

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)</u></p> <p><u>HEALTHSCOPE BENEFITS, INC.</u> <u>7440 WOODLAND DRIVE</u> <u>INDIANAPOLIS, IN 46278</u></p>	<p>1c Effective date of plan <u>12/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>35-6074754</u></p> <p>2c Plan Sponsor's telephone number <u>317-715-7440</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	09/12/2025	DAVID MURRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2025	DAVID MURRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2247
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1297
	6a(2)	1281
	6b	355
	6c	538
	6d	2174
	6e	85
	6f	2259
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	85

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 2N

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 MB (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>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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 <u>REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)</u>	D Employer Identification Number (EIN) <u>35-6074754</u>	

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

1a Enter the valuation date: Month 12 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	<u>83753787</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>90235404</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>110077871</u>
(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)	<u>104138477</u>
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)	<u>178047685</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>5362969</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>4701468</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>4701468</u>

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 <u>PAUL STEPHEN OSBORN, F.S.A.</u> Type or print name of actuary <u>OSBORN, CARREIRO AND ASSOCIATES INC</u> Firm name <u>124 WEST CAPITAL AVENUE</u> <u>SUITE 1690</u> <u>LITTLE ROCK, AR 72201</u> Address of the firm	<u>09/08/2025</u> Date <u>23-03095</u> Most recent enrollment number <u>501-376-8043</u> Telephone number (including area code)

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.23 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9 9
(2) Females	6c(2)	9F 9F
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.5 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	325000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	924944	94910
4	107856	11067

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	1773699

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)	34189562	5042402
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		477127
e Total charges. Add lines 9a through 9d.....	9e		7293228
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		10420014
g Employer contributions. Total from column (b) of line 3.....	9g		5795091
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	3927081	920998
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		996699
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL).....	9j(2)		
(3) FFL credit.....	9j(3)		
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		18132802
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		10839574
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(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)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
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.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (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>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)	D Employer Identification Number (EIN) 35-6074754	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

HEALTHSCOPE BENEFITS

71-0847266

(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 13	NONE	93827	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARINER INSTITUTIONAL, LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	NONE	48000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OSBORN, CARRIERO & ASSOCIATES

71-0631123

(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	21000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEDBETTER PARTNERS LLC

03-0599899

(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	20445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
10 50	NONE	15300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARNOLD AND KADJAN, LLP

36-2498571

(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	7883	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RICHARD J. WOLF & COMPANY

36-3182363

(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	5102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan <u>REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)</u>	D Employer Identification Number (EIN) <u>35-6074754</u>	

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:	<u>AMERICAN CORE REALTY FUND</u>	
b Name of sponsor of entity listed in (a):	<u>AMERICAN REALTY ADVISORS</u>	
c EIN-PN <u>95-4871432-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3462357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST COMPANY</u>	
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2526498</u>
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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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b Name of plan sponsor

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a Plan name

b Name of plan sponsor

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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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024			
A Name of plan REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 35-6074754</td> </tr> </table>	D Employer Identification Number (EIN) 35-6074754	
D Employer Identification Number (EIN) 35-6074754			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	745023	770718
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	610396	817257
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	21538	17216
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	667424	545568
(2) U.S. Government securities	1c(2)	2634970	2957521
(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)	3528958	3645499
(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)	7057221	5988855
(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)	68611451	84244883
(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	83876981	98987517
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	123194	174492
k Total liabilities (add all amounts in lines 1g through 1j)	1k	123194	174492
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	83753787	98813025

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)	5861005	
(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)		5861005
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(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)	2410186	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2410186
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	4111642	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3158625	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		953017
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11747019	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11747019

		(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		20971227

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5451177	
(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)		5451177
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	103628	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	25402	
(5) Investment advisory and investment management fees	2i(5)	149660	
(6) Bank or trust company trustee/custodial fees	2i(6)	8295	
(7) Actuarial fees	2i(7)	21000	
(8) Legal fees	2i(8)	28328	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	28529	
(11) Other expenses	2i(11)	95970	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		460812
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5911989

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15059238
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549495.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan <u>REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C)</u>	D Employer Identification Number (EIN) <u>35-6074754</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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	9

