

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A	This return/report is for: <div>☒ 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) _____</div>
B	This return/report is: <div>☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: <div>☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)</div>
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 DEFINED CONTRIBUTION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1991
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) THE BOARD OF TRUSTEES OF THE IN/KY/OH REGIONAL COUNCIL OF CARPENTERS DC PENSION PLAN 700 TOWER DRIVE, SUITE 300 TROY, MI 48098
2b	Employer Identification Number (EIN) 35-1833932
2c	Plan Sponsor's telephone number 248-813-9800
2d	Business code (see instructions) 333200

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.	03/13/2024	MATT MCGRUFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 32425
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) 30438
a(2) Total number of active participants at the end of the plan year		6a(2) 31968
b Retired or separated participants receiving benefits		6b 40
c Other retired or separated participants entitled to future benefits.....		6c 1738
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 33746
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 94
f Total. Add lines 6d and 6e		6f 33840
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 33840
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)		7 636
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2E 2F 2G		
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE IN/KY/OH REGIONAL COUNCIL OF	D Employer Identification Number (EIN) 35-1833932	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MATRIX TRUST COMPANY

75-3182674

(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?
15 36 38 50 63 64	NONE	1170037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS

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?
50 14	NONE	314560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BOERNER VAN DEUREN

1000 N WATER ST STE 1700
MILWAUKEE, WI 53202

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?
50 29	NONE	131226	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)

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?
51 27	NONE	87083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	47304	Yes ☐ No ☒	Yes ☐ No ☐		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?
50 10	NONE	35571	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)

AMERICAN GRAPHICS PRINTING COMPANY

34895 GROESBECK HWY
CLINTON TWP, MI 48035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 36	NONE	30553	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 ☐

(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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
<div>A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION PLAN</div>	<div>B Three-digit plan number (PN) ►</div>	001
<div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE IN/KY/OH REGIONAL COUNCIL OF</div>	<div>D Employer Identification Number (EIN) 35-1833932</div>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND CLASS		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2250946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46932277
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE IN/KY/OH REGIONAL COUNCIL OF	D Employer Identification Number (EIN) 35-1833932	

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	5745300	6428071
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	12679201	15577018
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	432386	358779
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	23642507	24865758
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	44340750	46932277
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	671258881	761511280
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	758099025	855673183

Liabilities

g Benefit claims payable	1g	907347	1539640
h Operating payables	1h	49531	46314
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	956878	1585954

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	757142147	854087229
---	-----------	-----------	-----------

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)	73661089	
(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)		73661089
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2948408	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2948408
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8971418	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8971418
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	81950842	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1155041	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		80795801
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-14686238	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-14686238

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		151690478
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52852618	
(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)		52852618
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)	214101	
(2) Contract administrator fees	2i(2)	305268	
(3) Investment advisory and management fees	2i(3)	1265221	
(4) Other	2i(4)	108188	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1892778
j Total expenses. Add all expense amounts in column (b) and enter total	2j		54745396
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		96945082
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: L.M. HENDERSON & COMPANY, LLP

(2) EIN: 20-5520612

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:

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.)

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 _____.

Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund

FINANCIAL STATEMENTS

Years Ended June 30, 2023 and June 30, 2022



L. M. HENDERSON & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



"Serving Our Clients Since 1948"

L. M. HENDERSON & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

James J. Cline, Jr.
Jason L. Confer
Jude A. Thompson
Michelle L. Zimmerman

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Independent Auditor's Report

Board of Trustees
Indiana/Kentucky/Ohio Regional Council of Carpenters
Defined Contribution Pension Trust Fund

Opinion

We have audited the accompanying financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (an Indiana multi-employer 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, 2023 and June 30, 2022, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund as of June 30, 2023 and June 30, 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying index, referred to as "supplementary information," 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 generally accepted auditing standards.

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.

L.M. Henderson & Company, L.L.P.

