.000	.11	420,470.14 *129.735*	773,335.01 *238.610*	352,864.87	.06		7,000.00 *2.16000*	.91%
AK	- Casella Waste Sys Inc Cl A *147448104 / CWST*	6,941.000	.07	256,353.81 *36.933*	504,471.88 *72.680*	248,118.07	.04			
AG	- Crane Hldgs Co Com *224441105 / CR*	3,930.000	.05	222,275.78 *56.559*	344,110.80 *87.560*	121,835.02	.03		7,388.00 *1.88000*	2.15%
AG	- Cummins Inc Com *231021106 / CMI*	4,500.000	.13	594,071.97 *132.016*	870,885.00 *193.530*	276,813.03	.06		28,260.00 *6.28000*	3.24%
AG	- Curtiss Wright Corp Com *231561101 / CW*	2,500.000	.05	291,875.51 *116.750*	330,150.00 *132.060*	38,274.49	.02	475.00	1,900.00 *0.76000*	.58%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Delta Air Lines Inc Del Com New *247361702 / DAL*	7,300.000	.03	366,124.01 *50.154*	211,481.00 *28.970*	- 154,643.01	.02			
AI	- Dover Corp Com *260003108 / DOV*	7,633.000	.14	1,143,396.52 *149.796*	926,035.56 *121.320*	- 217,360.96	.07		15,266.00 *2.00000*	1.65%
AK	- Enersys Com *29275Y102 / ENS*	3,639.000	.03	250,010.84 *68.703*	214,555.44 *58.960*	- 35,455.40	.02		2,547.00 *0.70000*	1.19%
AK	- Enpro Industries Inc Com *29355X107 / NPO*	8,647.000	.10	756,149.85 *87.446*	708,448.71 *81.930*	- 47,701.14	.05		9,684.00 *1.12000*	1.37%
AG	- Fedex Corp Com *31428X106 / FDX*	2,100.000	.07	341,271.28 *162.510*	476,091.00 *226.710*	134,819.72	.03	2,415.00	9,660.00 *4.60000*	2.03%
AK	- Forward Air Corporation Com *349853101 / FWRD*	2,856.000	.04	149,907.61 *52.489*	262,637.76 *91.960*	112,730.15	.02		2,741.00 *0.96000*	1.04%
AK	- Hub Group Inc Cl A *443320106 / HUBG*	7,218.000	.08	338,773.79 *46.935*	512,044.92 *70.940*	173,271.13	.04			
AG	- Huntington Ingalls Inds Inc Com *446413106 / HII*	2,600.000	.08	541,148.82 *208.134*	566,332.00 *217.820*	25,183.18	.04		12,272.00 *4.72000*	2.17%
AK	- ITT Inc Com *45073V108 / ITT*	6,563.000	.07	284,032.13 *43.278*	441,296.12 *67.240*	157,263.99	.03	1,830.84	6,930.00 *1.05600*	1.57%
AI	- Jacobs Engr Group Inc Com *469814107 / J*	6,877.000	.13	974,623.46 *141.722*	874,273.01 *127.130*	- 100,350.45	.06		6,326.00 *0.92000*	.72%
AG	- L3harris Technologies Inc Com *502431109 / LHX*	1,600.000	.06	334,390.01 *208.994*	386,720.00 *241.700*	52,329.99	.03		7,168.00 *4.48000*	1.85%
AG	- Lockheed Martin Corp Com *539830109 / LMT*	1,200.000	.08	406,793.73 *338.995*	515,952.00 *429.960*	109,158.27	.04		13,440.00 *11.20000*	2.60%
AG	- Mdu Res Group Inc Com *552690109 / MDU*	13,100.000	.05	302,287.61 *23.075*	353,569.00 *26.990*	51,281.39	.03	2,849.25	11,397.00 *0.87000*	3.22%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Manpower Group Inc *56418H100 / MAN*	4,400.000	.05	411,459.09 *93.513*	336,204.00 *76.410*	- 75,255.09	.02		11,968.00 *2.72000*	3.56%
AG	- Matthews Intl Corp Cl A *577128101 / MATW*	500.000	.00	9,050.08 *18.100*	14,335.00 *28.670*	5,284.92	.00		440.00 *0.88000*	3.07%
AG	- Northrop Grumman Corp Com *666807102 / NOC*	1,200.000	.08	359,072.38 *299.227*	574,284.00 *478.570*	215,211.62	.04		8,304.00 *6.92000*	1.45%
AI	- Quanta Svcs Inc Com *74762E102 / PWR*	19,160.000	.35	679,779.21 *35.479*	2,401,514.40 *125.340*	1,721,735.19	.18	1,341.20	5,364.00 *0.28000*	.22%
AI	- Raytheon Technologies Corp Com *75513E101 / RTX*	19,063.000	.27	1,503,338.14 *78.862*	1,832,144.93 *96.110*	328,806.79	.13		41,938.00 *2.20000*	2.29%
AK	- RBC Bearings Inc Com *75524B104 / ROLL*	2,008.000	.05	361,800.81 *180.180*	371,379.60 *184.950*	9,578.79	.03			
AK	- Regal Rexnord Corporation *758750103 / RRX*	5,732.000	.10	480,024.15 *83.745*	650,696.64 *113.520*	170,672.49	.05	2,119.95	8,024.00 *1.40000*	1.23%
AK	- SPX Corp Com *784635104 / SPXC*	6,881.000	.05	202,225.00 *29.389*	363,592.04 *52.840*	161,367.04	.03			
AG	- Snap on Inc Com *833034101 / SNA*	1,600.000	.05	279,954.23 *174.971*	315,248.00 *197.030*	35,293.77	.02		9,088.00 *5.68000*	2.88%
AK	- Standex Intl Corp Com *854231107 / SXI*	2,721.000	.03	172,344.24 *63.339*	230,686.38 *84.780*	58,342.14	.02		2,829.00 *1.04000*	1.23%
AK	- Tetra Tech Inc New Com *88162G103 / TTEK*	1,585.000	.03	107,000.19 *67.508*	216,431.75 *136.550*	109,431.56	.02		1,458.00 *0.92000*	.67%
AG	- Textron Inc Com *883203101 / TXT*	5,200.000	.05	265,601.18 *51.077*	317,564.00 *61.070*	51,962.82	.02	104.00	416.00 *0.08000*	.13%
AG	- Timken Co Com *887389104 / TKR*	5,800.000	.05	276,715.74 *47.710*	307,690.00 *53.050*	30,974.26	.02		7,192.00 *1.24000*	2.34%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Timken Co Com *887389104 / TKR*	2,956.000	.02	191,252.02 *64.700*	156,815.80 *53.050*	- 34,436.22	.01		3,665.00 *1.24000*	2.34%
AK	- Ufp Industries Inc Com *90278Q108 / UFPI*	4,164.000	.04	200,006.61 *48.032*	283,734.96 *68.140*	83,728.35	.02		4,164.00 *1.00000*	1.47%
AG	- United Airlines Holdings, Inc. *910047109 / UAL*	7,600.000	.04	481,245.70 *63.322*	269,192.00 *35.420*	- 212,053.70	.02			
AG	- V2x, Inc. *92242T101 / VVX*	433.000	.00	7,074.77 *16.339*	14,488.18 *33.460*	7,413.41	.00			
AK	- Zurn Elkay Water Solutions Corporation *98983L108 / ZWS*	14,430.000	.06	236,168.74 *16.367*	393,073.20 *27.240*	156,904.46	.03		4,040.00 *0.28000*	1.03%
	Total Industrials		**3.15**	**17,656,619.17**	**21,341,349.08**	**3,684,729.91**	**1.57**	**11,135.24**	**262,273.00**	**1.23%**
	Information Technology									
AG	- Amdocs LTD Com *G02602103 / DOX*	8,730.000	.11	526,668.94 *60.329*	727,296.30 *83.310*	200,627.36	.05	3,448.35	13,793.00 *1.58000*	1.90%
AG	- Seagate Technology Hldngs PLC Ord Shs *G7997R103 / STX*	8,900.000	.09	264,027.19 *29.666*	635,816.00 *71.440*	371,788.81	.05	6,230.00	24,920.00 *2.80000*	3.92%
AI	- Asml Holding N V Nyregistry Shs *N07059210 / ASML*	1,457.000	.10	619,891.28 *425.457*	693,357.16 *475.880*	73,465.88	.05		9,141.00 *6.27400*	1.32%
AI	- Nxp Semiconductors N V Com *N6596X109 / NXPI*	4,378.000	.10	590,112.89 *134.791*	648,075.34 *148.030*	57,962.45	.05	3,699.41	14,797.00 *3.38000*	2.28%
AI	- Adobe Inc. *00724F101 / ADBE*	2,043.000	.11	163,091.65 *79.829*	747,860.58 *366.060*	584,768.93	.05			
AK	- Agilysys Inc Com *00847J105 / AGYS*	8,433.000	.06	433,846.22 *51.446*	398,627.91 *47.270*	- 35,218.31	.03			

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK -	Alteryx Inc Com Cl A *02156B103 / AYX*	7,717.000	.06	548,764.28 *71.111*	373,657.14 *48.420*	- 175,107.14	.03			
AI -	Apple Inc Com *037833100 / AAPL*	6,684.000	.14	1,184,792.47 *177.258*	913,836.48 *136.720*	- 270,955.99	.07		6,149.00 *0.92000*	.67%
AG -	Applied Matls Inc Com *038222105 / AMAT*	6,500.000	.09	269,395.66 *41.445*	591,370.00 *90.980*	321,974.34	.04		6,760.00 *1.04000*	1.14%
AG -	Arrow Electrs Inc Com *042735100 / ARW*	4,300.000	.07	326,525.38 *75.936*	481,987.00 *112.090*	155,461.62	.04			
AK -	Avalara Inc Com *05338G106 / AVLR*	4,851.000	.05	356,950.40 *73.583*	342,480.60 *70.600*	- 14,469.80	.03			
AK -	Badger Meter Inc Com *056525108 / BMI*	4,168.000	.05	313,125.39 *75.126*	337,149.52 *80.890*	24,024.13	.02		3,334.00 *0.80000*	.99%
AK -	Blackline Inc Com *09239B109 / BL*	5,123.000	.05	383,946.09 *74.946*	341,191.80 *66.600*	- 42,754.29	.03			
AK -	Cmc Materials Inc Com *12571T100 / CCMP*	714.000	.02	113,116.82 *158.427*	124,585.86 *174.490*	11,469.04	.01		1,313.00 *1.84000*	1.05%
AG -	Cisco Sys Inc Com *17275R102 / CSCO*	7,800.000	.05	155,665.73 *19.957*	332,592.00 *42.640*	176,926.27	.02		11,856.00 *1.52000*	3.56%
AG -	Consensus Cloud Solutions Inc Com *20848V105 / CCSI*	1,166.000	.01	34,344.64 *29.455*	50,930.88 *43.680*	16,586.24	.00			
AG -	Dxc Technology Co Com *23355L106 / DXC*	1,451.000	.01	60,583.81 *41.753*	43,979.81 *30.310*	- 16,604.00	.00			
AG -	Dell Technologies Inc Cl C *24703L202 / DELL*	9,600.000	.07	462,681.71 *48.196*	443,616.00 *46.210*	- 19,065.71	.03		12,672.00 *1.32000*	2.86%
AK -	Endava PLC Ads *29260V105 / DAVA*	7,162.000	.09	561,434.44 *78.391*	632,189.74 *88.270*	70,755.30	.05			

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Everbridge Inc Com *29978A104 / EVBG*	3,577.000	.01	325,056.46 *90.874*	99,762.53 *27.890*	- 225,293.93	.01			
AK	- Faro Technologies Inc Com *311642102 / FARO*	4,346.000	.02	242,568.29 *55.814*	133,987.18 *30.830*	- 108,581.11	.01			
AG	- Hp Inc Com *40434L105 / HPQ*	28,400.000	.14	517,303.16 *18.215*	930,952.00 *32.780*	413,648.84	.07	7,100.00	28,400.00 *1.00000*	3.05%
AG	- Hewlett Packard Enterprise Co Com *42824C109 / HPE*	16,900.000	.03	163,973.45 *9.703*	224,094.00 *13.260*	60,120.55	.02	2,028.00	8,112.00 *0.48000*	3.62%
AG	- Intel Corp Com *458140100 / INTC*	36,500.000	.20	1,205,497.91 *33.027*	1,365,465.00 *37.410*	159,967.09	.10		53,290.00 *1.46000*	3.90%
AG	- International Business Machs Corp Com *459200101 / IBM*	4,200.000	.09	586,957.85 *139.752*	592,998.00 *141.190*	6,040.15	.04		27,720.00 *6.60000*	4.67%
AG	- Jabil, Inc *466313103 / JBL*	10,800.000	.08	152,473.22 *14.118*	553,068.00 *51.210*	400,594.78	.04		3,456.00 *0.32000*	.62%
AK	- Kbr Inc Com *48242W106 / KBR*	17,473.000	.12	690,354.48 *39.510*	845,518.47 *48.390*	155,163.99	.06	2,215.56	8,387.00 *0.48000*	.99%
AI	- Keysight Technologies Inc Com *49338L103 / KEYS*	6,720.000	.14	671,386.11 *99.909*	926,352.00 *137.850*	254,965.89	.07			
AG	- Lam Resh Corp Com *512807108 / LRCX*	400.000	.03	45,136.15 *112.840*	170,460.00 *426.150*	125,323.85	.01	600.00	2,400.00 *6.00000*	1.41%
AI	- Marvell Technology Group LTD Com *573874104 / MRVL*	30,052.000	.19	585,645.15 *19.488*	1,308,163.56 *43.530*	722,518.41	.10		7,212.00 *0.24000*	.55%
AI	- Microsoft Corp Com *594918104 / MSFT*	12,219.000	.46	1,267,072.16 *103.697*	3,138,205.77 *256.830*	1,871,133.61	.23		30,303.00 *2.48000*	.97%
AK	- Model N Inc Com *607525102 / MODN*	14,504.000	.05	378,917.11 *26.125*	371,012.32 *25.580*	- 7,904.79	.03			