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

a Name of contributing employer **F.A. WILHELM CONSTRUCTION CO INC**

b EIN **35-2124363**

c Dollar amount contributed by employer

770413

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 2025

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) 6.00

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

a Name of contributing employer **ROBERT HAINES CO**

b EIN **45-3836982**

c Dollar amount contributed by employer

564479

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 2025

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) 6.00

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

a Name of contributing employer **COMPLETE MASONRY SERVICES**

b EIN **35-1551461**

c Dollar amount contributed by employer

411522

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 2025

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) 6.00

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

a Name of contributing employer **HAGERMAN CONSTRUCTION CO**

b EIN **35-0813400**

c Dollar amount contributed by employer

386669

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 2025

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) 6.00

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

a Name of contributing employer **SANTAROSSA MOSAIC & TILE**

b EIN **35-0941859**

c Dollar amount contributed by employer

377428

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 2025

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) 6.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 3.7% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 9.7%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 86.6%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C						
Plan Year Begin Date	12/01/2023	Plan Year End Date	11/30/2024	EIN	35-6074754	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	19			8		
25 to 29	10			24		
30 to 34	11			21		
35 to 39	183			60		
40 to 44	6			17		
45 to 49	4			17		
50 to 54	6			15		
55 to 59	5			14		
60 to 64	3			9		
65 to 69				1		
70 & Up				2		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	2					
25 to 29	16			5		
30 to 34	24			8		
35 to 39	13			10		
40 to 44	17			16		
45 to 49	10			10		
50 to 54	8			11		
55 to 59	7			5		
60 to 64	6			3		
65 to 69						
70 & Up						

Name of Plan	REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C						
Plan Year Begin Date	12/01/2023	Plan Year End Date	11/30/2024	EIN	35-6074754	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	2			1		
35 to 39	8			4		
40 to 44	14			11		
45 to 49	12			12		
50 to 54	13			14		
55 to 59	15			10		
60 to 64	3			7		
65 to 69	1			1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	4			1		
45 to 49	7			8		
50 to 54	8			5		
55 to 59	7			12		
60 to 64	2			3		
65 to 69	2			3		
70 & Up						

Name of Plan	REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C						
Plan Year Begin Date	12/01/2023	Plan Year End Date	11/30/2024	EIN	35-6074754	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	2					
50 to 54	6			1		
55 to 59	5			11		
60 to 64	3			6		
65 to 69	1			1		
70 & Up						

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2023 <hr/> This Form is Open to Public Inspection
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Name of Plan	REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C						
Plan Year Begin Date	12/01/2023	Plan Year End Date	11/30/2024	EIN	35-6074754	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	5250000		5250000
2025	5250000		5250000
2026	5250000		5250000
2027	5250000		5250000
2028	5250000		5250000
2029	5250000		5250000
2030	5250000		5250000
2031	5250000		5250000
2032	5250000		5250000
2033	5250000		5250000

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers
Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

FINANCIAL STATEMENTS

Years Ended November 30, 2024 and November 30, 2023



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

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

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SUPPLEMENTARY INFORMATION AND FINANCIAL DATA	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at November 30, 2024	18-19

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.



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

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Independent Auditor's Report

To the Board of Trustees of
Revised Retirement Plan of the Indianapolis Chapter of Bricklayers
Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Opinion

We have audited the accompanying financial statements of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.), (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 November 30, 2024 and November 30, 2023, the related statements of changes in net assets available for benefits for the year then ended, the statements of accumulated plan benefits as of November 30, 2024 and November 30, 2023, the related statements of changes in accumulated plan benefits for the year 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 financial status of Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.) as of November 30, 2024 and November 30, 2023, and the changes in its financial status 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 Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.), 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 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

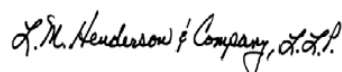
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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 of assets held 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.



Certified Public Accountants
Indianapolis, Indiana

August 29, 2025

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Statements of Net Assets Available for Benefits

at November 30, 2024 and November 30, 2023

	<u>November 30, 2024</u>	<u>November 30, 2023</u>
<u>ASSETS:</u>		
Investments at fair value:		
Money market accounts	\$ 545,568	\$ 667,424
Mutual funds and ETFs	84,244,883	68,611,451
Corporate and Government related bonds	6,603,020	6,163,928
Collective investment funds	5,988,855	7,057,221
Total investments	<u>97,382,326</u>	<u>82,500,024</u>
Receivables:		
Employer contributions receivable	817,257	610,396
Total receivables	<u>817,257</u>	<u>610,396</u>
Other assets:		
Cash - checking	770,718	745,023
Prepaid expenses	17,216	21,538
Total other assets	<u>787,934</u>	<u>766,561</u>
Total assets	<u>98,987,517</u>	<u>83,876,981</u>
<u>LIABILITIES:</u>		
Reciprocity payable	<u>174,492</u>	<u>123,194</u>
Total liabilities	<u>174,492</u>	<u>123,194</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 98,813,025</u>	<u>\$ 83,753,787</u>

See Notes to Financial Statements.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Statements of Changes in Net Assets Available for Benefits