Certified Public Accountants
Indianapolis, Indiana

February 19, 2024

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Statements of Net Assets Available for Benefits

at June 30, 2023 and June 30, 2022

	June 30, 2023	June 30, 2022
<u>ASSETS</u>		
Investments at fair value:		
Cash equivalents	\$ 24,865,758	\$ 23,642,507
Mutual funds	183,967,698	163,242,996
Collective funds	345,835,879	400,700,390
Exchange traded funds	231,707,703	107,315,495
Total investments	<u>786,377,038</u>	<u>694,901,388</u>
Common collective trust fund at contract value	<u>46,932,277</u>	<u>44,340,750</u>
Receivables:		
Contributions receivable	15,577,018	12,679,201
Pending trades receivable	325,875	411,948
Total receivables	<u>15,902,893</u>	<u>13,091,149</u>
Other assets:		
Operating cash accounts	6,428,071	5,745,300
Prepaid expenses	32,904	20,438
Total other assets	<u>6,460,975</u>	<u>5,765,738</u>
Total assets	<u>855,673,183</u>	<u>758,099,025</u>
<u>LIABILITIES:</u>		
Accounts payable	<u>46,314</u>	<u>49,531</u>
Other payables:		
Reciprocities payable	966,807	478,710
Benefits payable	572,833	428,637
Total other payables	<u>1,539,640</u>	<u>907,347</u>
Total liabilities	<u>1,585,954</u>	<u>956,878</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u><u>\$ 854,087,229</u></u>	<u><u>\$ 757,142,147</u></u>

See Notes to Financial Statements.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2023 and June 30, 2022

	Year Ended	
	June 30, 2023	June 30, 2022
<u>ADDITIONS:</u>		
Investment income:		
Net realized and unrealized appreciation (depreciation) in fair value of investments	\$ 66,109,563	\$ (122,115,231)
Interest and dividends	11,919,826	18,589,411
	78,029,389	(103,525,820)
Less: Investment expense	1,265,221	1,196,185
Net investment income (loss)	76,764,168	(104,722,005)
Employer contributions	73,661,089	62,621,947
Total additions (deductions)	150,425,257	(42,100,058)
<u>DEDUCTIONS:</u>		
Benefits paid to participants	52,852,618	61,789,605
Administrative expenses:		
Administrative fees	305,268	298,755
Financial audit, tax preparation, and payroll audit fees	47,304	54,200
Insurance	55,447	35,165
Legal fees	166,797	152,723
Conference expenses	1,565	2,135
Printing, postage, telephone, shredding, and storage	47,036	45,751
Trustee expenses	4,140	1,790
Total administrative expenses	627,557	590,519
Total deductions	53,480,175	62,380,124
<u>NET INCREASE (DECREASE)</u>	96,945,082	(104,480,182)
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Balance, beginning of year	757,142,147	861,622,329
Balance, end of year	\$ 854,087,229	\$ 757,142,147

See Notes to Financial Statements.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (Fund) are listed below:

Basis of Accounting

The financial statements are presented using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. In accordance with the policy of stating investments at fair value, net unrealized appreciation for the year is reflected in the Statements of Changes in Net Assets Available for Benefits.

Contributions Receivable

Contributions from employers are accrued based upon either hours worked or hours paid during the year by covered employees, depending on the applicable collective bargaining agreement. Contributions receivable represents the total of employer contributions received by the depository after June 30, 2023 and June 30, 2022, which were applicable to the Fund period. This amount does not reflect amounts due from employers who are contractually liable to the Fund but have failed to make contributions, or from employers who have filed inaccurate reports, if any. At June 30, 2023 and June 30, 2022, \$15,577,018 and \$12,679,201 was due from employer contributions, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

Substantially all of the administrative expenses of the Fund are paid by the Fund.

Reclassification

Certain reclassifications were made to the 2022 financial statements in order to conform to the 2023 financial statement presentation.

Subsequent Events

Management has evaluated subsequent events through February 19, 2024 the date that the financial statements were available to be issued.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 2: DESCRIPTION OF THE FUND

General

The Fund is a multi-employer plan established pursuant to certain collective bargaining agreements between the Indiana/Kentucky/Ohio Regional Council of Carpenters and its affiliated Local Unions and various associations that represent Employers (collectively, the "Associations"), and other employer's signatory to the agreements with the Union. The joint-management operated Pension Trust Fund was created for the purpose of receiving and using employer contributions to pay retirement and termination benefits to participants. Its affairs are administered by a Board of Trustees comprised of representatives from both the Union and the employers (generally commercial construction contractors).