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AI	- Monolithic Pwr Sys Inc Com *609839105 / MPWR*	2,557.000	.15	473,126.81 *185.032*	981,990.28 *384.040*	508,863.47	.07	1,917.75	7,671.00 *3.00000*	.78%
AG	- NCR Corp New Com *62886E108 / NCR*	8,200.000	.04	164,535.36 *20.065*	255,102.00 *31.110*	90,566.64	.02			
AK	- NCR Corp New Com *62886E108 / NCR*	6,653.000	.03	182,200.82 *27.386*	206,974.83 *31.110*	24,774.01	.02			
AG	- Oracle Corp Com *68389X105 / ORCL*	10,680.000	.11	589,855.51 *55.230*	746,211.60 *69.870*	156,356.09	.05		13,670.00 *1.28000*	1.83%
AK	- Pegasystems Inc Com *705573103 / PEGA*	2,111.000	.01	181,659.27 *86.054*	100,990.24 *47.840*	- 80,669.03	.01	64.89	253.00 *0.12000*	.25%
AK	- Pure Storage Inc Cl A *74624M102 / PSTG*	26,528.000	.10	508,404.13 *19.165*	682,034.88 *25.710*	173,630.75	.05			
AG	- Qorvo Inc Com *74736K101 / QRVO*	3,300.000	.05	438,750.26 *132.955*	311,256.00 *94.320*	- 127,494.26	.02			
AG	- Qualcomm Inc Com *747525103 / QCOM*	4,000.000	.08	512,310.47 *128.078*	510,960.00 *127.740*	- 1,350.47	.04		12,000.00 *3.00000*	2.35%
AI	- Roper Technologies, Inc. *776696106 / ROP*	1,879.000	.11	73,996.20 *39.381*	741,547.35 *394.650*	667,551.15	.05		4,659.00 *2.48000*	.63%
AI	- Servicenow Inc Com *81762P102 / NOW*	1,747.000	.12	475,001.77 *271.896*	830,733.44 *475.520*	355,731.67	.06			
AK	- Silicon Laboratories Inc Oc Com *826919102 / SLAB*	4,762.000	.10	551,904.84 *115.898*	667,727.64 *140.220*	115,822.80	.05			
AK	- Tenable Hldgs Inc Com *88025T102 / TENB*	15,643.000	.10	752,318.71 *48.093*	710,348.63 *45.410*	- 41,970.08	.05			
AK	- Universal Display Corp Com *91347P105 / OLED*	2,883.000	.04	416,504.45 *144.469*	291,586.62 *101.140*	- 124,917.83	.02		3,459.00 *1.20000*	1.19%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Veeco Instruments Inc Com *922417100 / VECO*	19,701.000	.06	356,145.29 *18.078*	382,199.40 *19.400*	26,054.11	.03			
AI	- Visa Inc Com Cl A *92826C839 / V*	8,796.000	.26	669,632.76 *76.129*	1,731,844.44 *196.890*	1,062,211.68	.13		13,194.00 *1.50000*	.76%
AG	- Vishay Intertechnology Inc Com *928298108 / VSH*	14,500.000	.04	216,476.40 *14.929*	258,390.00 *17.820*	41,913.60	.02		5,800.00 *0.40000*	2.24%
AG	- Vmware Inc Cl A Com *928563402 / VMW*	2,247.000	.04	322,451.08 *143.503*	256,113.06 *113.980*	- 66,338.02	.02			
AK	- Wns Hldgs LTD Sponsored ADR *92932M101 / WNS*	9,167.000	.10	545,702.19 *59.529*	684,224.88 *74.640*	138,522.69	.05			
AK	- Workiva Inc Com Cl A *98139A105 / WK*	2,867.000	.03	185,556.45 *64.721*	189,193.33 *65.990*	3,636.88	.01			
AG	- Xerox Holdings Corp Com New *98421M106 / XRX*	7,150.000	.02	248,770.93 *34.793*	106,177.50 *14.850*	- 142,593.43	.01	1,787.50	7,150.00 *1.00000*	6.73%
AI	- Zebra Technologies Corp Cl A *989207105 / ZBRA*	3,565.000	.15	837,372.94 *234.887*	1,047,931.75 *293.950*	210,558.81	.08			
	Total Information Technology		**4.61**	**22,903,983.13**	**31,214,176.82**	**8,310,193.69**	**2.29**	**29,091.46**	**341,871.00**	**1.10%**
	Materials									
AG	- Lyondellbasell Industries N V Shs A *N53745100 / LYB*	5,600.000	.07	507,592.37 *90.641*	489,776.00 *87.460*	- 17,816.37	.04		26,656.00 *4.76000*	5.44%
AI	- Avery Dennison Corp Com *053611109 / AVY*	7,963.000	.19	989,912.81 *124.314*	1,288,970.81 *161.870*	299,058.00	.09		23,889.00 *3.00000*	1.85%
AK	- Bwx Technologies Inc Com *05605H100 / BWXT*	5,203.000	.04	268,945.50 *51.690*	286,633.27 *55.090*	17,687.77	.02		4,578.00 *0.88000*	1.60%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Berry Global Group Inc. *08579W103 / BERY*	6,200.000	.05	328,847.40 *53.040*	338,768.00 *54.640*	9,920.60	.02			
AK	- Berry Global Group Inc. *08579W103 / BERY*	7,218.000	.06	338,189.75 *46.854*	394,391.52 *54.640*	56,201.77	.03			
AG	- Celanese Corp Com *150870103 / CE*	2,700.000	.05	218,491.45 *80.923*	317,547.00 *117.610*	99,055.55	.02		7,344.00 *2.72000*	2.31%
AG	- Chemours Co Com *163851108 / CC*	6,400.000	.03	216,810.64 *33.877*	204,928.00 *32.020*	- 11,882.64	.02		6,400.00 *1.00000*	3.12%
AK	- Compass Minerals Intl Inc Com *20451N101 / CMP*	4,747.000	.02	275,532.19 *58.043*	167,996.33 *35.390*	- 107,535.86	.01		2,848.00 *0.60000*	1.70%
AK	- Eagle Matls Inc Com *26969P108 / EXP*	1,908.000	.03	261,374.75 *136.989*	209,765.52 *109.940*	- 51,609.23	.02	670.75	1,908.00 *1.00000*	.91%
AG	- Eastman Chem Co Com *277432100 / EMN*	3,300.000	.04	220,901.57 *66.940*	296,241.00 *89.770*	75,339.43	.02	2,508.00	10,032.00 *3.04000*	3.39%
AI	- Eastman Chem Co Com *277432100 / EMN*	10,047.000	.13	1,215,770.84 *121.008*	901,919.19 *89.770*	- 313,851.65	.07	7,635.72	30,542.00 *3.04000*	3.39%
AK	- Element Solutions Inc Com *28618M106 / ESI*	29,798.000	.08	416,079.88 *13.963*	530,404.40 *17.800*	114,324.52	.04		9,535.00 *0.32000*	1.80%
AI	- Franco Nevada Corp Com *351858105 / FNV*	6,614.000	.13	606,363.83 *91.679*	870,270.12 *131.580*	263,906.29	.06		8,465.00 *1.28000*	.97%
AK	- Graphic Packaging Hldg Co Com *388689101 / GPK*	33,148.000	.10	668,256.00 *20.160*	679,534.00 *20.500*	11,278.00	.05	2,503.80	9,944.00 *0.30000*	1.46%
AG	- Huntsman Corp Com *447011107 / HUN*	12,600.000	.05	261,427.42 *20.748*	357,210.00 *28.350*	95,782.58	.03		10,710.00 *0.85000*	3.00%
AK	- Huntsman Corp Com *447011107 / HUN*	13,810.000	.06	370,691.63 *26.842*	391,513.50 *28.350*	20,821.87	.03		11,738.00 *0.85000*	3.00%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Ingevity Corp Com *45688C107 / NGVT*	2,972.000	.03	210,358.34 *70.780*	187,652.08 *63.140*	- 22,706.26	.01			
AG	- International Paper Co Com *460146103 / IP*	7,500.000	.05	364,598.64 *48.613*	313,725.00 *41.830*	- 50,873.64	.02		13,875.00 *1.85000*	4.42%
AK	- Materion Corp Com *576690101 / MTRN*	6,532.000	.07	483,028.42 *73.948*	481,604.36 *73.730*	- 1,424.06	.04		3,266.00 *0.50000*	.68%
AG	- Mosaic Co New Com *61945C103 / MOS*	10,200.000	.07	387,272.69 *37.968*	481,746.00 *47.230*	94,473.31	.04		6,120.00 *0.60000*	1.27%
AG	- Organon & Co Common Stock *68622V106 / OGN*	1,450.000	.01	36,404.33 *25.106*	48,937.50 *33.750*	12,533.17	.00		1,624.00 *1.12000*	3.32%
AG	- Reliance Stl & Alum Co Com *759509102 / RS*	2,400.000	.06	226,848.05 *94.520*	407,664.00 *169.860*	180,815.95	.03		8,400.00 *3.50000*	2.06%
AG	- Mativ Holdings, Inc. *808541106 / MATV*	5,200.000	.02	193,483.95 *37.208*	130,624.00 *25.120*	- 62,859.95	.01		9,152.00 *1.76000*	7.01%
AG	- Silgan Holdings Inc Com *827048109 / SLGN*	8,800.000	.05	276,946.01 *31.471*	363,880.00 *41.350*	86,933.99	.03		5,632.00 *0.64000*	1.55%
AG	- Steel Dynamics Inc Com *858119100 / STLD*	6,700.000	.07	207,184.73 *30.923*	443,205.00 *66.150*	236,020.27	.03	2,278.00	9,112.00 *1.36000*	2.06%
AG	- Sylvamo Corp Common Stock *871332102 / SLVM*	681.000	.00	20,512.27 *30.121*	22,255.08 *32.680*	1,742.81	.00	76.61	306.00 *0.45000*	1.38%
AG	- Westrock Co Com *96145D105 / WRK*	11,800.000	.07	472,729.40 *40.062*	470,112.00 *39.840*	- 2,617.40	.03		11,800.00 *1.00000*	2.51%
	Total Materials		**1.64**	**10,044,554.86**	**11,077,273.68**	**1,032,718.82**	**.81**	**15,672.88**	**233,876.00**	**2.11%**
	Real Estate									
AK	- Cousins Pptys Inc Com New *222795502 / CUZ*	15,093.000	.07	521,971.43 *34.584*	441,168.39 *29.230*	- 80,803.04	.03		19,319.00 *1.28000*	4.38%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AK	- Equity Comwlth Com Sh Ben Int *294628102 / EQC*	13,791.000	.06	425,011.22 *30.818*	379,666.23 *27.530*	- 45,344.99	.03			
AG	- Medical Pptys Trust Inc Com *58463J304 / MPW*	15,400.000	.03	338,916.24 *22.008*	235,158.00 *15.270*	- 103,758.24	.02	4,466.00	17,864.00 *1.16000*	7.60%
AG	- Office Pptys Income Tr Com Shs Ben Int *67623C109 / OPI*	7,200.000	.02	238,022.16 *33.059*	143,640.00 *19.950*	- 94,382.16	.01		15,840.00 *2.20000*	11.03%
AG	- Omega Healthcare Invs Inc Com *681936100 / OHI*	10,700.000	.04	315,238.23 *29.462*	301,633.00 *28.190*	- 13,605.23	.02		28,676.00 *2.68000*	9.51%
AG	- Service Pptys Tr Com Sh Ben Int *81761L102 / SVC*	15,900.000	.01	419,271.17 *26.369*	83,157.00 *5.230*	- 336,114.17	.01		636.00 *0.04000*	.76%
AG	- Simon Ppty Group Inc New Com *828806109 / SPG*	2,400.000	.03	318,960.31 *132.900*	227,808.00 *94.920*	- 91,152.31	.02		16,320.00 *6.80000*	7.16%
AG	- Uniti Group Inc Com *91325V108 / UNIT*	19,660.000	.03	244,540.20 *12.438*	185,197.20 *9.420*	- 59,343.00	.01	2,949.00	11,796.00 *0.60000*	6.37%
	Total Real Estate		**.30**	**2,821,930.96**	**1,997,427.82**	**- 824,503.14**	**.15**	**7,415.00**	**110,451.00**	**5.53%**
	Communication Services									
AG	- AT&T Inc Com *00206R102 / T*	41,300.000	.13	916,303.93 *22.187*	865,648.00 *20.960*	- 50,655.93	.06		45,843.00 *1.11000*	5.30%
AI	- Alphabet Inc Cap Stk Cl C *02079K107 / GOOG*	1,218.000	.39	738,532.76 *606.349*	2,664,314.10 *2,187.450*	1,925,781.34	.20			
AI	- Cable One Inc Com *12685J105 / CABO*	695.000	.13	1,063,950.11 *1,530.863*	896,077.40 *1,289.320*	- 167,872.71	.07		7,645.00 *11.00000*	.85%
AG	- Cars Com Inc *14575E105 / CARS*	6,600.000	.01	78,690.28 *11.923*	62,238.00 *9.430*	- 16,452.28	.00			

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AG	- Comcast Corp Cl A *20030N101 / CMCSA*	14,900.000	.09	597,018.25 *40.068*	584,676.00 *39.240*	- 12,342.25	.04		16,092.00 *1.08000*	2.75%
AG	- Fox Corp Cl A Com *35137L105 / FOXA*	15,200.000	.07	553,215.70 *36.396*	488,832.00 *32.160*	- 64,383.70	.04		7,296.00 *0.48000*	1.49%
AG	- Lumen Technologies Inc Com *550241103 / LUMN*	30,200.000	.05	386,446.84 *12.796*	329,482.00 *10.910*	- 56,964.84	.02		30,200.00 *1.00000*	9.17%
AG	- Nextstar Media Group, Inc *65336K103 / NXST*	2,700.000	.06	290,115.77 *107.450*	439,776.00 *162.880*	149,660.23	.03		9,720.00 *3.60000*	2.21%
AG	- Verizon Communications Inc Com *92343V104 / VZ*	30,800.000	.23	1,636,423.76 *53.131*	1,563,100.00 *50.750*	- 73,323.76	.11		78,848.00 *2.56000*	5.04%
AG	- Paramount Global *92556H206 / PARA*	7,900.000	.03	545,894.51 *69.101*	194,972.00 *24.680*	- 350,922.51	.01	1,896.00	7,584.00 *0.96000*	3.89%
AG	- Discovery Inc Com Ser A *934423104 / WBD*	9,991.000	.02	287,018.79 *28.728*	134,079.22 *13.420*	- 152,939.57	.01			
	Total Communication Services		**1.21**	**7,093,610.70**	**8,223,194.72**	**1,129,584.02**	**.60**	**1,896.00**	**203,228.00**	**2.47%**
	Utilities									
AG	- NRG Energy Inc Com New *629377508 / NRG*	12,100.000	.07	440,139.87 *36.375*	461,857.00 *38.170*	21,717.13	.03		16,940.00 *1.40000*	3.67%
AG	- Vistra Corp *92840M102 / VST*	19,000.000	.06	490,670.08 *25.825*	434,150.00 *22.850*	- 56,520.08	.03		13,452.00 *0.70800*	3.10%
	Total Utilities		**.13**	**930,809.95**	**896,007.00**	**- 34,802.95**	**.07**	**0.00**	**30,392.00**	**3.39%**
	Total Common Stocks		**24.77**	**√135,814,670.92**	**√167,678,282.50**	**31,863,611.58**	**12.30**	**198,451.43**	**3,297,655.00**	**1.97%**