Years Ended November 30, 2024 and November 30, 2023

	Year Ended	
	November 30, 2024	November 30, 2023
ADDITIONS:		
Investment income:		
Unrealized appreciation in fair value of investments	\$ 11,747,019	\$ 1,811,290
Net realized gain (loss) on sale of investments	953,017	(159,978)
	12,700,036	1,651,312
Dividends and interest	2,410,186	2,167,818
	15,110,222	3,819,130
Less: Investment expense	149,660	159,731
Net investment income	14,960,562	3,659,399
Employer contributions	6,695,911	5,929,631
Less: Reciprocal transfers	834,906	681,285
Net contributions	5,861,005	5,248,346
Total	20,821,567	8,907,745
DEDUCTIONS:		
Benefits paid to participants	5,451,177	6,110,339
Administrative expense:		
Actuarial fees	21,000	15,950
Administrative fees	103,628	101,788
Financial audit, payroll audit, and tax preparation fees	25,402	24,802
Consulting services	3,300	900
Insurance premiums	92,670	110,489
Legal fees	28,328	44,401
Bank fees and miscellaneous	8,295	7,646
Trustee and conference expense	28,529	25,991
Total administrative expense	311,152	331,967
Total deductions	5,762,329	6,442,306
<u>NET INCREASE IN NET ASSETS</u>	15,059,238	2,465,439
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	83,753,787	81,288,348
End of year	\$ 98,813,025	\$ 83,753,787

See Notes to Financial Statements.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Statements of Accumulated Plan Benefits

at November 30, 2023 and November 30, 2022

	November 30, 2024	November 30, 2023
<u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:</u>		
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 50,618,219	\$ 45,706,699
Other terminated participants with vested benefits	21,461,898	20,331,539
Active participants	36,786,806	35,795,184
	108,866,923	101,833,422
Nonvested benefits	1,295,349	2,305,055
Total actuarial present value of accumulated plan benefits	\$ 110,162,272	\$ 104,138,477

See Notes to Financial Statements.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Statements of Changes in Accumulated Plan Benefits

Years Ended November 30, 2024 and November 30, 2023

	November 30, 2024	November 30, 2023
Actuarial present value of accumulated plan benefits at beginning of the Plan year	\$ 104,138,477	\$ 99,354,442
Increase (decrease) during the year attributed to:		
Additional accrual of benefits	2,605,163	2,299,187
Increase for interest	7,289,693	6,954,811
Plan benefits paid	(5,451,177)	(6,126,758)
Actuarial gain	1,580,116	333,056
Change in assumptions	-	1,323,739
	<u>\$ 110,162,272</u>	<u>\$ 104,138,477</u>

See Notes to Financial Statements.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Valuation of Investments

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.

In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation for the year is reflected in the statements of changes in net assets available for benefits.

The Plan follows *FASB ASU 2018-13: Fair Value Measurements (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurements*. ASU 2018-13 streamlines the disclosure requirements within ASC Topic 820.

Contributions

Contributions from employers are accrued based upon hours worked during the year by covered employees. Contributions receivable represents the total of employer contributions received by the depository after November 30, which were applicable to the prior plan year. This amount does not reflect amounts due from employers who are contractually liable to the Trust but have failed to make contributions, or from employers who have filed inaccurate reports, if any. Employee contributions are not permitted under the Plan.

The Plan follows Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2016-13, *Measurement of Credit Losses on Financial Instruments*. The standard requires recognition of an allowance that reflects a current estimate of credit losses expected to be incurred over the life of the asset. Collections and payments from the contributing employers are continuously monitored and credit losses are estimated relating to the Plan's receivables based on a number of factors, including the age of receivable balances, history of losses, expectations of future credit losses, and the contributing employers' ability to pay their obligations. As of November 30, 2024 and November 30, 2023 all receivables were deemed fully collectible and no allowances for uncollectible receivables were recorded.

Investment Transactions and Investment Income

Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on security transactions are recorded as the difference between proceeds received and cost. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis.

Expenses

All expenses incurred in the administration of the Plan and the Trust Fund are charged to and paid by the Plan.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on total contributions made on the participants' behalf on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances: retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The valuation was performed in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 960. The method and significant assumptions used in the valuations were as follows at November 30, 2024 and November 30, 2023, except as otherwise noted:

Retirement age:	<u>Age</u>	<u>Rate</u>
	55-57	10 %
	58-60	20
	61	40
	62	60
	63-64	40
	65+	100
Mortality table:		
Funding valuation:	Healthy and Disabled	100% of the Pri 2012 Blue Collar Mortality Table, projected generationally with Scale MP 2020.
Current liability valuation:		
	Healthy and Disabled	IRS 2024 Static Mortality Table
Hours worked and contributory service earned:		
	Participants assumed to work 1,000,000 hours x \$6.00 per hour.	
2024 Interest rates:		
	Valuation	7.00%
	Current liability	3.95%
2023 Interest rates:		
	Valuation	7.00%
	Current liability	3.23%

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

2024 Expense load:	\$325,000
2023 Expense load:	\$325,000
Funded percentage zone status:	87.8% (Green) at December 1, 2024 86.6% (Green) at December 1, 2023
Family Composition:	90% of the group is assumed to be married.
Asset valuation method:	Market value gains and losses are smoothed over 5 years. The actuarial asset value must be within 20% of the fair market value.
Cost methods:	Entry Age Actuarial Cost Method; Unit Credit Cost Method

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.