Profit Sharing

Effective October 1, 2009, the Fund became a profit-sharing plan under the Internal Revenue Code Section 401(a).

Funding Policy

The Fund is funded by the required contributions that the collective bargaining agreements have established. The participating employers contribute monthly to the Fund. Contributions are calculated based on hours worked and/or hours paid by participant and rates established by the various collective bargaining agreements.

Vesting

Participants are fully vested in employer contributions and the earnings upon receipt of contributions received on their behalf upon completion of one hour of service. Participants are entitled to receive those contributions and earnings in the following Events:

- a. Normal Form of Benefit:
 - i. If married at retirement - Qualified Joint and 50% Survivor benefit – provides benefit to participant monthly upon retirement date and will continue as long as the participant lives. Upon death one-half of the benefit will be continued as monthly benefit to the participant's surviving spouse.
 - ii. If unmarried at retirement – Life annuity – payments will be made monthly beginning on retirement date and will continue as long as the participant lives. Upon death, no further benefit is payable.
- b. Death Benefit: In the event of death before retirement, 100% of the participants account will be paid to the participants designated beneficiary. This can be paid in a lump sum or other forms which are eligible to be paid to the participant's beneficiary.
- c. Disability Benefit: Participants are entitled to their benefit if they become disabled and are unable to work. In this case, participants will receive benefits the first day of the month following the disability.
- d. Termination Benefit: Participants are entitled to their benefit as a terminated participant if there have been no employer contributions made to their account for 18 consecutive months and employment has been terminated with an employer. Terminated Benefits are payable in a lump sum.

There are no mandatory cash out requirements. Contributions left in the Fund will continue to be invested at the participant's direction and will be used to provide retirement, disability or death benefits.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 2: DESCRIPTION OF THE FUND (continued)

Participant Accounts

Individual accounts are maintained for each of the Fund's participants. The participant account includes two subaccounts for record-keeping purposes: one account (Prior Money Purchase) holds the assets which may have been accrued when the Fund was a money purchase or annuity plan, and one account (Profit-Sharing) holds all assets accrued after the Fund became a profit-sharing plan. Both accounts continue to accrue earnings until the benefit is paid. There is a third subaccount that the participant account is also divided into: Rollover Contributions. This account can be used to deposit assets from an eligible retirement plan if certain legal requirements are satisfied. Contributions, withdrawals, and net investment gains or losses and administrative expenses are accounted for separately. Participant accounts are intermingled with other accounts for investment purposes.

The proceeds of participants' profit-sharing subaccount or rollover contribution subaccount may be available for distribution in the event of demonstrated hardship. The Fund has adopted a safe harbor definition of hardship under the Internal Revenue Code (the Code), which allows for a distribution only if the hardship qualifies under the safe harbor provisions.

Investment Options

Upon enrollment in the Fund, a participant may direct employer contributions in accordance with procedures established by the Fund administrator. Participants may then invest any portion of their account in specific assets or funds as permitted by the investment procedures.

Fund Termination

The participating groups anticipate and believe that the Fund will continue without interruption but reserve the right to discontinue the Fund. Should the Fund terminate at some future time, its net assets would be available to pay participants the balance in their accounts.

Note 3: INVESTMENTS

All investments are held in a single Trust account. All investments are available for current as well as future obligations. The following represents the fair value of investments at June 30, 2023 and June 30, 2022:

	June 30, 2023	June 30, 2022
	<u>Fair Value</u>	<u>Fair Value</u>
Cash equivalents	\$ 24,865,758	\$ 23,642,507
Mutual funds	183,967,698	163,242,996
Collective funds	345,835,879	400,700,390
Exchange traded funds	<u>231,707,703</u>	<u>107,315,495</u>
Totals	<u>\$ 786,377,038</u>	<u>\$ 694,901,388</u>

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 3: INVESTMENTS (continued)

The Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value by \$66,109,563 and (\$122,115,231) for the years ended June 30, 2023 and June 30, 2022, respectively.