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
	Equity Funds									
	Mid Cap									
AF	- Vanguard Mid Cap Index Fund Class I #864 *922908835 / VMCIX*	1,198,953.703	9.54	29,328,399.16 *24.462*	64,599,625.52 *53.880*	35,271,226.36	4.74		944,775.00 *0.78800*	1.46%
	Total Mid Cap		**9.54**	**29,328,399.16**	**64,599,625.52**	**35,271,226.36**	**4.74**	**0.00**	**944,775.00**	**1.46%**
	Large Cap									
AF	- Vanguard Inst'L Index Fd Plus #854 *922040209 / VIIIX*	841,143.325	39.84	137,134,551.42 *163.034*	269,670,550.00 *320.600*	132,535,998.58	19.78		4,518,621.00 *5.37200*	1.68%
	Total Large Cap		**39.84**	**137,134,551.42**	**269,670,550.00**	**132,535,998.58**	**19.78**	**0.00**	**4,518,621.00**	**1.68%**
	International									
AL	- Vanguard Total International Stock Index Fund #1869 *921909784 / VTSNX*	446,783.763	7.29	51,558,866.23 *115.400*	49,360,670.14 *110.480*	- 2,198,196.09	3.62		1,900,171.00 *4.25300*	3.85%
	Total International		**7.29**	**51,558,866.23**	**49,360,670.14**	**- 2,198,196.09**	**3.62**	**0.00**	**1,900,171.00**	**3.85%**
		Total Mutual Funds		218,021,817	383,630,846					

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
Total Equity			**100.00**	**451,644,115.47**	**676,846,586.67**	**225,202,471.20**	**49.65**	**198,451.43**	**10,661,222.00**	**1.58%**
Fixed Income										
Treasury and Federal Agencies										
Short (Less Than 5 Years)										
AD	- Federal Natl Mtg Assn 2.125% Dtd 04/26/2016 Due 04/24/2026 Non-Callable *3135G0K36*	1,015,000.000	1.07	987,952.45 *97.335*	980,540.75 *96.605*	- 7,411.70	.07	4,014.18	21,568.00 *0.02125*	2.20%
AD	- Federal Natl Mtg Assn 2.625% Dtd 09/08/2014 Due 09/06/2024 *3135G0ZR7*	415,000.000	.45	436,511.30 *105.183*	411,244.25 *99.095*	- 25,267.05	.03	3,479.94	10,893.00 *0.02625*	2.65%
AD	- Federal Natl Mtg Assn 0.375% Dtd 08/27/2020 Due 08/25/2025 Non-Callable *3135G05X7*	1,230,000.000	1.24	1,226,022.60 *99.677*	1,130,013.30 *91.871*	- 96,009.30	.08	1,614.37	4,612.00 *0.00375*	.41%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 025 Cl A 2 2.682% Dtd 02/01/2013 Due 10/25/2022 IPD24 *3137AYCE9*	673,855.160	.74	665,471.73 *98.756*	673,691.14 *99.975*	8,219.41	.05	1,506.06	18,072.00 *0.02682*	2.68%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 2.673% Dtd 06/01/2016 Due 03/25/2026 IPD24 *3137BPW21*	530,000.000	.56	540,795.70 *102.037*	515,912.76 *97.342*	- 24,882.94	.04	1,180.57	14,166.00 *0.02673*	2.75%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 029 Cl A 2 Fltg Rate Dtd 07/01/2013 Due 02/25/2023 IPD24 *3137B36J2*	540,618.890	.59	574,778.55 *106.319*	540,339.55 *99.948*	- 34,439.00	.04	1,773.16	17,899.00 *0.03311*	3.31%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 3.458% Dtd 12/01/2013 Due 08/25/2023 IPD24 *3137B5KW2*	698,957.740	.76	716,458.98 *102.504*	699,101.93 *100.020*	- 17,357.05	.05	2,014.16	24,169.00 *0.03458*	3.46%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 3.121% Dtd 11/01/2017 Due 08/25/2024 Ipd 24 *3137FBTA4*	810,579.440	.88	809,426.52 *99.858*	805,530.34 *99.377*	- 3,896.18	.06	2,069.67	24,836.00 *0.03064*	3.08%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 733 Cl A 2 Fltg Rate Dtd 11/01/2018 Due 08/25/2025 IPD24 *3137FJXQ7*	490,000.000	.54	529,123.44 *107.984*	493,958.51 *100.807*	- 35,164.93	.04	1,531.25	18,375.00 *0.03750*	3.72%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #257275 5.000% Dtd 06/01/2008 Due 07/01/2023 IPD24 *31371NXC4*	730.120	.00	751.90 *102.983*	749.22 *102.616*	- 2.68	.00	3.04	36.00 *0.05000*	4.87%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #889255 5.000% Dtd 03/01/2008 Due 03/01/2023 IPD24 *31410G5Q2*	199.960	.00	213.86 *106.951*	205.19 *102.616*	- 8.67	.00	0.83	9.00 *0.05000*	4.87%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AE0286 5.000% Dtd 08/01/2010 Due 04/01/2025 IPD24 *31419AJ81*	7,086.540	.01	7,554.71 *106.606*	7,272.70 *102.627*	- 282.01	.00	29.52	354.00 *0.05000*	4.87%
AD	- US Treasury Note 2.375% Dtd 08/15/2014 Due 08/15/2024 *912828D56*	1,875,000.000	2.02	2,003,284.84 *106.842*	1,850,756.25 *98.707*	- 152,528.59	.14	16,729.97	44,531.00 *0.02375*	2.41%
AD	- US Treasury Note 2.00% Dtd 02/15/2015 Due 02/15/2025 *912828J27*	1,445,000.000	1.54	1,416,639.36 *98.037*	1,408,268.10 *97.458*	- 8,371.26	.10	10,857.45	28,900.00 *0.02000*	2.05%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- US Treasury Note 2.25% Dtd 11/15/2015 Due 11/15/2025 *912828M56*	1,645,000.000	1.75	1,720,665.43 *104.600*	1,602,723.50 *97.430*	- 117,941.93	.12	4,727.14	37,012.00 *0.02250*	2.31%
AD	- US Treasury Note 2.00% Dtd 02/15/2013 Due 02/15/2023 *912828UN8*	400,000.000	.44	388,610.72 *97.153*	398,480.00 *99.620*	9,869.28	.03	3,005.52	8,000.00 *0.02000*	2.01%
AD	- US Treasury Note 2.00% Dtd 11/15/2016 Due 11/15/2026 *912828U24*	1,900,000.000	1.99	1,887,442.17 *99.339*	1,816,875.00 *95.625*	- 70,567.17	.13	4,853.26	38,000.00 *0.02000*	2.09%
AD	- US Treasury Note 2.75% Dtd 11/15/2013 Due 11/15/2023 *912828WE6*	1,430,000.000	1.56	1,459,397.70 *102.056*	1,426,153.30 *99.731*	- 33,244.40	.10	5,022.48	39,325.00 *0.02750*	2.76%
AD	- US Treasury Note 1.625% Dtd 09/30/2019 Due 09/30/2026 *912828YG9*	1,100,000.000	1.13	1,135,281.73 *103.207*	1,037,916.00 *94.356*	- 97,365.73	.08	4,493.16	17,875.00 *0.01625*	1.72%
AD	- US Treasury Note 1.50% Dtd 08/15/2016 Due 08/15/2026 *9128282A7*	2,455,000.000	2.52	2,315,968.76 *94.337*	2,306,177.90 *93.938*	- 9,790.86	.17	13,834.80	36,825.00 *0.01500*	1.60%
	Total Short (Less Than 5 Years)		**19.80**	**18,822,352.45**	**18,105,909.69**	**- 716,442.76**	**1.33**	**82,740.53**	**405,457.00**	**2.24%**
	Intermediate (5-10 Years)									
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G15144 2.500% Dtd 07/01/2014 Due 07/01/2029 IPD14 *3128MD5D1*	210,675.626	.23	213,440.74 *101.312*	207,879.96 *98.673*	- 5,560.78	.02	438.90	5,266.00 *0.02500*	2.53%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G15922 3.000% Dtd 08/01/2016 Due 08/01/2031 IPD14 *3128MEYT2*	159,357.770	.17	168,246.93 *105.578*	158,976.90 *99.761*	- 9,270.03	.01	398.39	4,780.00 *0.03000*	3.01%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18527 3.000% Dtd 10/01/2014 Due 10/01/2029 IPD14 *3128MMSR5*	171,960.915	.19	178,649.36 *103.890*	171,551.65 *99.762*	- 7,097.71	.01	429.90	5,158.00 *0.03000*	3.01%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18569 3.000% Dtd 09/01/2015 Due 09/01/2030 IPD14 *3128MMT37*	77,208.200	.08	80,043.19 *103.672*	77,023.67 *99.761*	- 3,019.52	.01	193.02	2,316.00 *0.03000*	3.01%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18578 3.000% Dtd 12/01/2015 Due 12/01/2030 IPD14 *3128MMUC5*	160,817.888	.18	167,426.50 *104.109*	160,037.92 *99.515*	- 7,388.58	.01	402.04	4,824.00 *0.03000*	3.01%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #V60358 3.000% Dtd 11/01/2013 Due 12/01/2028 IPD14 *3132KEMF9*	131,126.240	.14	134,732.21 *102.750*	130,814.16 *99.762*	- 3,918.05	.01	327.81	3,933.00 *0.03000*	3.01%
AD	- Federal Natl Mtg Assn 0.875% Dtd 08/05/2020 Due 08/05/2030 Non-Callable *3135G05Q2*	1,920,000.000	1.74	1,823,377.00 *94.968*	1,589,740.80 *82.799*	- 233,636.20	.12	6,813.33	16,800.00 *0.00875*	1.06%
AD	- Federal Natl Mtg Assn Nts 6.625% Dtd 11/03/2000 Due 11/15/2030 *31359MGK3*	560,000.000	.76	692,708.80 *123.698*	692,484.80 *123.658*	- 224.00	.05	4,740.55	37,100.00 *0.06625*	5.36%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #252804 6.500% Dtd 09/01/1999 Due 10/01/2029 IPD24 *31371HX94*	735.290	.00	700.36 *95.249*	771.41 *104.913*	71.05	.00	3.98	47.00 *0.06500*	6.20%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AX8309 3.000% Dtd 11/01/2014 Due 11/01/2029 IPD24 *3138YAGT6*	143,685.030	.16	149,230.37 *103.859*	143,212.31 *99.671*	- 6,018.06	.01	359.21	4,310.00 *0.03000*	3.01%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #582386 6.500% Dtd 05/01/2001 Due 05/01/2031 IPD24 *31387E6X0*	672.370	.00	665.75 *99.015*	707.38 *105.207*	41.63	.00	3.64	43.00 *0.06500*	6.18%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB6192 2.500% Dtd 08/01/2012 Due 09/01/2027 IPD24 *31417C3A1*	57,651.640	.06	56,994.05 *98.859*	56,836.45 *98.586*	- 157.60	.00	120.10	1,441.00 *0.02500*	2.54%
AD	- GNMA Gtd Passthru CTF Pool #434220 7.00% Dtd 03/01/1999 Due 02/15/2029 IPD14 *36207KK90*	1,101.620	.00	1,117.29 *101.422*	1,122.61 *101.905*	5.32	.00	6.42	77.00 *0.07000*	6.87%
AD	- US Treasury Note 0.625% Dtd 08/15/2020 Due 08/15/2030 *91282CAE1*	2,750,000.000	2.49	2,642,320.38 *96.084*	2,280,575.00 *82.930*	- 361,745.38	.17	6,457.18	17,187.00 *0.00625*	.75%
AD	- US Treasury Note 1.125% Dtd 02/15/2021 Due 02/15/2031 *91282CBL4*	2,185,000.000	2.05	2,107,294.87 *96.444*	1,877,920.10 *85.946*	- 229,374.77	.14	9,234.94	24,581.00 *0.01125*	1.31%
AD	- US Treasury Note 1.25% Dtd 08/15/2021 Due 08/15/2031 *91282CCS8*	2,000,000.000	1.88	1,898,370.69 *94.919*	1,722,200.00 *86.110*	- 176,170.69	.13	9,392.26	25,000.00 *0.01250*	1.45%
AD	- US Treasury Note 1.50% Dtd 02/15/2020 Due 02/15/2030 *912828Z94*	1,400,000.000	1.38	1,412,301.90 *100.879*	1,257,704.00 *89.836*	- 154,597.90	.09	7,889.49	21,000.00 *0.01500*	1.67%
AD	- US Treasury Note 2.25% Dtd 11/15/2017 Due 11/15/2027 *9128283F5*	2,410,000.000	2.53	2,656,330.63 *110.221*	2,311,069.50 *95.895*	- 345,261.13	.17	6,925.47	54,225.00 *0.02250*	2.35%
AD	- US Treasury Note 2.75% Dtd 02/15/2018 Due 02/15/2028 *9128283W8*	2,865,000.000	3.08	3,141,469.22 *109.650*	2,815,664.70 *98.278*	- 325,804.52	.21	29,599.72	78,787.00 *0.02750*	2.80%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- US Treasury Note 3.125% Dtd 11/15/2018 Due 11/15/2028 *9128285M8*	470,000.000	.52	471,874.54 *100.399*	471,085.70 *100.231*	- 788.84	.03	1,875.84	14,687.00 *0.03125*	3.12%
AD	- US Treasury Note 2.375% Dtd 05/15/2019 Due 05/15/2029 *9128286T2*	2,725,000.000	2.86	2,970,928.12 *109.025*	2,610,958.75 *95.815*	- 359,969.37	.19	8,265.70	64,718.00 *0.02375*	2.48%
	Total Intermediate (5-10 Years)		**20.49**	**20,968,222.90**	**18,738,337.77**	**- 2,229,885.13**	**1.37**	**93,877.89**	**386,280.00**	**2.06%**
	Long (Over 10 Years)									
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8115 2.000% Dtd 07/01/2021 Due 08/01/2036 IPD24 *3132D6AQ3*	573,330.290	.59	592,881.73 *103.410*	535,748.49 *93.445*	- 57,133.24	.04	955.55	11,466.00 *0.02000*	2.14%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8171 4.000% Dtd 05/01/2022 Due 06/01/2037 IPD24 *3132D6CG3*	819,064.230	.91	837,365.19 *102.234*	828,049.36 *101.097*	- 9,315.83	.06	2,730.21	32,762.00 *0.04000*	3.96%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser 3795 Cl Ed 3.00% Dtd 01/01/2011 Due 10/15/2039 IPD14 *3137A5MM3*	20,828.780	.02	21,518.74 *103.313*	20,768.83 *99.712*	- 749.91	.00	52.07	624.00 *0.03000*	3.01%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #890790 3.000% Dtd 08/01/2017 Due 08/01/2032 IPD24 *31410LUP5*	187,660.100	.20	194,228.21 *103.500*	186,001.18 *99.116*	- 8,227.03	.01	469.15	5,629.00 *0.03000*	3.03%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4384 2.500% Dtd 06/01/2021 Due 07/01/2036 IPD24 *31418D2S0*	819,209.150	.86	861,065.63 *105.109*	783,376.94 *95.626*	- 77,688.69	.06	1,706.68	20,480.00 *0.02500*	2.61%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4667 3.500% Dtd 06/01/2022 Due 07/01/2037 IPD24 *31418EFH8*	470,000.000	.51	473,194.53 *100.680*	467,621.80 *99.494*	- 5,572.73	.03	1,370.83	16,450.00 *0.03500*	3.52%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4713 4.000% Dtd 06/01/2022 Due 07/01/2037 IPD24 *31418EGX2*	465,000.000	.51	467,833.59 *100.609*	470,115.00 *101.100*	2,281.41	.03	1,550.00	18,600.00 *0.04000*	3.96%
	Total Long (Over 10 Years)		**3.60**	**3,448,087.62**	**3,291,681.60**	**- 156,406.02**	**.24**	**8,834.49**	**106,011.00**	**3.22%**
	Total Treasury and Federal Agencies Total U.S. Government		**43.89**	**43,238,662.97**	**40,135,929.06**	**- 3,102,733.91**	**2.94**	**185,452.91**	**897,748.00**	**2.24%**
	State and Municipal Short (Less Than 5 Years)									
AD	- Dallas Fort Worth Tex Intl Arp Taxable JT Ref Bds 2019a Taxable 2.256% Dtd 08/01/2019 Due 11/01/2026 Callable *2350364M9*	505,000.000	.52	505,000.00 *100.000*	474,669.70 *93.994*	- 30,330.30	.03	1,898.80	11,392.00 *0.02256*	2.40%
AD	- Great Lakes Wtr Auth Mich Sew Taxable Sr Lien Ref Bds 2018 C Taxable 3.50% Dtd 10/03/2018 Due 07/01/2023 Non-Callable *39081HCD2*	600,000.000	.66	600,000.00 *100.000*	602,130.00 *100.355*	2,130.00	.04	10,499.99	21,000.00 *0.03500*	3.49%
AD	- Hawaii ST Arpts Sys Customer F Taxable Bds 2019 A Taxable 2.008% Dtd 08/27/2019 Due 07/01/2024 Callable *41978CAX3*	250,000.000	.26	250,000.00 *100.000*	240,455.00 *96.182*	- 9,545.00	.02	2,509.99	5,020.00 *0.02008*	2.09%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Honolulu Hawaii City & Cnty WA Taxable Ref Jr Second RE 2019 B Taxable 2.316% Dtd 11/06/2019 Due 07/01/2025 Callable *438701Y32*	455,000.000	.48	455,000.00 *100.000*	439,989.55 *96.701*	- 15,010.45	.03	5,268.90	10,537.00 *0.02316*	2.40%
AD	- Massachusetts ST Wtr Res Auth Taxable Gen Rev Ref Gree 2019f Taxable 2.163% Dtd 11/01/2019 Due 08/01/2026 Non-Callable *576051VZ6*	780,000.000	.81	780,000.00 *100.000*	742,240.20 *95.159*	- 37,759.80	.05	7,029.75	16,871.00 *0.02163*	2.27%
AD	- Metro Wastewtr Reclamation Dis Taxable Ref Bds 2019 B Taxable 2.363% Dtd 12/10/2019 Due 04/01/2027 Callable *59164GEQ1*	510,000.000	.53	510,000.00 *100.000*	482,551.80 *94.618*	- 27,448.20	.04	3,012.82	12,051.00 *0.02363*	2.50%
AD	- Nebraska Pub Pwr Dist Rev Taxable Gen Bds 2019 B Taxable 2.421% Dtd 10/29/2019 Due 01/01/2026 Callable *63968A2C8*	425,000.000	.45	425,000.00 *100.000*	407,647.25 *95.917*	- 17,352.75	.03	5,144.62	10,289.00 *0.02421*	2.52%
AD	- Prince Georges Cnty MD Taxable Consolidated GO 2020 C Taxable 0.70% Dtd 06/16/2020 Due 09/15/2023 Non-Callable *7417017F7*	235,000.000	.25	235,000.00 *100.000*	228,297.80 *97.148*	- 6,702.20	.02	484.36	1,645.00 *0.00700*	.72%
AD	- Raleigh N C Comb Enterprise Sy Ref Bds Taxable 2.275% Dtd 11/26/2019 Due 03/01/2026 Callable *751100MH8*	420,000.000	.44	420,000.00 *100.000*	405,573.00 *96.565*	- 14,427.00	.03	3,185.00	9,555.00 *0.02275*	2.36%
AD	- University Calif Revs Gen Rev Bds 2013 A Taxable 2.75% Dtd 03/14/2013 Due 05/15/2023 Callable *91412GQE8*	180,000.000	.20	190,614.60 *105.897*	179,463.60 *99.702*	- 11,151.00	.01	632.50	4,950.00 *0.02750*	2.76%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- University Calif Revs Taxable Gen Rev Bds 2017 A Taxable 3.063% Dtd 05/18/2017 Due 07/01/2025 Callable *91412GU94*	235,000.000	.25	232,462.00 *98.920*	232,847.40 *99.084*	385.40	.02	3,599.02	7,198.00 *0.03063*	3.09%
AD	- University Calif Revs Taxable Gen Bds 2020 B Taxable 0.833% Dtd 07/16/2020 Due 05/15/2024 Callable *91412HFL2*	165,000.000	.17	165,000.00 *100.000*	157,457.85 *95.429*	- 7,542.15	.01	175.62	1,374.00 *0.00833*	.87%
	Total Short (Less Than 5 Years)		**5.02**	**4,768,076.60**	**4,593,323.15**	**- 174,753.45**	**.34**	**43,441.37**	**111,882.00**	**2.44%**
	Intermediate (5-10 Years)									
AD	- Narragansett R I Bay Commn Was Taxable Ref Bds 2020a Taxable 1.864% Dtd 03/19/2020 Due 09/01/2027 Callable *631060CN8*	250,000.000	.25	250,000.00 *100.000*	228,180.00 *91.272*	- 21,820.00	.02	1,553.33	4,660.00 *0.01864*	2.04%
AD	- New York ST Urban Dev Corp Rev Taxable Personal Income 2017d Taxable 3.27% Dtd 12/21/2017 Due 03/15/2028 Callable *6500355X2*	505,000.000	.53	494,266.15 *97.874*	488,557.20 *96.744*	- 5,708.95	.04	4,862.30	16,513.00 *0.03270*	3.38%
AD	- Virginia ST Res Auth Infrastru Taxable Bds 2019 C Taxable 2.53% Dtd 11/20/2019 Due 11/01/2028 Non-Callable *92818NHP6*	475,000.000	.48	475,000.00 *100.000*	442,111.00 *93.076*	- 32,889.00	.03	2,002.91	12,017.00 *0.02530*	2.72%
	Total Intermediate (5-10 Years)		**1.27**	**1,219,266.15**	**1,158,848.20**	**- 60,417.95**	**.09**	**8,418.54**	**33,190.00**	**2.86%**
Total State and Municipal			**6.29**	**5,987,342.75**	**5,752,171.35**	**- 235,171.40**	**.42**	**51,859.91**	**145,072.00**	**2.52%**