Subsequent Events

Management has evaluated subsequent events through August 29, 2025, the date the financial statements were available to be issued.

Note 2: PLAN DESCRIPTION

The Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.) (the Plan) was established November 29, 1966 and became effective December 1, 1966, for members of a collective bargaining unit represented by Bricklayers Local Union No. 4. The Pension Trust Fund was created for the purpose of receiving and using employer contributions to pay disability, retirement, and death benefits to participants. Its affairs are administered by a Board of Trustees composed of representatives from both the Union and the employers (generally outside construction contractors).

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 2: PLAN DESCRIPTION (continued)

The Plan is a defined-benefit plan covering all employees of the participating groups who have met certain requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated in its entirety effective for plan year beginning December 1, 1999 in order to comply with tax reform and certain regulations issued under provisions of the Internal Revenue Code. The Bloomington Chapter and the Terre Haute Chapter of Bricklayers Local No. 4 Indiana/Kentucky, International Union of Bricklayers and Allied Craftsmen joined the Plan on December 1, 1996 and March 1, 1997, respectively. Neither of these Chapters had previously participated in a local pension plan. Effective December 1, 2010, the Plan was amended and restated in its entirety. The first and second amendment to the Plan was effective December 1, 2012 and December 1, 2013, respectively, to reflect the proportional crediting of hours of service, when the contribution rate is not the same as the maximum established rate for the Plan. Effective December 1, 2014, the Plan was amended and restated in its entirety. Effective June 1, 2020, the Plan was amended and restated in its entirety. Effective December 1, 2022, the Plan was amended and restated in its entirety.

The Plan's vested benefits are insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations in the event of Plan termination. The Plan's vesting requirements, benefit provisions, and Plan termination priorities are set forth in the summary plan descriptions and pension plan documents which are available to all Plan participants.

Note 3: SUMMARY OF PLAN PROVISIONS

Eligibility for participation

An eligible employee shall become a participant on the date the employer begins making contributions to the Plan on his or her behalf. "Eligible employee" shall mean members of the Union and employees of employers who have agreed to contribute to the Fund on behalf of these employees.

Accrual of benefits

A participant shall accumulate a benefit payable at Normal Retirement Date based on benefit service earned to the date of determination.

Benefits

Normal Retirement

- Eligibility: Age 62 and the fifth anniversary of plan participation.
- Benefit: On or after 12/1/2014: \$4.00 multiplied by years of Past Service plus \$71.00 multiplied by units or fractions of Contributory Service.

Early Retirement

- Eligibility: Age 55 and 5 years of Credited Service at least 2 of which are Contributory Service.
- Benefit: Accrued retirement benefit reduced for early payment.
- Reduction factors: Reduced .5% for each month a participant's Early Retirement Date precedes his or her Normal Retirement Date.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 3: SUMMARY OF PLAN PROVISIONS (continued)

Late Retirement

- Eligibility: Participation continues after Normal Retirement Date.
- Benefit: Greater of:
 - (1) Retirement benefit determined at Normal Retirement Date and actuarially increased for later payment, or
 - (2) Retirement benefit determined at Late Retirement Date based on Normal Retirement Benefit formula and benefit service at such date.

Disability

- Eligibility: Age 45, has earned at least 500 hours of service during the two most recently completed Plan Years, and 10 years of Contributory Service.
- Benefit: Accrued retirement benefit.

Death before retirement

- Eligibility:
 - (1) Must not have a vested percentage of 0%
 - (2) Must not have received a complete distribution of his vested accrued retirement benefit.
- Benefit:
 - (1) Beneficiary receives single lump sum payment of actuarial equivalent of accrued retirement benefit.
 - (2) Spouse receives the Qualified Pre-retirement Survivor Annuity or if greater, the benefit under (1) payable as a life annuity.

Severance benefit

For employees not covered by a collective bargaining agreement:

- Eligibility: 5 years of Credited Service.
- Benefit: 100% of accrued retirement benefit.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 3: SUMMARY OF PLAN PROVISIONS (continued)

For employees covered by a collective bargaining agreement:

Eligibility:	3 years of Credited Service.	
Benefit:	Years of Vested Service	Vested Percentage of Accrued Benefit
	0-2	0%
	3	20
	4	40
	5	60
	6	80
	7 or more	100

Cost of living increase

Effective December 1, 2014, retirees, survivors, and beneficiaries in payment status on November 30, 2014 received a 4% cost of living adjustment.

Credited service

Credited service is used in determining the normal retirement benefit and the death benefit and is the total of Contributory Service and Past Service.