Unrealized and realized gains and losses are computed differently for Employee Retirement Income Security Act of 1974 (ERISA) purposes than in the financial statements. Gains and losses for ERISA purposes are to be determined on the "revalued cost" which is the market value of assets at the beginning of the year or historical cost of assets purchased during the year. This differs from generally accepted accounting principles in that gains and losses are computed by comparing historical cost to market value. During the year ended June 30, 2023, unrealized gains and realized losses for book purposes were \$75,769,937 and \$(9,660,374), respectively. For ERISA purposes, unrealized losses and realized gains were (\$14,686,238) and \$80,795,801, respectively. During the year ended June 30, 2022, unrealized and realized losses for book purposes were (\$118,512,110) and (\$3,603,121), respectively. For ERISA purposes, unrealized losses and realized gains were (\$959,936,412) and \$837,821,181.

Note 4: CONCENTRATION OF CREDIT RISK

At certain times during the year, the Fund maintained cash deposits in excess of the Federal Deposit Insurance Corporation insured limits of \$250,000. In addition, the bank maintains accounts with stock brokerage firms which contain cash and securities.

In accordance with the Federal Accounting Standards Board's Accounting Standards Codification (ASC) 825-10-50-20, credit risk is the possibility that a loss may occur from the failure of another party to perform according to the terms of a contract. Bank deposits are federally insured up to \$250,000 for each account owned at a federally insured bank.

Note 5: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurements* establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

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

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 5: FAIR VALUE MEASUREMENTS (continued)

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value. Transfers between levels of the fair value hierarchy are deemed to have occurred at the beginning of the reporting period. There have been no changes in the fair value methodology used at June 30, 2023 and June 30, 2022.

Mutual funds, Collective funds, Exchanged traded funds and cash equivalents: Valued at the closing price reported in the active market in which the individual security is traded, or valued at the net asset value of the shares held by the Fund at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of June 30, 2023 and June 30, 2022:

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 5: FAIR VALUE MEASUREMENTS (continued)

<u>Assets at Fair Value as of June 30, 2023</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Cash equivalents	\$ 24,865,758	\$ -	\$ -	\$ 24,865,758
Mutual funds	157,997,952	25,969,746	-	183,967,698
Collective funds	345,835,879	-	-	345,835,879
Exchanged traded funds	<u>231,707,703</u>	<u>-</u>	<u>-</u>	<u>231,707,703</u>
	<u>\$ 760,407,292</u>	<u>\$ 25,969,746</u>	<u>\$ -</u>	<u>\$ 786,377,038</u>

<u>Assets at Fair Value as of June 30, 2022</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Cash equivalents	\$ 23,642,507	\$ -	\$ -	\$ 23,642,507
Mutual funds	136,017,603	27,225,393	-	163,242,996
Collective funds	400,700,390	-	-	400,700,390
Exchanged traded funds	<u>107,315,495</u>	<u>-</u>	<u>-</u>	<u>107,315,495</u>
	<u>\$ 667,675,995</u>	<u>\$ 27,225,393</u>	<u>\$ -</u>	<u>\$ 694,901,388</u>

Note 6: COMMON COLLECTIVE TRUST FUND

During the years ended June 30, 2023 and June 30, 2022, the Fund was invested in the Galliard (formerly Wells Fargo) Stable Return Fund C (common collective trust fund), which has invested all of its assets in Galliard Stable Return Core Fund (formerly the Wells Fargo Stable Return Fund G). The Stable Return Core Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Stable Return Core Fund primarily invests in investment contracts, including traditional guaranteed investment contracts (GICs) and security-backed contracts issued by insurance companies and other financial institutions. The Stable Return Core Fund also invests in Galliard Short Term Investment Fund S, which invests in highly liquid assets, and uses the Short-Term Investment Fund S investment for daily liquidity needs. The common collective Trust fund is presented on the face of the Statements of Net Assets Available for Benefits at contract value: \$46,932,277 and \$44,340,750 at June 30, 2023 and June 30, 2022, respectively.

GICs are backed by the general account of the contract issuer. The Stable Return Fund deposits a lump sum with the issuer and receives a guaranteed interest rate for a specified period. Interest is accrued on either a simple or fully compounded basis, and is paid either periodically or at the end of the contract term. The issuer guarantees that all qualified participant withdrawals will be at contract value (principal plus accrued interest).