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
Non-Government Obligations Short (Less Than 5 Years)										
AD	- AT&T Inc Glbl NT 2.30% Dtd 05/28/2020 Due 06/01/2027 Callable *00206RJX1*	325,000.000	.32	327,463.70 *100.758*	296,673.00 *91.284*	- 30,790.70	.02	622.91	7,475.00 *0.02300*	2.52%
AD	- AT&T Broadband Corp NT 9.455% Dtd 11/18/2002 Due 11/15/2022 *00209TAB1*	140,000.000	.16	172,756.00 *123.397*	143,207.40 *102.291*	- 29,548.60	.01	1,691.38	13,237.00 *0.09455*	9.24%
AD	- Abbott Laboratories Sr NT 3.75% Dtd 11/22/2016 Due 11/30/2026 Callable *002824BF6*	815,000.000	.90	930,429.70 *114.163*	819,238.00 *100.520*	- 111,191.70	.06	2,631.77	30,562.00 *0.03750*	3.73%
AD	- Adobe Systems Incorporated Sr NT 2.15% Dtd 02/03/2020 Due 02/01/2027 Callable *00724PAC3*	735,000.000	.75	768,987.10 *104.624*	687,063.30 *93.478*	- 81,923.80	.05	6,584.37	15,802.00 *0.02150*	2.30%
AD	- Air Prods & Chems Inc Sr Glbl NT 1.85% Dtd 04/30/2020 Due 05/15/2027 Callable *009158AY2*	580,000.000	.58	586,627.50 *101.143*	527,788.40 *90.998*	- 58,839.10	.04	1,371.05	10,730.00 *0.01850*	2.03%
AD	- Allstate Corp Sr Glbl NT 0.75% Dtd 11/24/2020 Due 12/15/2025 Callable *020002BH3*	515,000.000	.51	510,229.10 *99.074*	463,463.95 *89.993*	- 46,765.15	.03	171.66	3,862.00 *0.00750*	.83%
AD	- American Express Co Sr NT 3.375% Dtd 05/03/2022 Due 05/03/2024 Non-Callable *025816CV9*	755,000.000	.82	755,327.80 *100.043*	749,564.00 *99.280*	- 5,763.80	.05	4,105.31	25,481.00 *0.03375*	3.40%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- American Wtr Cap Corp Sr NT 3.40% Dtd 08/14/2014 Due 03/01/2025 Callable *03040WAL9*	565,000.000	.61	608,270.25 *107.658*	556,937.45 *98.573*	- 51,332.80	.04	6,403.33	19,210.00 *0.03400*	3.45%
AD	- Analog Devices Inc Sr NT 2.95% Dtd 04/08/2020 Due 04/01/2025 Callable *032654AS4*	720,000.000	.77	783,228.30 *108.782*	705,304.80 *97.959*	- 77,923.50	.05	5,310.00	21,240.00 *0.02950*	3.01%
AD	- Apple Inc Sr NT 2.05% Dtd 09/11/2019 Due 09/11/2026 Callable *037833DN7*	780,000.000	.80	816,034.80 *104.620*	734,377.80 *94.151*	- 81,657.00	.05	4,885.83	15,990.00 *0.02050*	2.18%
AD	- Arizona Pub Svc Co Sr Glbl NT 3.35% Dtd 06/18/2014 Due 06/15/2024 Callable *040555CQ5*	860,000.000	.93	891,708.10 *103.687*	849,353.20 *98.762*	- 42,354.90	.06	1,280.44	28,810.00 *0.03350*	3.39%
AD	- Baxter Intl Inc Sr NT 2.40% Dtd 08/13/2012 Due 08/15/2022 Callable *071813BF5*	235,000.000	.26	227,635.95 *96.866*	234,830.80 *99.928*	7,194.85	.02	2,130.66	5,640.00 *0.02400*	2.40%
AD	- CMS Energy Corp Sr NT 3.875% Dtd 02/27/2014 Due 03/01/2024 Callable *125896BM1*	825,000.000	.90	867,459.90 *105.147*	823,869.75 *99.863*	- 43,590.15	.06	10,656.24	31,968.00 *0.03875*	3.88%
AD	- Capital One Multi Tr Ser 2022 1 Cl A 2.80% Dtd 03/30/2022 Due 03/15/2027 *14041NFZ9*	575,000.000	.62	574,956.65 *99.992*	564,926.17 *98.248*	- 10,030.48	.04	715.55	16,100.00 *0.02800*	2.85%
AD	- Caterpillar Inc Del Sr NT 3.40% Dtd 05/08/2014 Due 05/15/2024 Callable *149123CC3*	760,000.000	.83	770,029.40 *101.320*	762,637.20 *100.347*	- 7,392.20	.06	3,301.77	25,840.00 *0.03400*	3.39%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Cincinnati Gas & Elec Co Sr Glbl 6.90% Dtd 06/01/1995 Due 06/01/2025 Putable Non-Callable *172070BT0*	555,000.000	.65	697,357.50 *125.650*	596,713.80 *107.516*	- 100,643.70	.04	3,191.25	38,295.00 *0.06900*	6.42%
AD	- Cintas Corp No 2 Sr NT 3.70% Dtd 03/14/2017 Due 04/01/2027 Callable *17252MAN0*	785,000.000	.85	840,859.30 *107.116*	775,305.25 *98.765*	- 65,554.05	.06	7,261.25	29,045.00 *0.03700*	3.75%
AD	- Connecticut LT & Pwr Co 1m A Bd 0.75% Dtd 12/01/2020 Due 12/01/2025 Callable *207597EM3*	410,000.000	.40	408,605.90 *99.660*	368,893.40 *89.974*	- 39,712.50	.03	256.25	3,075.00 *0.00750*	.83%
AD	- Continental Airls Inc 2012-2 Passthru CTF Cl A 4.00% Dtd 10/03/2012 Due 04/29/2026 *210795QB9*	325,595.160	.34	344,196.72 *105.713*	312,795.62 *96.068*	- 31,401.10	.02	2,242.98	13,023.00 *0.04000*	4.16%
AD	- Cummins Inc Sr NT 0.75% Dtd 08/24/2020 Due 09/01/2025 Callable *231021AU0*	370,000.000	.37	369,581.80 *99.887*	337,055.20 *91.096*	- 32,526.60	.02	924.99	2,775.00 *0.00750*	.82%
AD	- Deere John Cap Corp Mtns Fr 2.05% Dtd 01/09/2020 Due 01/09/2025 Non-Callable *24422EVC0*	645,000.000	.68	644,751.10 *99.961*	624,437.40 *96.812*	- 20,313.70	.05	6,317.41	13,222.00 *0.02050*	2.12%
AD	- Delmarva Pwr & LT Co 1mtg Bd 3.50% Dtd 11/15/2013 Due 11/15/2023 Callable *247109BS9*	790,000.000	.87	822,850.70 *104.158*	792,014.50 *100.255*	- 30,836.20	.06	3,533.05	27,650.00 *0.03500*	3.49%
AD	- Delta Air Lines Pass Thru Trs 2019- 1aa Pass Thru CTF AA 3.204% Dtd 03/13/2019 Ude 04/25/2024 *24737BAA3*	650,000.000	.69	660,070.20 *101.549*	628,292.73 *96.660*	- 31,777.47	.05	3,818.10	20,826.00 *0.03204*	3.31%