Employer contributions

The hourly contribution rate at November 30, 2024 is \$5.50, which has been in effect since June 1, 2024. The hourly contribution rate at November 30, 2023 was \$5.25, which had been in effect since June 1, 2023.

Vesting service

A full year of service is currently credited for purposes of vesting to a participant who works 1,000 hours during the Plan year. A partial year is credited to a participant who works at least 100 hours but fewer than 1,000 during the Plan year. No service is currently credited to a participant who works fewer than 100 hours during the Plan year.

Funding medium

The assets of the Plan are invested at the direction of the Trustees.

Note 4: INVESTMENTS

Investments held by the Plan were as follows:

<u>Description</u>	<u>November 30, 2024</u>		<u>November 30, 2023</u>	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Money market accounts	\$ 545,568	\$ 545,568	\$ 667,424	\$ 667,424
Mutual funds and ETFs	66,677,450	84,244,883	63,558,938	68,611,451
Corporate and Government related bonds	6,736,155	6,603,020	6,667,504	6,163,928
Collective investment funds	6,038,974	5,988,855	5,969,271	7,057,221
Totals	\$ 79,998,147	\$ 97,382,326	\$ 76,863,137	\$ 82,500,024

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 4: INVESTMENTS (continued)

The Plan's investments including investments bought, sold, and held during the year appreciated in fair value by \$12,700,036 and \$1,651,312 for the years ended November 30, 2024 and November 30, 2023, respectively.

Unrealized and realized gains and losses are computed differently for ERISA purposes than in the financial statements. Gains and losses for ERISA purposes are to be determined on the "revalued cost" method which is the market value of the 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 November 30, 2024, unrealized and realized gains for book purposes were \$11,747,019 and \$953,017, respectively. For ERISA purposes, unrealized and realized gains were \$11,621,380 and \$1,078,656, respectively. During the year ended November 30, 2023, unrealized gains and realized losses for book purposes were \$1,811,290 and \$(159,978), respectively. For ERISA purposes, unrealized gains and realized losses were \$1,651,542 and \$(230), respectively.

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 plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

If the assets or liabilities have 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.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 5: FAIR VALUE MEASUREMENTS (continued)

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. There have been no changes in the methodology used at November 30, 2024 and November 30, 2023:

Money market accounts, mutual funds, and ETFs: Valued at the closing price reported in active markets in which the individual security is traded.

Corporate and Government related bonds: Fair value was determined based on the most recent price of the equivalent quoted yield for such obligations, or those of comparable maturity, quality, and type.

Collective investment funds: Valued based on calculating a unit value on the net assets of the underlying portfolio of securities, as reported by the manager of the fund. The net asset value is used as the practical expedient to estimate fair value.

The preceding methods 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 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 table sets forth by level, with the fair value hierarchy, the Plan’s assets at fair value as of November 30, 2024 and November 30, 2023:

Assets at Fair Value as of November 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 545,568	\$ -	\$ -	\$ 545,568
Mutual funds and ETFs	84,244,883	-	-	84,244,883
Corporate and Government related bonds	-	6,603,020	-	6,603,020
Total assets in the fair value hierarchy	<u>84,790,451</u>	<u>6,603,020</u>	<u>-</u>	<u>91,393,471</u>
Investment measured at net asset value*:				
Collective investment funds	-	-	-	5,988,855
Investments at fair value	<u>\$ 84,790,451</u>	<u>\$ 6,603,020</u>	<u>\$ -</u>	<u>\$ 97,382,326</u>

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 5: FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of November 30, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 667,424	\$ -	\$ -	\$ 667,424
Mutual funds and ETFs	68,611,451	-	-	68,611,451
Corporate and Government related bonds	-	<u>6,163,928</u>	-	<u>6,163,928</u>
Total assets in the fair value hierarchy	<u>69,278,875</u>	<u>6,163,928</u>	-	<u>75,442,803</u>
Investment measured at net asset value*:				
Collective investment funds	-	-	-	<u>7,057,221</u>
Investments at fair value	<u>\$ 69,278,875</u>	<u>\$ 6,163,928</u>	<u>\$ -</u>	<u>\$ 82,500,024</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For the years ended November 30, 2024 and November 30, 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Investments measured using the net asset value per share practical expedient:

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of the year ended November 30, 2024 and November 30, 2023:

	<u>November 30, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Collective Investment (a) (Real estate)	\$ 2,526,498	\$ -	-	See (a)	See (a)
Collective Investment (b) (Real estate)	\$ 3,462,357	\$ -	-	Daily	Quarterly

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 5: FAIR VALUE MEASUREMENTS (continued)

November 30, <u>2023</u>	Fair <u>Value</u>	Unfunded <u>Commitments</u>	Redemption Frequency <u>(if currently eligible)</u>	Redemption <u>Notice Period</u>
Collective Investment (a) (Real estate)	\$ 3,251,512	\$ -	See (a)	See (a)
Collective Investment (b) (Real estate)	\$ 3,805,709	\$ 14,054	Daily	Quarterly