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 6: COMMON COLLECTIVE TRUST FUND (continued)

A security-backed contract is an investment contract (also known as a synthetic GIC or a separate account GIC) issued by an insurance company or other financial institutions, backed by a portfolio of bonds. The bond portfolio is either owned directly by the Stable Return Fund or owned by the contract issuer and segregated in a separate account for the benefit of the Stable Return Fund. The portfolio underlying the contract is maintained separately from the contract issuer's general assets, usually by a third-party custodian. The interest crediting rate of a security-backed contract is based on the contract value, and the fair value, duration, and yield to maturity of the underlying portfolio. These contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustments to the future interest crediting rate, rather than reflected immediately in the net assets of the Fund. The issuer guarantees that all qualified participant withdrawals will be at contract value. In the case of a full liquidation event, the issuer is responsible for covering any amount by which the contract value exceeds fair value of the underlying portfolio.

The market value yield to investment and crediting interest rates were approximately 2.52% and 1.90%, and 4.95% and 1.30% for the years ended June 30, 2023 and June 30, 2022, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are adjusted on a quarterly basis.

GICs and security-backed contracts also generally provide for withdrawals associated with certain events which are not in the ordinary course of Fund operations. These withdrawals are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. Each contract issuer specifies the events which may trigger a market value adjustment. At June 30, 2023 and June 30, 2022, the Fund administrator does not believe that the occurrence of any such market value event, which would limit the Fund's ability to transact at contract value with participants, is probable.

Note 7: PARTIES IN INTEREST TRANSACTIONS

There were no loans or fixed income obligations in default or uncollectible, nor were there leases in default or classified as uncollectible. There were no non-exempt prohibited transactions with parties-in-interest for the years ended June 30, 2023 and June 30, 2022, respectively.

Fees paid by the Fund during the years ended June 30, 2023 and June 30, 2022, for services rendered by parties-in-interest, as defined by ERISA, were based on contractual rates for their service.

Note 8: TAX STATUS

The Internal Revenue Service has determined that the Fund constitutes a qualified Trust under Sections 401(a)(4) and 410(b) of the Code and is, therefore, exempt from Federal income taxes under provisions of Section 501(c)(9). The Fund obtained its latest determination letter on September 10, 2015 in which the Internal Revenue Service stated that the Fund was in compliance with the applicable requirements of the Code. The Fund has been amended since receiving the determination letter. However, the Fund administrator and the Fund's tax counsel believe that the Fund is currently designed and being operated in compliance with the applicable requirements of the Code.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

Notes to Financial Statements

June 30, 2023 and June 30, 2022

Note 8: TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of June 30, 2023 and June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions. The annual information returns for the Fund are subject to examination by taxing authorities for a period of three years from the date they are filed.

Note 9: RISKS AND UNCERTAINTIES

The Fund invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund

SUPPLEMENTARY INFORMATION

Year Ended June 30, 2023

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

EIN 35-1833932 PN 001

Schedule H Line 4i - Schedule of Assets Held at End of Year at June 30, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value
Cash Equivalents:				
	Goldman Sachs Government Money Market Fund		**	\$ 24,865,758
Mutual Funds:				
	FMI Large Cap Fund		**	30,071,578
	Vanguard Growth Index Fund Plus #868		**	47,939,492
	AMG Times Square Mid Cap Growth		**	28,368,718
	Baird Aggregate Bond Fund		**	25,969,746
	Northern Small Cap Value Fund		**	15,653,142
	Vanguard SP Small Gap 600		**	13,975,652
	Vanguard Inst'l Index Fd Plus		**	21,989,370
				<u>183,967,698</u>
Collective Funds:				
	Vanguard Target Retirement 2020 Trust		**	16,907,472
	Vanguard Target Retirement 2025 Trust		**	33,668,326
	Vanguard Target Retirement 2030 Trust		**	40,160,093
	Vanguard Target Retirement 2035 Trust		**	56,775,373
	Vanguard Target Retirement 2040 Trust		**	61,603,742
	Vanguard Target Retirement 2045 Trust		**	60,801,286
	Vanguard Target Retirement 2050 Trust		**	60,134,634
	Vanguard Target Retirement 2055 Trust		**	5,942,936
	Vanguard Target Retirement 2060 Trust		**	7,164,390
	Vanguard Target Retirement 2065 Trust		**	2,677,627
				<u>345,835,879</u>
Exchange Traded Fund:				
	Vanguard Target Retirement Income Trust		**	<u>231,707,703</u>
Common Collective Trust Fund:				
	Galliard Stable Return Fund		**	<u>46,932,277</u>
	Total Schedule of Assets (Held at End of Year)			<u>\$ 833,309,315</u>

* Denotes party-in-interest.