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INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Disney Walt Co Mtns Fr 3.00% Dtd 01/08/2016 Due 02/13/2026 Callable *25468PDK9*	555,000.000	.59	614,085.50 *110.646*	538,621.95 *97.049*	- 75,463.55	.04	6,382.50	16,650.00 *0.03000*	3.09%
AD	- Discovery Communications LLC Sr NT 3.80% Dtd 03/13/2017 Due 03/13/2024 Callable *25470DAM1*	460,000.000	.50	502,011.70 *109.133*	457,548.20 *99.467*	- 44,463.50	.03	5,244.00	17,480.00 *0.03800*	3.82%
AD	- Keurig Dr Pepper Inc Sr Glbl 3.40% Dtd 11/09/2015 Due 11/15/2025 Callable *26138EAS8*	420,000.000	.45	469,662.75 *111.824*	409,932.60 *97.603*	- 59,730.15	.03	1,824.66	14,280.00 *0.03400*	3.48%
AD	- Evergy Inc Sr NT 2.45% Dtd 09/09/2019 Due 09/15/2024 Callable *30034WAA4*	920,000.000	.97	953,371.35 *103.627*	884,598.40 *96.152*	- 68,772.95	.06	6,636.77	22,540.00 *0.02450*	2.55%
AD	- General Mtrs Finl Co Inc Sr NT 1.25% Dtd 01/08/2021 Due 01/08/2026 Callable *37045XDD5*	815,000.000	.78	811,845.65 *99.613*	717,672.70 *88.058*	- 94,172.95	.05	4,895.65	10,187.00 *0.01250*	1.42%
AD	- Georgia Pac Corp Deb 7.375% Dtd 12/08/1995 Due 12/01/2025 *373298BN7*	485,000.000	.59	595,429.60 *122.769*	540,110.55 *111.363*	- 55,319.05	.04	2,980.72	35,768.00 *0.07375*	6.62%
AD	- Glaxosmithkline Cap Inc Sr NT 3.375% Dtd 05/15/2018 Due 05/15/2023 Callable *377372AL1*	470,000.000	.52	472,394.65 *100.510*	472,039.80 *100.434*	- 354.85	.03	2,026.87	15,862.00 *0.03375*	3.36%
AD	- Grainger W W Inc Sr NT 1.85% Dtd 02/26/2020 Due 02/15/2025 Callable *384802AE4*	935,000.000	.97	950,457.40 *101.653*	890,531.40 *95.244*	- 59,926.00	.07	6,534.61	17,297.00 *0.01850*	1.94%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Hershey Co Sr Glbl 3.20% Dtd 08/21/2015 Due 08/21/2025 Callable *427866AU2*	755,000.000	.82	813,576.30 *107.758*	745,713.50 *98.770*	- 67,862.80	.05	8,724.44	24,160.00 *0.03200*	3.24%
AD	- Hormel Foods Corp Sr NT 0.65% Dtd 06/03/2021 Due 06/03/2024 Callable *440452AG5*	395,000.000	.41	395,094.65 *100.024*	376,901.10 *95.418*	- 18,193.55	.03	199.69	2,567.00 *0.00650*	.68%
AD	- Illinois Tool Wks Inc Sr Glbl NT 2.65% Dtd 11/07/2016 Due 11/15/2026 Callable *452308AX7*	785,000.000	.82	770,249.65 *98.121*	750,726.90 *95.634*	- 19,522.75	.06	2,658.09	20,802.00 *0.02650*	2.77%
AD	- Indiana Mich Pwr Co Sr M NT 3.85% Dtd 05/02/2018 Due 05/15/2028 Callable *454889AS5*	230,000.000	.24	240,782.80 *104.688*	222,442.20 *96.714*	- 18,340.60	.02	1,131.47	8,855.00 *0.03850*	3.98%
AD	- JPMorgan Chase & Co Sr NT 0.697% Dtd 03/16/2021 Due 03/16/2024 Callable *46647PBZ8*	740,000.000	.79	740,000.00 *100.000*	723,823.60 *97.814*	- 16,176.40	.05	1,504.35	5,157.00 *0.00697*	.71%
AD	- Kla Tencor Corp Sr NT 4.65% Dtd 11/06/2014 Due 11/01/2024 Callable *482480AE0*	540,000.000	.60	572,792.05 *106.073*	547,711.20 *101.428*	- 25,080.85	.04	4,185.00	25,110.00 *0.04650*	4.58%
AD	- Lowes Cos Inc Sr NT 3.125% Dtd 09/10/2014 Due 09/15/2024 Callable *548661DD6*	920,000.000	1.00	978,676.40 *106.378*	910,257.20 *98.941*	- 68,419.20	.07	8,465.27	28,750.00 *0.03125*	3.16%
AD	- Martin Marietta Matls Inc Sr Glbl NT 4.25% Dtd 07/02/2014 Due 07/02/2024 Callable *573284AN6*	560,000.000	.62	598,230.75 *106.827*	562,704.80 *100.483*	- 35,525.95	.04	11,833.88	23,800.00 *0.04250*	4.23%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- McDonalds Corp Med Term NT Fr 3.35% Dtd 03/16/2018 Due 04/01/2023 Callable *58013MFE9*	235,000.000	.26	245,253.05 *104.363*	235,803.70 *100.342*	- 9,449.35	.02	1,946.25	7,872.00 *0.03350*	3.34%
AD	- Moodys Corp Sr NT 4.875% Dtd 08/12/2013 Due 02/15/2024 Callable *615369AC9*	815,000.000	.91	916,240.75 *112.422*	830,656.15 *101.921*	- 85,584.60	.06	15,009.58	39,731.00 *0.04875*	4.78%
AD	- Oracle Corp Sr NT 2.50% Dtd 04/01/2020 Due 04/01/2025 Callable *68389XBT1*	375,000.000	.39	397,490.75 *105.998*	356,295.00 *95.012*	- 41,195.75	.03	2,343.75	9,375.00 *0.02500*	2.63%
AD	- Paccar Financial Corp Fr 0.35% Dtd 02/02/2021 Due 02/02/2024 Non-Callable *69371RR24*	765,000.000	.80	760,887.55 *99.462*	729,817.65 *95.401*	- 31,069.90	.05	1,108.18	2,677.00 *0.00350*	.37%
AD	- Procter & Gamble Co Sr Glbl 2.80% Dtd 03/25/2020 Due 03/25/2027 Callable *742718FG9*	215,000.000	.23	238,093.15 *110.741*	207,978.10 *96.734*	- 30,115.05	.02	1,605.33	6,020.00 *0.02800*	2.89%
AD	- Public Service Co Colo 1mtg Bd 2.90% Dtd 05/12/2015 Due 05/15/2025 Callable *744448CL3*	770,000.000	.82	793,819.00 *103.093*	748,663.30 *97.229*	- 45,155.70	.05	2,853.27	22,330.00 *0.02900*	2.98%
AD	- Public Svc Elec Gas Co MTN Fr 3.05% Dtd 11/07/2014 Due 11/15/2024 Callable *74456QBK1*	920,000.000	1.00	956,837.85 *104.004*	910,395.20 *98.956*	- 46,442.65	.07	3,585.44	28,060.00 *0.03050*	3.08%
AD	- Republic Svcs Inc NT 4.75% Dtd 05/09/2011 Due 05/15/2023 Callable *760759AM2*	633,000.000	.70	683,405.81 *107.963*	636,880.29 *100.613*	- 46,525.52	.05	3,841.95	30,067.00 *0.04750*	4.72%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions 06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Roper Technologies Inc 3.65% Dtd 08/28/2018 Due 09/15/2023 Callable *776743AE6*	845,000.000	.93	867,351.45 *102.645*	846,166.10 *100.138*	- 21,185.35	.06	9,081.40	30,842.00 *0.03650*	3.64%
AD	- T Mobile USA Inc Sr SEC Glbl NT 3.50% Dtd 04/15/2021 Due 04/15/2025 Callable *87264ABB0*	425,000.000	.45	462,986.50 *108.938*	415,667.00 *97.804*	- 47,319.50	.03	3,140.27	14,875.00 *0.03500*	3.58%
AD	- Union Pac Rr Co 2014-1 Pass Thru Tr Passthru Tr CTF 3.227% Dtd 05/20/2014 Due 05/14/2026 *907825AA1*	855,267.122	.92	876,873.79 *102.526*	839,199.65 *98.121*	- 37,674.14	.06	3,610.54	27,599.00 *0.03227*	3.29%
AD	- Visa Inc Sr Glbl NT 3.15% Dtd 12/14/2015 Due 12/14/2025 Callable *92826CAD4*	800,000.000	.86	867,636.50 *108.455*	787,528.00 *98.441*	- 80,108.50	.06	1,190.00	25,200.00 *0.03150*	3.20%
AD	- Waste Mgmt Inc Del Sr NT 3.50% Dtd 05/08/2014 Due 05/15/2024 Callable *94106LAZ2*	725,000.000	.79	754,349.15 *104.048*	723,260.00 *99.760*	- 31,089.15	.05	3,242.36	25,375.00 *0.03500*	3.51%
AD	- Wisconsin Elec Pwr Co Sr NT 3.10% Dtd 05/20/2015 Due 06/01/2025 Callable *976656CH9*	890,000.000	.96	911,874.60 *102.458*	875,715.50 *98.395*	- 36,159.10	.06	2,299.16	27,590.00 *0.03100*	3.15%
	Total Short (Less Than 5 Years)		**35.27**	**34,591,178.57**	**32,250,104.86**	**- 2,341,073.71**	**2.37**	**209,493.00**	**1,006,736.00**	**3.12%**
	Intermediate (5-10 Years)									
AD	- Amazon Com Inc 3.15% Dtd 02/22/2018 Due 08/22/2027 Callable *023135BC9*	850,000.000	.90	900,725.50 *105.968*	826,429.50 *97.227*	- 74,296.00	.06	9,594.38	26,775.00 *0.03150*	3.24%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Anheuser Busch Inbev Wldw Inc 4.75% Dtd 01/23/2019 Due 01/23/2029 Callable *035240AQ3*	705,000.000	.78	761,755.50 *108.050*	717,238.80 *101.736*	- 44,516.70	.05	14,697.29	33,487.00 *0.04750*	4.67%
AD	- Automatic Data Processing Inc Sr NT 1.70% Dtd 05/14/2021 Due 05/15/2028 Callable *053015AG8*	650,000.000	.64	653,789.50 *100.583*	584,623.00 *89.942*	- 69,166.50	.04	1,411.94	11,050.00 *0.01700*	1.89%
AD	- Avery Dennison Corp Sr Glbl NT 4.875% Dtd 12/06/2018 Due 12/06/2028 Callable *053611AJ8*	620,000.000	.68	671,539.60 *108.313*	621,029.20 *100.166*	- 50,510.40	.05	2,098.95	30,225.00 *0.04875*	4.87%
AD	- Bank Amer Corp Sr NT M Flt Var Rate Dtd 01/20/2017 Due 01/20/2028 Non-Callable *06051GGF0*	665,000.000	.70	761,341.25 *114.487*	637,655.20 *95.888*	- 123,686.05	.05	11,372.68	25,429.00 *0.03824*	3.99%
AD	- Cboe Global Mkts Inc Sr NT 1.625% Dtd 12/15/2020 Due 12/15/2030 Callable *12503MAC2*	610,000.000	.54	601,908.45 *98.674*	493,398.50 *80.885*	- 108,509.95	.04	440.55	9,912.00 *0.01625*	2.01%
AD	- Dicks Sporting Goods Inc Sr NT 3.15% Dtd 01/14/2022 Due 01/15/2032 Callable *253393AF9*	280,000.000	.24	280,271.20 *100.097*	221,222.40 *79.008*	- 59,048.80	.02	4,091.50	8,820.00 *0.03150*	3.99%
AD	- Dominion Energy Inc Sr Glbl C NT 2.25% Dtd 08/12/2021 Due 08/15/2031 Callable *25746UDL0*	427,000.000	.38	428,251.90 *100.293*	351,053.78 *82.214*	- 77,198.12	.03	3,629.50	9,607.00 *0.02250*	2.74%
AD	- Emerson Elec Co Sr NT 1.80% Dtd 04/29/2020 Due 10/15/2027 Callable *291011BL7*	675,000.000	.66	688,617.40 *102.017*	604,347.75 *89.533*	- 84,269.65	.04	2,565.00	12,150.00 *0.01800*	2.01%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- Exxon Mobil Corp Sr Glbl NT 2.44% Dtd 08/16/2019 Due 08/16/2029 Callable *30231GBE1*	585,000.000	.58	605,056.40 *103.428*	526,295.25 *89.965*	- 78,761.15	.04	5,352.75	14,274.00 *0.02440*	2.71%
AD	- Idex Corp Sr NT 2.625% Dtd 05/28/2021 Due 06/15/2031 Callable *45167RAH7*	275,000.000	.25	274,659.00 *99.876*	227,834.75 *82.849*	- 46,824.25	.02	320.83	7,218.00 *0.02625*	3.17%
AD	- Kimberly Clark Corp Sr Glbl NT 3.95% Dtd 10/29/2018 Due 11/01/2028 Callable *494368BY8*	795,000.000	.87	849,379.55 *106.840*	792,448.05 *99.679*	- 56,931.50	.06	5,233.75	31,402.00 *0.03950*	3.96%
AD	- National Rural Utils Coop Fin Bd 2.40% Dtd 02/05/2020 Due 03/15/2030 Callable *637432NV3*	625,000.000	.60	628,546.90 *100.568*	545,062.50 *87.210*	- 83,484.40	.04	3,957.33	15,000.00 *0.02400*	2.75%
AD	- Pepsico Inc Sr NT 2.75% Dtd 03/19/2020 Due 03/19/2030 Callable *713448ES3*	675,000.000	.68	701,805.35 *103.971*	622,309.50 *92.194*	- 79,495.85	.05	5,259.37	18,562.00 *0.02750*	2.98%
AD	- Phillips 66 Sr NT 3.90% Dtd 03/01/2018 Due 03/15/2028 Callable *718546AR5*	220,000.000	.23	236,262.90 *107.392*	213,697.00 *97.135*	- 22,565.90	.02	2,526.33	8,580.00 *0.03900*	4.02%
AD	- Progressive Corp Ohio Sr NT 4.00% Dtd 10/23/2018 Due 03/01/2029 Callable *743315AV5*	460,000.000	.50	508,987.35 *110.649*	454,411.00 *98.785*	- 54,576.35	.03	6,133.33	18,400.00 *0.04000*	4.05%
AD	- Transcontinental Gas Pipe Line Sr Glbl NT 4.00% Dtd 09/15/2018 Due 03/15/2028 Callable *893574AK9*	235,000.000	.25	253,524.05 *107.883*	227,684.45 *96.887*	- 25,839.60	.02	2,767.77	9,400.00 *0.04000*	4.13%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/21 through 06/30/22