- (a) *Collective Investment - Real estate.* The investment fund is an open-ended commingled collective investment fund established in 1984 as a means for collective investment in real estate assets by qualified employee benefit plans. Real estate investments are typically less liquid than many investment alternatives. In accordance with the fund’s policy, outstanding withdrawals will be honored on a pro rata basis with available liquid assets as determined in the sole discretion of the Trustee. Outstanding withdrawals will be honored as soon as practicable on a valuation date following the Trustee’s receipt of written notice. Outstanding withdraws from non-controlling interest holders will be honored on a pro rata basis with available liquid assets as determined in the sole discretion of the General Partner. If liquid assets are insufficient to redeem all limited partners who have made a withdrawal request, payments shall be made to redeeming investors on a pro rata basis.

- (b) *Collective Investment - Real estate.* The fund was formed as an open-end invest fund, and has been organized to allow Taft-Hartley pension funds, government retirement plans, corporate pension plans, and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations, and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Note 6: PARTY-IN-INTEREST TRANSACTIONS

There were no loans nor fixed income obligations in default or uncollectible, nor were there leases in default or classified as uncollectible.

Fees paid by the Plan during the years ended November 30, 2024 and November 30, 2023, for services rendered by parties-in-interest, as defined by ERISA, were based on contractual rates for their services.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 7: TAX STATUS

The Plan obtained its latest determination letter on September 9, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2024 and November 30, 2023, 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 Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations 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.

Note 9: CREDIT RISK

In accordance with FASB’s 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. The following are deposits in excess of federally insured limits for the year ended November 30, 2024 and November 30, 2023, respectively:

	November 30, <u>2024</u>	November 30, <u>2023</u>
Deposits	\$ 770,718	\$ 745,023
Federally insured	<u>250,000</u>	<u>250,000</u>
Deposits in excess of federally insured limits	<u>\$ 520,718</u>	<u>\$ 495,023</u>

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

Notes to the Financial Statements

November 30, 2024 and November 30, 2023

Note 10: PLAN TERMINATION

The Union and participating employers expect to continue the Plan indefinitely. They have the joint right to amend or terminate the Plan at any time. No plan amendment can reduce participants' account balances. In the event of termination of the Plan, or in the event of discontinuance of participating employer contributions, each participant has non-forfeitable rights, and the assets then remaining, after providing for the expenses of the Plan and for the payment of any accumulated share will be distributed among the participants. The Pension Benefit Guaranty Corporation guarantees the payment of all non-forfeitable basic benefits subject to certain limitations prescribed by ERISA.

Note 11: EMPLOYER WITHDRAWAL LIABILITY

In accordance with pension law, when an employer permanently ceases to have an obligation to contribute under the Plan, the employer may be liable to the Plan in an amount determined to be an Employer Withdrawal Liability. This liability is based on an allocated share of the balance of unfunded vested benefits, if any.

Value of vested benefits as of November 30, 2024	\$ 108,866,923
Value of Plan net assets as of November 30, 2024	<u>98,813,025</u>
Unfunded vested benefits	<u>\$ 10,053,898</u>

Because the Plan's vested benefits exceed the value of assets for the Plan year ending prior to December 1, 2024, an employer withdrawing from the Plan before December 1, 2025 may incur a withdrawal liability.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

SUPPLEMENTARY INFORMATION AND FINANCIAL DATA

Year Ended November 30, 2024

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

EIN: 35-6074754 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) November 30, 2024

(a)	(b)	(c)	(d)	(e)
Issue	Description of Investment including interest rate, maturity date, par or quantity		Cost	Current Value
MONEY MARKET ACCOUNTS:				
*	Fifth Third Federated Government Obligations		\$ 545,126	\$ 545,126
	ASB Allegiance Real Estate		442	442
	Total Money Market Accounts		<u>545,568</u>	<u>545,568</u>
MUTUAL FUNDS AND ETFs:				
	Artisan International Fund		3,000,189	3,650,002
	Baird Aggregate Bond Fund		11,207,770	10,327,201
	Baird Mid Cap Fund		5,284,367	7,003,029
	Causeway International Value Fund		2,742,755	3,950,938
	Carillon Reams Core Plus Fund		6,483,544	6,134,571
	Dodge and Cox Stock Fund		1,014,355	1,824,963
	Harbor Small Cap Growth Fund		6,615,271	8,088,863
	Oakmark Select		1,074,850	2,217,442
	Fidelity 500 Index Fund		12,360,727	18,975,169
	WCM Focused International Growth Fund		3,616,748	3,388,077
	Primecap Odyssey Growth Fund		4,688,464	5,255,653
	Schwab Fundamental Fund		5,263,674	10,167,183
	Vanguard Total International Stock Index		3,324,736	3,261,792
	Total Mutual Funds and ETFs		<u>66,677,450</u>	<u>84,244,883</u>
CORPORATE BONDS AND GOVERNMENT RELATED BONDS:				
	Bank Amer Corp	Variable 02/07/30		
	Citigroup Inc	Variable 03/20/30		
	Comcast Corp	2.650% 02/01/30	235,000	212,983
	Disney Walt Co	3.800% 03/22/30	125,000	121,170
	FR SD1658	2.500% 04/01/52	160,699	135,699
	FR SD2238	4.000% 02/01/53	174,467	163,217
	FR SD8194	2.500% 02/01/52	191,622	161,064
	FR SD8205	2.500% 04/01/52	192,589	161,592
	FR SD 8255	3.500% 10/01/52	184,027	166,937
	FR SD8265	4.000% 11/01/52	175,352	164,046
	FR SC0317	2.000% 08/01/42	158,773	134,322
	FR RB5044	3.000% 03/01/40	85,276	78,275
	Balances carried forward		<u>\$ 1,517,245</u>	<u>\$ 1,499,305</u>