** Cost information is not required for participant directed investments.

Indiana/Kentucky/Ohio Regional Council of Carpenters

Defined Contribution Pension Trust Fund

EIN 35-1833932 PN 001

Schedule H Line 4i - Schedule of Assets Held at End of Year at June 30, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including interest rate, maturity date, par or quantity	Cost	Current Value
Cash Equivalents:				
	Goldman Sachs Government Money Market Fund		**	\$ 24,865,758
Mutual Funds:				
	FMI Large Cap Fund		**	30,071,578
	Vanguard Growth Index Fund Plus #868		**	47,939,492
	AMG Times Square Mid Cap Growth		**	28,368,718
	Baird Aggregate Bond Fund		**	25,969,746
	Northern Small Cap Value Fund		**	15,653,142
	Vanguard SP Small Gap 600		**	13,975,652
	Vanguard Inst'l Index Fd Plus		**	21,989,370
				<u>183,967,698</u>
Collective Funds:				
	Vanguard Target Retirement 2020 Trust		**	16,907,472
	Vanguard Target Retirement 2025 Trust		**	33,668,326
	Vanguard Target Retirement 2030 Trust		**	40,160,093
	Vanguard Target Retirement 2035 Trust		**	56,775,373
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	Vanguard Target Retirement 2045 Trust		**	60,801,286
	Vanguard Target Retirement 2050 Trust		**	60,134,634
	Vanguard Target Retirement 2055 Trust		**	5,942,936
	Vanguard Target Retirement 2060 Trust		**	7,164,390
	Vanguard Target Retirement 2065 Trust		**	2,677,627
				<u>345,835,879</u>
Exchange Traded Fund:				
	Vanguard Target Retirement Income Trust		**	<u>231,707,703</u>
Common Collective Trust Fund:				
	Galliard Stable Return Fund		**	<u>46,932,277</u>
	Total Schedule of Assets (Held at End of Year)			<u>\$ 833,309,315</u>

* Denotes party-in-interest.

** Cost information is not required for participant directed investments.

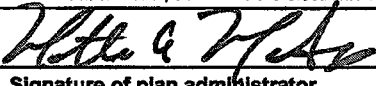
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
		2022
	This Form Is Open to Public Inspection	

Part I Annual Report Identification Information For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A This return/report is for:	☒ a multiemployer plan ☐ a single-employer plan
B This return/report is:	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
C If the plan is a collectively-bargained plan, check here	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☒ the DFVC program ☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1991
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) THE BOARD OF TRUSTEES OF THE IN/KY/OH REGIONAL COUNCIL OF CARPENTERS DC PENSION PLAN 700 TOWER DRIVE, SUITE 300 TROY MI 48098	2b Employer Identification Number (EIN) 35-1833932
	2c Plan Sponsor's telephone number 248-813-9800
	2d Business code (see instructions) 333200

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 	3/11/2024	MATT MCGRIFF
SIGN HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)

3a Plan administrator's name and address ☒ 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** 32425**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)** 30438**a(2)** Total number of active participants at the end of the plan year**6a(2)** 31968**b** Retired or separated participants receiving benefits**6b** 40**c** Other retired or separated participants entitled to future benefits**6c** 1738**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 33746**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 94**f** Total. Add lines 6d and 6e**6f** 33840**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 33840**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** 636**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2C 2E 2F 2G

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☐ R (Retirement Plan Information)
- (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ H (Financial Information)
- (2) ☐ I (Financial Information - Small Plan)
- (3) ☐ A (Insurance Information)
- (4) ☒ C (Service Provider Information)
- (5) ☒ D (DFE/Participating Plan Information)
- (6) ☐ G (Financial Transaction Schedules)