Asset and Liability Positions
06/30/22

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
AD	- United Parcel Service Inc Sr NT 3.40% Dtd 03/15/2019 Due 03/15/2029 Callable *911312BR6*	640,000.000	.67	676,584.60 *105.716*	616,633.60 *96.349*	- 59,951.00	.05	6,407.11	21,760.00 *0.03400*	3.53%
AD	- Verizon Master Tr Ser 2021 2 Cl A Zero Cpn Dtd 11/04/2021 Due 04/20/2028 *92348KAD5*	540,000.000	.56	539,922.13 *99.986*	507,615.12 *94.002*	- 32,307.01	.04	163.35	5,346.00 *0.00990*	1.05%
	Total Intermediate (5-10 Years)		**10.71**	**11,022,928.53**	**9,790,989.35**	**- 1,231,939.18**	**.72**	**88,023.71**	**317,397.00**	**3.24%**
	Long (Over 10 Years)									
AD	- PG&E Recovery Fdg LLC Sr SEC Amrtz 1.46% Dtd 11/12/2021 Due 07/15/2033 Non-Callable *71710TAA6*	620,000.000	.62	619,992.31 *99.999*	567,858.00 *91.590*	- 52,134.31	.04	5,758.07	9,052.00 *0.01460*	1.59%
	Total Long (Over 10 Years)		**.62**	**619,992.31**	**567,858.00**	**- 52,134.31**	**.04**	**5,758.07**	**9,052.00**	**1.59%**
	Total Non-Government Obligations		**46.59**	**46,234,099.41**	**42,608,952.21**	**- 3,625,147.20**	**3.13**	**303,274.78**	**1,333,185.00**	**3.13%**
	Foreign Obligations **Short (Less Than 5 Years)**			ADD: FOREIGN OBLIGATIONS 3,192,210 TOTAL CORPORATE BONDS 49,426,309	2,950,023 45,558,975					
AD	- Astrazeneca PLC Sr NT 0.30% Dtd 05/28/2021 Due 05/26/2023 Callable *046353AY4*	535,000.000	.57	529,570.05 *98.985*	522,871.55 *97.733*	- 6,698.50	.04	156.04	1,605.00 *0.00300*	.31%
AD	- Canadian Pac Ry Co New NT 4.45% Dtd 09/23/2010 Due 03/15/2023 Callable *13645RAK0*	870,000.000	.96	938,872.45 *107.916*	873,558.30 *100.409*	- 65,314.15	.06	11,399.41	38,715.00 *0.04450*	4.43%

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Indiana/Kentucky/Ohio Regional Council of Carpenters

D Employer Identification Number (EIN)
51-6123713

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 7 Day 1 Year 2021

b	Assets		
	(1) Current value of assets	1b(1)	1,479,110,487
	(2) Actuarial value of assets for funding standard account	1b(2)	1,335,801,078
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	1,500,482,868
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	1,500,482,868
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	3,197,214,578
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	76,177,060
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	95,220,527
	(3) Expected plan disbursements for the plan year	1d(3)	97,878,920

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

April 6, 2023
Date

Michael J. Noble
Type or print name of actuary

23-06711
Most recent enrollment number

CHEIRON, INC.
Firm name

(877)243-4766
Telephone number (including area code)

200 WEST MONROE STREET
Suite 1800
Chicago IL 60606
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		1,479,110,487
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4,718	1,508,733,775
(2) For terminated vested participants		3,048	467,080,574
(3) For active participants:			
(a) Non-vested benefits			224,960,408
(b) Vested benefits			996,439,821
(c) Total active		4,285	1,221,400,229
(4) Total		12,051	3,197,214,578
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		46.26 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2021	5,347,364		01/15/2022	6,202,312	
08/15/2021	5,386,370		02/15/2022	4,434,826	
09/15/2021	5,154,678		03/15/2022	5,103,105	
10/15/2021	7,136,025		04/15/2022	5,554,703	
11/15/2021	6,418,530		05/15/2022	6,219,233	
12/15/2021	7,117,156		06/15/2022	7,161,242	
			Totals ► **3(b)**	71,235,544	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	89.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability. **6a** 2.33 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Expense loading	**6e**	7.2% ☐ N/A	% ☒ N/A
f Salary scale	**6f**	% ☒ N/A	

g Estimated investment return on actuarial value of assets for year ending on the valuation date **6g** 10.3 %

h Estimated investment return on current value of assets for year ending on the valuation date **6h** 25.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-42,923,790	-4,463,860

8 Miscellaneous information:

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

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

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ☒ Yes ☐ No

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)** 5

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e** 1,185,991

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**		0
b Employer's normal cost for plan year as of valuation date	**9b**		25,947,776
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	499,774,843	84,987,977
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c	**9d**		8,042,842
e Total charges. Add lines 9a through 9d	**9e**		118,978,595

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	245,487,708
g	Employer contributions. Total from column (b) of line 3		**9g**	71,235,544
		Outstanding balance		
h	Amortization credits as of valuation date **9h**	89,605,345		12,616,609
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	21,254,923
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL) **9j(1)**	467,735,776		
	(2) "RPA '94" override (90% current liability FFL) **9j(2)**	1,595,718,542		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	350,594,784
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	231,616,189
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions

Effective Date of Plan: July 1, 2012

Plan Year: July 1 through June 30

Benefit Accrual Period: July 1 through June 30

Eligibility Service:

Hours	Service
<125	0.00
125-249	0.25
250-374	0.50
375-499	0.75
500+	1.00

Former members of the KY and LOV Fund retain the pre-merger eligibility service rules where one hour in the trade is one vested year.

Accrued Benefit:

Combination of:

- Legacy Benefit (as described by the prior plan provisions)
- Future accruals
  - 1.20% multiplied by the first $7.00 of a participant's contributions for an hour of service, plus
  - 1.60% of any contributions for the same contributory hour of service that exceeds $7.00 per hour.

Normal Retirement

a. Eligibility — Age 65 and 5 years of eligibility service or participation
b. Benefit — Accrued Benefit

Early Retirement

a. Eligibility — Age 55 and 5 years of eligibility service
b. Benefit — Legacy Benefit
Reduced in accordance with prior plan
Future Accruals
Accrued Benefit reduced from age 65 by 6% per year from age 65.

Thirty (30) Year Early Retirement Pension

a. Eligibility — 30 years of eligibility service
b. Benefit — Accrued Benefit reduced by 6% per year from age 55.

Disability Retirement (all disabilities after January 1, 2013)

a. Eligibility — 5 years of eligibility service
b. Benefit — Accrued Benefit

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Deferred Vested Retirement

a. Eligibility 5 years of eligibility service
b. Benefit Regular pension: may elect early commencement with Legacy benefit determined under prior plan and future accruals reduced 6% per year from age 65.

Pre-retirement Spouse Death Benefit

a. Eligibility 5 years of vesting service
b. Benefit 100% of accrued benefit, reduced for early retirement and 100% J&S annuity

Normal Form of Benefit

Single Life Annuity

Optional Forms of Benefit

50%, 75% or 100% Joint and Survivor (with and without pop-up), 10-year Certain and Life

Changes since Last Valuation

None.

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Plan Provisions for Northwest Indiana Regional Council of Carpenters Pension Plan (Prior to January 1, 2013)

Effective Date of Plan: July 1, 1962

Benefit Accrual Service:

0.1 year for each 150 hours in a plan year with a maximum of 2 years of credit for any plan year.

Normal Form of Benefit

Single life annuity

Accrued Benefit:

The sum of Parts A and B:

Part A – Monthly pension is 3.0% of total contributions up to $0.57 per hour made for each covered employee.

Part B – Monthly pension ranges from $5.70 to $190.10 per year of benefit accrual service for average excess contribution rates ranging from $0.10 to $6.85 per hour. Effective June 1, 2011, the maximum excess contribution rate increased from $6.65 to $6.85 per hour. (See "Schedule of Part B Benefits" at end of Plan Summary). Average contribution rates are determined by using only hours worked where contributions are in excess of $0.57.

Effective July 1, 2000, the accrued benefits for all active participants were increased by 10%, and the monthly pensions for all inactive participants were increased by 10%.

Normal Retirement

a. Eligibility — Attained age of 65 or the 5th anniversary of the date the employee became a participant.

b. Benefit — Accrued benefit.

Early Retirement

a. Eligibility — Earliest of the following:

- Age 60 and 10 or more years of eligibility credit
- Age 55 and 25 or more years of eligibility credit
- Age 50 and 30 or more years of eligibility credit

b. Benefit — Accrued benefit reduced by 3% for each year that retirement precedes age 65. There is no reduction for participants who retire at age 55 with 25 years of eligibility credit or at age 50 with 30 years of eligibility credit.

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Disability Retirement (only for disabilities prior to January 1, 2013)

a. Eligibility — Permanent and Total Disability

Cessation of covered employment due to onset of permanent and total disability after completion of at least 5 years of vesting service. Onset of disability must be prior to age 62.

Occupational Disability

Same as Permanent and Total disability except participant is capable of doing work other than as a carpenter.

b. Benefit — Permanent and Total Disability

Accrued benefit as of the date of disability reduced 10% per year for less than 10 years of vesting service. The monthly pension increases to the accrued benefit (without reduction) at the earliest age at which the participant would have been eligible to receive an unreduced retirement benefit.

Occupational Disability

Same as permanent and Total Disability except the benefit is reduced by 25%. The monthly pension increases to the accrued benefit (without reduction) at the earliest age at which the participant would have been eligible to receive an unreduced retirement benefit.

Deferred Vested Retirement

a. Eligibility — 5 or more years of vesting service.

b. Benefit — Accrued benefit, or if the participant retires early, the benefit is reduced in the same manner as an early retirement benefit.

Pre-retirement Spouse Death Benefit

a. Eligibility — At least 5 years of vesting service.

b. Benefit — 100% of the early retirement benefit, reduced for the 100% joint and survivor form. The benefit is payable at death. If the value of this benefit is less than the return of employer contributions, the spouse receives the return of contributions.

Death Benefit

a. Eligibility — Death before or after retirement and ineligible for surviving spouse benefit.

b. Benefit — Return of employer contributions, less any benefits paid to the employee.