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

EIN: 35-6074754 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) November 30, 2024

(a)	(b)	(c)	(d)	(e)
Issue	Description of Investment including interest rate, maturity date, par or quantity		Cost	Current Value
CORPORATE BONDS AND GOVERNMENT RELATED BONDS (continued):				
Balances brought forward			\$ 1,517,245	\$ 1,499,305
FG G6-0134	4.500%	06/01/36		
FN BR0999	2.500%	05/01/51	192,043	160,840
FN CB0456	2.500%	05/01/51	224,359	188,107
FN CB4958	4.000%	10/01/52	131,335	123,057
FN FM6965	2.500%	04/01/51	174,599	146,707
FN FS1507	3.000%	02/01/52	188,587	164,468
FN FS1877	3.000%	05/01/52	183,678	160,197
FN FS6854	1.500%	04/01/52	199,853	152,605
FN MA4548	2.500%	02/01/52	158,487	133,128
FN MA4623	2.500%	06/01/52	197,934	166,047
FN MA4730	3.000%	09/01/52	272,735	238,010
FN MA4783	4.000%	10/01/52	171,905	160,924
FN MA4804	4.000%	11/01/52	117,535	110,068
Florida Pwr & Lt Co	5.000%	08/01/34	145,000	147,954
Morgan Stanley SR NT Fixed/FLTG	Variable	04/01/31	100,000	94,082
United States Treas Bds	3.750%	08/15/41	310,000	286,617
United States Treas Bds	2.500%	02/15/45	405,000	296,489
United States Treas Bds	2.500%	05/15/46	285,000	205,491
US Treasury Notes	1.125%	02/15/31	250,000	210,010
US Treasury Notes	1.250%	08/15/31	330,000	274,672
US Treasury Notes	1.875%	02/15/32	785,000	674,582
US Treasury Notes	3.500%	02/15/33	625,000	595,994
US Treasury Notes	4.000%	02/15/34	420,000	413,666
Total Corporate Bonds and Government Related Bonds			6,736,155	6,603,020
COLLECTIVE INVESTMENT FUNDS:				
ASB Allegiance Real Estate Fund			1,795	2,467,265
American Realty Advisors			29	3,462,357
Total Collective Investment Funds			6,038,974	5,988,855
Total Assets Held for Investment Purposes			\$ 79,998,147	\$ 97,382,326

* Denotes party-in-interest

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

SUPPLEMENTARY INFORMATION AND FINANCIAL DATA

Year Ended November 30, 2024

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

EIN: 35-6074754 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) November 30, 2024