Vesting Service

A year of vesting service is earned for each plan year in which the participant has at least 700 hours of Covered Employment.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Schedule of Part B Benefits

Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit
$0.10	$5.70	$0.55	$25.30	$1.00	$43.30	$1.45	$61.30
0.11	6.26	0.56	25.70	1.01	43.70	1.46	61.70
0.12	6.82	0.57	26.10	1.02	44.10	1.47	62.10
0.13	7.38	0.58	26.50	1.03	44.50	1.48	62.50
0.14	7.94	0.59	26.90	1.04	44.90	1.49	62.90
0.15	8.50	0.60	27.30	1.05	45.30	1.50	63.30
0.16	9.06	0.61	27.70	1.06	45.70	1.51	63.70
0.17	9.62	0.62	28.10	1.07	46.10	1.52	64.10
0.18	10.18	0.63	28.50	1.08	46.50	1.53	64.50
0.19	10.74	0.64	28.90	1.09	46.90	1.54	64.90
0.20	11.30	0.65	29.30	1.10	47.30	1.55	65.30
0.21	11.70	0.66	29.70	1.11	47.70	1.56	65.70
0.22	12.10	0.67	30.10	1.12	48.10	1.57	66.10
0.23	12.50	0.68	30.50	1.13	48.50	1.58	66.50
0.24	12.90	0.69	30.90	1.14	48.90	1.59	66.90
0.25	13.30	0.70	31.30	1.15	49.30	1.60	67.30
0.26	13.70	0.71	31.70	1.16	49.70	1.61	67.70
0.27	14.10	0.72	32.10	1.17	50.10	1.62	68.10
0.28	14.50	0.73	32.50	1.18	50.50	1.63	68.50
0.29	14.90	0.74	32.90	1.19	50.90	1.64	68.90
0.30	15.30	0.75	33.30	1.20	51.30	1.65	69.30
0.31	15.70	0.76	33.70	1.21	51.70	1.66	69.70
0.32	16.10	0.77	34.10	1.22	52.10	1.67	70.10
0.33	16.50	0.78	34.50	1.23	52.50	1.68	70.50
0.34	16.90	0.79	34.90	1.24	52.90	1.69	70.90
0.35	17.30	0.80	35.30	1.25	53.30	1.70	71.30
0.36	17.70	0.81	35.70	1.26	53.70	1.71	71.70
0.37	18.10	0.82	36.10	1.27	54.10	1.72	72.10
0.38	18.50	0.83	36.50	1.28	54.50	1.73	72.50
0.39	18.90	0.84	36.90	1.29	54.90	1.74	72.90
0.40	19.30	0.85	37.30	1.30	55.30	1.75	73.30
0.41	19.70	0.86	37.70	1.31	55.70	1.76	73.70
0.42	20.10	0.87	38.10	1.32	56.10	1.77	74.10
0.43	20.50	0.88	38.50	1.33	56.50	1.78	74.50
0.44	20.90	0.89	38.90	1.34	56.90	1.79	74.90
0.45	21.30	0.90	39.30	1.35	57.30	1.80	75.30
0.46	21.70	0.91	39.70	1.36	57.70	1.81	75.70
0.47	22.10	0.92	40.10	1.37	58.10	1.82	76.10
0.48	22.50	0.93	40.50	1.38	58.50	1.83	76.50
0.49	22.90	0.94	40.90	1.39	58.90	1.84	76.90
0.50	23.30	0.95	41.30	1.40	59.30	1.85	77.30
0.51	23.70	0.96	41.70	1.41	59.70	1.86	77.70
0.52	24.10	0.97	42.10	1.42	60.10	1.87	78.10
0.53	24.50	0.98	42.50	1.43	60.50	1.88	78.50
0.54	24.90	0.99	42.90	1.44	60.90	1.89	78.90

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
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Schedule MB, line 6 — Summary of Plan Provisions (continued)

Schedule of Part B Benefits (continued)

Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit
$1.90	$79.30	$2.35	$97.30	$2.80	$115.30	$3.25	$133.30
1.91	79.70	2.36	97.70	2.81	115.70	3.26	133.70
1.92	80.10	2.37	98.10	2.82	116.10	3.27	134.10
1.93	80.50	2.38	98.50	2.83	116.50	3.28	134.50
1.94	80.90	2.39	98.90	2.84	116.90	3.29	134.90
1.95	81.30	2.40	99.30	2.85	117.30	3.30	135.30
1.96	81.70	2.41	99.70	2.86	117.70	3.31	135.70
1.97	82.10	2.42	100.10	2.87	118.10	3.32	136.10
1.98	82.50	2.43	100.50	2.88	118.50	3.33	136.50
1.99	82.90	2.44	100.90	2.89	118.90	3.34	136.90
2.00	83.30	2.45	101.30	2.90	119.30	3.35	137.30
2.01	83.70	2.46	101.70	2.91	119.70	3.36	137.70
2.02	84.10	2.47	102.10	2.92	120.10	3.37	138.10
2.03	84.50	2.48	102.50	2.93	120.50	3.38	138.50
2.04	84.90	2.49	102.90	2.94	120.90	3.39	138.90
2.05	85.30	2.50	103.30	2.95	121.30	3.40	139.30
2.06	85.70	2.51	103.70	2.96	121.70	3.41	139.70
2.07	86.10	2.52	104.10	2.97	122.10	3.42	140.10
2.08	86.50	2.53	104.50	2.98	122.50	3.43	140.50
2.09	86.90	2.54	104.90	2.99	122.90	3.44	140.90
2.10	87.30	2.55	105.30	3.00	123.30	3.45	141.30
2.11	87.70	2.56	105.70	3.01	123.70	3.46	141.70
2.12	88.10	2.57	106.10	3.02	124.10	3.47	142.10
2.13	88.50	2.58	106.50	3.03	124.50	3.48	142.50
2.14	88.90	2.59	106.90	3.04	124.90	3.49	142.90
2.15	89.30	2.60	107.30	3.05	125.30	3.50	143.30
2.16	89.70	2.61	107.70	3.06	125.70	3.51	143.70
2.17	90.10	2.62	108.10	3.07	126.10	3.52	144.10
2.18	90.50	2.63	108.50	3.08	126.50	3.53	144.50
2.19	90.90	2.64	108.90	3.09	126.90	3.54	144.90
2.20	91.30	2.65	109.30	3.10	127.30	3.55	145.30
2.21	91.70	2.66	109.70	3.11	127.70	3.56	145.70
2.22	92.10	2.67	110.10	3.12	128.10	3.57	146.10
2.23	92.50	2.68	110.50	3.13	128.50	3.58	146.50
2.24	92.90	2.69	110.90	3.14	128.90	3.59	146.90
2.25	93.30	2.70	111.30	3.15	129.30	3.60	147.30
2.26	93.70	2.71	111.70	3.16	129.70	3.61	147.70
2.27	94.10	2.72	112.10	3.17	130.10	3.62	148.10
2.28	94.50	2.73	112.50	3.18	130.50	3.63	148.50
2.29	94.90	2.74	112.90	3.19	130.90	3.64	148.90
2.30	95.30	2.75	113.30	3.20	131.30	3.65	149.30
2.31	95.70	2.76	113.70	3.21	131.70	3.66	149.70
2.32	96.10	2.77	114.10	3.22	132.10	3.67	150.10
2.33	96.50	2.78	114.50	3.23	132.50	3.68	150.50
2.34	96.90	2.79	114.90	3.24	132.90	3.69	150.90

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
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Schedule MB, line 6 — Summary of Plan Provisions (continued)

Schedule of Part B Benefits (continued)

Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit	Average Excess Contribution Rate	Part B Benefit
$3.70	$151.30	$4.05	$165.30	$4.40	$179.30
3.71	151.70	4.06	165.70	4.41	179.70
3.72	152.10	4.07	166.10	4.42	180.10
3.73	152.50	4.08	166.50	4.43	180.50
3.74	152.90	4.09	166.90	4.44	180.90
3.75	153.30	4.10	167.30	4.45	181.30
3.76	153.70	4.11	167.70	4.46	181.70
3.77	154.10	4.12	168.10	4.47	182.10
3.78	154.50	4.13	168.50	4.48	182.50
3.79	154.90	4.14	168.90	4.49	182.90
3.80	155.30	4.15	169.30	4.50	183.30
3.81	155.70	4.16	169.70	4.51	183.70
3.82	156.10	4.17	170.10	4.52	184.10
3.83	156.50	4.18	170.50	4.53	184.50
3.84	156.90	4.19	170.90	4.54	184.90
3.85	157.30	4.20	171.30	4.55	185.30
3.86	157.70	4.21	171.70	4.56	185.70
3.87	158.10	4.22	172.10	4.57	186.10
3.88	158.50	4.23	172.50	4.58	186.50
3.89	158.90	4.24	172.90	4.59	186.90
3.90	159.30	4.25	173.30	4.60	187.30
3.91	159.70	4.26	173.70	4.61	187.70
3.92	160.10	4.27	174.10	4.62	188.10
3.93	160.50	4.28	174.50	4.63	188.50
3.94	160.90	4.29	174.90	4.64	188.90
3.95	161.30	4.30	175.30	4.65	189.30
3.96	161.70	4.31	175.70	4.66	189.70
3.97	162.10	4.32	176.10	4.67	190.10
3.98	162.50	4.33	176.50		
3.99	162.90	4.34	176.90		
4.00	163.30	4.35	177.30		
4.01	163.70	4.36	177.70		
4.02	164.10	4.37	178.10		
4.03	164.50	4.38	178.50		
4.04	164.90	4.39	178.90		

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Plan Provisions for Lower Ohio Valley District Council Pension Trust Fund (Prior to January 1, 2013)

Effective Date of Plan: April 1, 1967

Year of Service
Plan Year with at least one hour

Normal Form of Payment
Single life annuity with the first 60 months guaranteed

Accrued Benefit
Sum of the Past Service Benefit, if any, and his Future Service Benefit as follows:

Past Service Benefit - Participants Past Service Benefit shall be computed by multiplying $1.50 by the number of years of Service with which he is credited for the period April 1, 1957 to April 1, 1967, less $1.50 for each year of Service after April 1, 1968 and before April 1, 1978, during which the Participant is not in a retired status and receiving benefits from the Plan.

Future Service Benefit - A Participants Future Service Benefit shall be computed by taking 3.60% of the Employer Contributions made on his behalf subsequent to April 1, 1967 and through April 30, 2006, then 3.00% to September 30, 2007 and 2.75% through July 31, 2010 and 2.00% thereafter.

Normal Retirement
a. Eligibility Age 60 and 5 years of service
b. Benefit Accrued Benefit

Early Retirement
a. Eligibility Age 55 and 10 years of service.
b. Benefit Accrued Benefit reduced according to the age of the Participant as follows:

AGE AT EARLY RETIREMENT	PERCENT OF NORMAL RETIREMENT BENEFIT
55	85%
56	88%
57	91%
58	94%
59	97%

Disability Retirement (only for disabilities prior to January 1, 2013)
a. Eligibility 10 years of service
b. Benefit Normal Retirement Benefit

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Deferred Vested Retirement

a. Eligibility	5 years of service
b. Benefit	Accrued benefit, or if the participant retires early, the benefit is reduced in the same manner as an early retirement benefit.

Pre-Retirement Death Benefit

a. Eligibility	The spouse may receive one of the following Pre-Retirement Death Benefit if eligible.
b. Type 1 – 100% Survivor Benefit to Spouse	The Spouse of a deceased Employee who would have been eligible to receive a Joint and 100% Survivor Benefit, had he applied for such benefit just prior to his death, shall receive a monthly benefit equal to the amount the Spouse would have received had the deceased Employee made such application.
c. Type 2 – Lump Sum Payment of Percentage of Employer Contributions	The Beneficiary of a deceased Employee who had less than 5 years of Service prior to his death shall be eligible to receive a lump sum payment in an amount equal to 100% of the Employer Contributions made on behalf of the deceased Employee.
d. Type 3 – Five-Year Certain Benefit	The Beneficiary of a deceased Employee who had 5 or more years of Service and had not received any Normal Retirement Benefits, Early Retirement Benefits or Total and Permanent Disability Benefits shall be eligible to receive a monthly income in an amount equal to the Participant's Normal Retirement Benefit as of the date of death reduced according to the age at the time of death of the participant as follows (Payments shall continue for 60 months.)

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Special Supplemental Benefit

a. Eligibility
- The participant must retire or become a disability recipient on or after April 1, 1998.
- The participant must be a normal or early retiree between the ages of 55 and 65 or be a disability recipient.

b. Benefit The benefit is payable 4 times a year on the first day of the 3rd month of each benefit quarter of the Plan Year.

This Special Supplement Benefit is a is based on the following table:

Age at Retirement	YEARS OF SERVICE				
	5	10	15	20	25 or More
55	$ 85	$170	$255	$340	$425
56	$ 88	$176	$264	$352	$440
57	$ 91	$182	$273	$364	$455
58	$ 94	$188	$282	$376	$470
59	$ 97	$194	$291	$388	$485
60	$100	$200	$300	$400	$500
61	$100	$200	$300	$400	$500
62	$100	$200	$300	$400	$500
63	$100	$200	$300	$400	$500
64	$100	$200	$300	$400	$500

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Plan Provisions for Kentucky State District Council of Carpenters Pension Trust Fund (Prior to January 1, 2013)

Effective Date of Plan: July 1, 1966

Year of Service
Plan Year with at least one hour

Normal Form of Payment
Single life annuity with the first 60 months guaranteed

Accrued Benefit
Sum of the Past Service Benefit, if any, and his Future Service Benefit as follows:

Past Service Benefit - $2.00 times years of service prior to the effective date of the Plan, maximum 10 years.

Future Service Benefit - A Participants Future Service Benefit shall be computed by taking 3.90% of the credited contributions made on his behalf prior to June 30, 2004, then 2.95% of credited contributions between July 1, 2004 and June 30, 2007, and then 2.42% of credited contributions made after July 1, 2007 through December 31, 2012.

Normal Retirement

a. Eligibility — Earlier of:
- Age 62 and 5 years of service
- Age 65 and 5 years of participation.

b. Benefit — Accrued Benefit

Early Retirement

a. Eligibility — Earliest of the following:
- Age 57 and 5 or more years of service
- 30 years of service

b. Benefit — Accrued Benefit reduced by 3% each year under age 62. No reduction if 30 years of service.

Disability Retirement (only for disabilities prior to January 1, 2013)

a. Eligibility — Under age 57. 10 years of service. Disabled while active.

b. Benefit — 70% of vested, minimum $50. Payable until the earlier of age 57, recovery or death. Early at age 57.

Vested Benefit

a. Eligibility — 5 years of service. Terminated covered employment.

b. Benefit — Accrued benefit

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Pre-retirement Lump Sum Death Benefit

a. Eligibility Death with less than 5 years of service.
b. Benefit 100% of non-forfeited credited contributions. Payable as a lump sum to beneficiary.

Pre-retirement Death Benefit

a. Eligibility Death while vested. Ineligible for surviving spouse or surviving spouse elects in lieu of surviving spouse benefit.
b. Benefit Normal or Early Retirement benefit payable for 60 months to beneficiary.

Pre-retirement Spouse Death Benefit

a. Eligibility Death of vested participant with eligible spouse before earliest retirement age.
b. Benefit 100% of participant's joint and 100% survivor. Payable to spouse for life commencing when participant would have reached earliest retirement age.
c. Eligibility Death of vested participant with eligible spouse after earliest retirement age.
d. Benefit 100% of participant's joint and 100% survivor. Payable to spouse for life.

Supplemental Retirement Benefit

a. Eligibility Age 57 with 5 years of service or 30 years of service, recognizing initiation dates with Paducah and Ashland Locals, including one year after effective date, retired before July 1, 2007.
b. Benefit $50 per month for every 5 full years of service with a maximum monthly amount of $250. Payable until age 65.

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Plan Provisions for Carpenters Local Union No. 215 Pension Fund (Prior to January 1, 2013)

Effective Date of Plan: April 1, 1969

Year of Service

Beginning April 1, 1997:

Hours	Credited Service
< 250	0.00
205 – 499	0.25
500 – 749	0.50
750 – 999	0.75
1,000+	1.00

Credited Service for Plan Years before April 1, 1997 were earned under the schedules in effect for those Plan Years.

Normal Form of Benefit

Life Annuity with 60 monthly payments guaranteed.

Accrued Benefit

Sum of the following:

- Accumulated accrued benefit as of March 31, 1990, plus
- 3% of Employer contributions from April 1, 1990 through March 31, 2004, plus
- 2.5% of Employer contributions from April 1, 2004 through March 31, 2005, plus
- 2.0% of employer contributions made after March 31, 2005 through December 31, 2012

Employer contributions made prior to the Employee becoming a Participant in the Plan and, effective June 1, 2009, $.75 of each hourly employer contribution will not be included in the determination of the Normal Retirement Benefit.

Normal Retirement

a. Eligibility Age 65 and the 5th anniversary of the Employee's participation
b. Benefit Accrued Benefit

Schedule MB, line 6 — Summary of Plan Provisions (continued)

Early Retirement

a. Early Retirement Age	Earliest of the following: • Age 55 and 10 years of service • Age 60 and 5 years of service
b. Early Retirement Benefit	If an Employee elects early retirement with at least five years, but fewer than 20 years of credited service, his Normal Retirement Benefit will be reduced by .5% for each month by which his Early Retirement Date precedes his Normal Retirement Date. If an Employee elects early retirement with 20 or more years of Credited Service, such reduction shall apply to the number of months by which his Early Retirement Date precedes the first day of the month following the date on which the Participant turns age 62. An Employee's Early Retirement Benefit will not be less than the Early Retirement Benefit determined under the provisions of the Plan in effect on March 31, 2004 and based on his Accrued Benefit as of March 31, 2004.

Disability Retirement (only for disabilities prior to January 1, 2013)

a. Eligibility	5 years of service
b. Benefit	Age 60 Early Retirement Benefit payable immediately reduced by 0.1667% for each month by which the Disability Retirement Date precedes age 60 (up to 120 months) and an additional 0.0833% per month for each month by which the Disability Retirement Date precedes age 50.

Termination Benefit

An Employee who terminates his employment after completing five years of Credited Service has the right to receive a vested benefit commencing on his Normal or Early Retirement Date. The amount of vested benefit is equal to his Normal Retirement Benefit earned up to the date of termination.

Death Benefit

a. Before Retirement	Spouse's Benefit: If a vested, married Employee dies, the spouse is eligible for a monthly benefit commencing immediately (if the Employee was eligible for retirement) or deferred until the Employee's earliest retirement date (if the Employee is not yet eligible for retirement). The amount of the benefit is the amount the spouse would have received had the Employee terminated his service on his date of death, retired with a joint and 100% survivor benefit and then died. Lump Sum Benefit: If a deceased Employee does not qualify for the Spouse's Benefit but is vested or had 500 hours of service in the Plan Year of death or the preceding Plan Year, his Beneficiary will receive a lump sum benefit equal to all Employer Contributions made to the Plan on the Employee's behalf.
b. After Retirement	Dependent upon the form of payment of the retirement benefit.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods

A. Actuarial Cost Method:

The cost method for valuation of liabilities used for this valuation is the Unit Credit Cost Method. This is one of a family of valuation methods known as accrued benefits method. The chief characteristic of the accrued benefits method is that the funding pattern follows the pattern of benefit accrual.

Under the projected unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's projected benefit attributable to service expected to be earned in the upcoming plan year.

The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's projected benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit Cost Method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time. Given a stable population, however, this method can produce a steady contribution as a percentage of payroll.

B. Actuarial Value of Assets:

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized returns are equal to the asset gain or loss on a market value basis, and are recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

C. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code added by the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA2010) and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the Plan year ended ending March 31, 2009 (Loc 215) and June 30, 2009 (NWI, KY) to be amortized over 29 years.
- The "special asset valuation rule" in determining the actuarial value of assets which allows the Plan to recognize the investment loss for the plan year ending March 31, 2009 (Loc 215) and June 30, 2009 (NWI, KY) over 10 years, at 10% per year.

2014 is the last year funding relief will impact the deferred gains and losses, although the asset smoothing component will remain in place. This has significance in that no benefit increases

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

are permitted until two years following the last year funding relief impacts the Minimum Funding Requirement.

D. Amortization Extensions

The pre-merger Plans' Boards of Trustees (NWI, LOV, Loc 215) elected the automatic five-year amortization extension under §431(d) of the Code. The pre-2012 amortization charges for each pre-merger plan were combined as of July 1, 2012.

E. Withdrawal Liability Method

The Plan uses the Presumptive Method with the Unfunded Vested Benefits (UVB) calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits. As of June 30, 2021, there is no UVB for the Plan. As a result, the Trustees have elected the fresh start option for Withdrawal Liability as of June 30, 2021. The Withdrawal Liability does not include the pre-retirement lump sum death benefits whereas the ASC 960 Vested Benefits does include it.

F. Special Valuation Methodology:

Due to the benefit accrual year differing from the Plan's valuation date, Active and Terminated Vested participant data is provided as of December 31, 2020. The active data is rolled-forward to the valuation date by increasing each participant's eligibility service by one-half to one year (based on hours worked in accordance with the eligibility service table) and adding one-half year of benefit accrual to their accrued liability (based on the assumed contribution rate and hours worked). The data for Retired, Disabled, QDRO and Survivor participants is provided as of July 1, 2021.

G. Changes in Methods since Last Valuation:

None.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

A. Valuation Date: July 1, 2021

B. Interest Rate:

Rate of Return	
i. Funding	7.25%
ii. RPA '94 Current Liability	2.33%
iii. FAS 35 and Withdrawal Liability:	7.00%

C. Mortality

i. Funding

a. Non-Annuitants

130% males only, of the RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

b. Healthy Annuitants

125% and 112%, for males and females, respectively, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

c. Disabled Annuitants

RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

ii. RPA '94 Current Liability

The 2021 Static Mortality Table as prescribed under IRS regulation.

D. Retirement Rates

Age	Less than 25 Years Years of Service	25 or More Years of Service
<55	N/A	40%
55	15%	40%
56	8%	25%
57-58	10%	25%
59	12%	25%
60	15%	30%
61	20%	30%
62	25%	30%
63-64	25%	50%
65+	100%	100%

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

E. Turnover Rates

Termination rates by years of service are provided as sample rates below:

Years of Service	Rate
1	26.00%
2	22.00%
3	18.00%
4	14.00%
5	11.00%
10	7.50%
15	6.25%
20	5.00%
25+	4.00%

F. Post-Termination Retirement Rates

	IKORCC/LOV/L215	KY	NWI
Age	**Rate**	**Rate**	**Rate**
55-56	5%	N/A	N/A
57	5%	20%	N/A
58-59	5%	5%	N/A
60	5%	5%	20%
61	5%	5%	5%
62	20%	20%	20%
63-64	5%	5%	5%
65+	100%	100%	100%

G. Disability Rates

Disability rates are provided as sample rates below:

Age	Rate
25	0.07%
30	0.07%
35	0.07%
40	0.11%
45	0.28%
50	0.62%
55	1.53%
60	2.24%
64	2.24%

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

H. Administrative Expense:

$1,800,000 per year payable mid-year for funding.

I. Percent Married: 75%

J. Age of Spouse: Husbands are assumed to be 3 years older than their wives.

K. Disclosures regarding Models Used

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. The model is also used to stress test the impact of volatile asset returns and membership changes over the projection period. While the assumptions individually are reasonable for the underlying report that supports the projections, specifically for projection purposes, they are also considered reasonable in the aggregate.

L. Rationale for Assumptions:

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.25% discount rate is based on the Trustees' risk preference, Plan's current asset allocation, and the investment manager's capital market outlook.

For purposes of calculating Current Liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS notice based on the historical practice of the Plan.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report were based on an experience study covering the period from July 1, 2014 through June 30, 2019. The new assumptions represent the actuary's best estimate of future experience. The results of this study were presented in September 2020 and went into effect starting with the July 1, 2020 valuation.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

M. Summary of Changes since Last Valuation

i. The RPA current liability interest rate changed from 2.68% to 2.33% to comply with appropriate guidance.

ii. The RPA current liability mortality changed from 2020 Current Liability Mortality Table to the 2021 Current Liability Mortality Table to comply with appropriate guidance.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 8b(1) — Schedule of Projection of Expected Benefit Payments

Plan Year	Expected Annual Benefit Payments
2021	$ 96,078,920
2022	99,478,676
2023	102,859,067
2024	106,033,128
2025	108,977,925
2026	111,892,425
2027	114,875,495
2028	117,315,638
2029	119,307,239
2030	120,799,718

Notes on the Expected Annual Benefit Payments

- Based on 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 8b(2) — Schedule of Active Participant Data

Distribution of Active Members
By Age And Service as of July 1, 2021

Counts By Age/Service

	Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	278	49	0	0	0	0	0	0	0	327
25 to 29	0	232	204	19	0	0	0	0	0	0	455
30 to 34	0	191	220	94	17	0	0	0	0	0	522
35 to 39	0	156	198	111	97	16	0	0	0	0	578
40 to 44	0	172	150	118	134	96	13	0	0	0	683
45 to 49	0	65	122	91	109	102	99	12	0	0	600
50 to 54	0	58	74	87	66	98	78	32	3	0	496
55 to 59	0	57	73	80	51	80	51	20	2	2	416
60 to 64	0	19	40	31	22	27	22	6	4	2	173
65 to 69	0	2	8	7	9	6	0	0	0	0	32
70 & up	0	3	0	0	0	0	0	0	0	0	3
Total	0	1,233	1,138	638	505	425	263	70	9	4	4,285

Average Age = 41.3 Average Service = 11.0

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Funding Standard Account Charge Bases with 5-year Amortization Extension

Schedule of Amortization Charges Required for Minimum Required Contribution
As of July 1, 2021 with 5 Year Amortization Extensions

Type of Base	Date Established	Initial Amount	Initial Amortization Years	7/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. LOV Combined	7/1/2012	$ 44,068,146	14.15	$ 21,318,645	5.15	$ 4,758,674
2. KY State Combined	7/1/2012	182,890,898	11.62	55,316,573	2.62	22,312,709
3. Loc 215 Combined	7/1/2012	29,938,129	15.80	17,013,300	6.80	3,037,014
4. NWI Combined	7/1/2012	187,519,969	15.54	104,309,911	6.54	19,197,150
5. LOV Method Change	7/1/2012	3,736,275	10.00	504,160	1.00	504,160
6. KY State 2008 ENIL	7/1/2012	10,133,618	26.00	8,437,937	17.00	819,843
7. NWI 2008 ENIL	7/1/2012	11,395,241	26.00	9,488,449	17.00	921,912
8. Bifurcated Base	7/1/2012	14,037,064	15.00	7,436,061	6.00	1,465,842
9. KY State 2008 ENIL	7/1/2013	11,792,051	25.00	9,953,228	17.00	967,070
10. NWI 2008 ENIL	7/1/2013	10,505,579	25.00	8,867,367	17.00	861,566
11. Local 215 2008 ENIL	7/1/2013	1,080,320	24.75	908,210	16.75	88,930
12. Plan Change	7/1/2013	1,612,055	15.00	963,746	7.00	168,193
13. KY State 2008 ENIL	7/1/2014	8,111,273	24.00	6,948,640	17.00	675,140
14. NWI 2008 ENIL	7/1/2014	10,043,659	24.00	8,604,049	17.00	835,982
15. Local 215 2008 ENIL	7/1/2014	1,936,734	23.75	1,653,036	16.75	161,861
16. Experience Loss	7/1/2016	61,000,843	15.00	47,275,759	10.00	6,348,717
17. Assumption Change	7/1/2017	33,519,762	15.00	27,688,858	11.00	3,485,888
18. Experience Loss	7/1/2017	28,792,183	15.00	23,783,662	11.00	2,994,243
19. Experience Loss	7/1/2018	20,568,356	15.00	17,980,875	12.00	2,139,006
20. Experience Loss	7/1/2019	25,306,422	15.00	23,259,149	13.00	2,631,742
21. Plan Change	7/1/2020	9,589,726	15.00	9,215,394	14.00	997,284
22. Assumption Change	7/1/2020	65,563,706	15.00	63,004,450	14.00	6,818,298
23. Experience Loss	7/1/2020	26,893,148	15.00	25,843,384	14.00	2,796,753
Total Charges		**$ 800,035,157**		**$ 499,774,843**		**$ 84,987,977**

Schedule of Amortization Credits Required for Minimum Required Contribution
As of July 1, 2021

Type of Base	Date Established	Initial Amount	Initial Amortization Years	7/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption Change	7/1/2012	$ 32,254,784	15.00	$ 17,086,812	6.00	$ 3,368,256
2. Assumption Change	7/1/2013	11,333,448	15.00	6,775,537	7.00	1,182,472
3. Bifurcation Base	7/1/2013	11,692,881	15.00	6,990,418	7.00	1,219,974
4. Bifurcation Base	7/1/2014	10,753,975	15.00	7,110,447	8.00	1,121,056
5. Experience Gain	7/1/2015	12,106,356	15.00	8,718,341	9.00	1,260,991
6. Experience Gain	7/1/2021	42,923,790	15.00	42,923,790	15.00	4,463,860
Total Credits		**$ 121,065,234**		**$ 89,605,345**		**$ 12,616,609**
Net Charge				**$ 410,169,498**		**$ 72,371,368**

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

1. The RPA current liability interest rate changed from 2.68% to 2.33% to comply with appropriate guidance.
2. The RPA current liability mortality changed from 2020 Current Liability Mortality Table to the 2021 Current Liability Mortality Table to comply with appropriate guidance.

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

SUMMARY OF PLAN PROVISIONS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

ACTUARIAL ASSUMPTION METHODS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL CO

700 TOWER DRIVE
SUITE 300
TROY MI 48098

2b Employer Identification Number (EIN) 51-6123713

2c Plan Sponsor's telephone number 248-813-9800

2d Business code (see instructions) 238100

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

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

SIGN HERE	Signature of plan administrator	Date: 4.12.23	Enter name of individual signing as plan administrator: Michael J. Kwiatkowski
SIGN HERE	Signature of employer/plan sponsor	Date: 4-13-23	Enter name of individual signing as employer or plan sponsor: Jeff Nuttall
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

118401 12-30-21

10050405 769095 09460 2021.05070 BOARD OF TRUSTEES INDIANA 09460__1

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	11921
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	4285
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4486
b Retired or separated participants receiving benefits	**6b**	3846
c Other retired or separated participants entitled to future benefits	**6c**	3025
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11357
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	719
f Total. Add lines **6d** and **6e**	**6f**	12076
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	336

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

1B

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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