(a)	(b)	(c)	(d)	(e)
Issue	Description of Investment including interest rate, maturity date, par or quantity	Cost	Current Value	
MONEY MARKET ACCOUNTS:				
*	Fifth Third Federated Government Obligations	545,126	\$ 545,126	\$ 545,126
	ASB Allegiance Real Estate	442	442	442
	Total Money Market Accounts		<u>545,568</u>	<u>545,568</u>
MUTUAL FUNDS AND ETFs:				
	Artisan International Fund	119,908	3,000,189	3,650,002
	Baird Aggregate Bond Fund	1,046,322	11,207,770	10,327,201
	Baird Mid Cap Fund	266,174	5,284,367	7,003,029
	Causeway International Value Fund	191,514	2,742,755	3,950,938
	Carillon Reams Core Plus Fund	204,895	6,483,544	6,134,571
	Dodge and Cox Stock Fund	6,337	1,014,355	1,824,963
	Harbor Small Cap Growth Fund	509,695	6,615,271	8,088,863
	Oakmark Select	26,205	1,074,850	2,217,442
	Fidelity 500 Index Fund	90,397	12,360,727	18,975,169
	WCM Focused International Growth Fund	130,814	3,616,748	3,388,077
	Primecap Odyssey Growth Fund	123,227	4,688,464	5,255,653
	Schwab Fundamental Fund	339,813	5,263,674	10,167,183
	Vanguard Total International Stock Index	98,603	3,324,736	3,261,792
	Total Mutual Funds and ETFs		<u>66,677,450</u>	<u>84,244,883</u>
CORPORATE BONDS AND GOVERNMENT RELATED BONDS:				
	Bank Amer Corp	Variable	02/07/30	
	Citigroup Inc	Variable	03/20/30	
	Comcast Corp	2.650%	02/01/30	235,000
	Disney Walt Co	3.800%	03/22/30	125,000
	FR SD1658	2.500%	04/01/52	160,699
	FR SD2238	4.000%	02/01/53	174,467
	FR SD8194	2.500%	02/01/52	191,622
	FR SD8205	2.500%	04/01/52	192,589
	FR SD 8255	3.500%	10/01/52	184,027
	FR SD8265	4.000%	11/01/52	175,352
	FR SC0317	2.000%	08/01/42	158,773
	FR RB5044	3.000%	03/01/40	85,276
	Balances carried forward		<u>\$ 1,517,245</u>	<u>\$ 1,499,305</u>

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of Indiana/Kentucky (I.U. of B. & A. C.)

EIN: 35-6074754 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) November 30, 2024

(a)	(b)	(c)	(d)	(e)
Issue	Description of Investment including interest rate, maturity date, par or quantity		Cost	Current Value
CORPORATE BONDS AND GOVERNMENT RELATED BONDS (continued):				
Balances brought forward			\$ 1,517,245	\$ 1,499,305
FG G6-0134	4.500%	06/01/36		
FN BR0999	2.500%	05/01/51	192,043	160,840
FN CB0456	2.500%	05/01/51	224,359	188,107
FN CB4958	4.000%	10/01/52	131,335	123,057
FN FM6965	2.500%	04/01/51	174,599	146,707
FN FS1507	3.000%	02/01/52	188,587	164,468
FN FS1877	3.000%	05/01/52	183,678	160,197
FN FS6854	1.500%	04/01/52	199,853	152,605
FN MA4548	2.500%	02/01/52	158,487	133,128
FN MA4623	2.500%	06/01/52	197,934	166,047
FN MA4730	3.000%	09/01/52	272,735	238,010
FN MA4783	4.000%	10/01/52	171,905	160,924
FN MA4804	4.000%	11/01/52	117,535	110,068
Florida Pwr & Lt Co	5.000%	08/01/34	145,000	147,954
Morgan Stanley SR NT Fixed/FLTG	Variable	04/01/31	100,000	94,082
United States Treas Bds	3.750%	08/15/41	310,000	286,617
United States Treas Bds	2.500%	02/15/45	405,000	296,489
United States Treas Bds	2.500%	05/15/46	285,000	205,491
US Treasury Notes	1.125%	02/15/31	250,000	210,010
US Treasury Notes	1.250%	08/15/31	330,000	274,672
US Treasury Notes	1.875%	02/15/32	785,000	674,582
US Treasury Notes	3.500%	02/15/33	625,000	595,994
US Treasury Notes	4.000%	02/15/34	420,000	413,666
Total Corporate Bonds and Government Related Bonds			<u>6,736,155</u>	<u>6,603,020</u>
COLLECTIVE INVESTMENT FUNDS:				
ASB Allegiance Real Estate Fund			1,795	2,467,265
American Realty Advisors			29	3,462,357
Total Collective Investment Funds			<u>6,038,974</u>	<u>5,988,855</u>
Total Assets Held for Investment Purposes			<u>\$ 79,998,147</u>	<u>\$ 97,382,326</u>

* Denotes party-in-interest

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Statement of Actuarial Assumptions/Methods**

COST METHOD: The "entry age normal" cost method was used to calculate the minimum and maximum contribution levels. The "unit credit" method was used to calculate the funded ratio.

MORTALITY: 100% of the Pri 2012 Blue Collar Mortality Table (Healthy Annuitant for Age 62 and over), projected generationally with Scale MP 2020. For the Current Liability, we used the IRS static tables for 2023.

Mortality rates at a few sample ages are:

<u>MALE MORTALITY RATE PER 1,000</u>			
<u>Age</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
25	0.769	0.723	0.676
30	0.884	0.831	0.776
35	1.079	1.014	0.948
40	1.208	1.137	1.062
45	1.318	1.246	1.164
50	1.684	1.592	1.488
55	2.558	2.414	2.255
60	4.200	3.949	3.690

<u>FEMALE MORTALITY RATE PER 1,000</u>			
<u>Age</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
25	0.313	0.294	0.274
30	0.373	0.350	0.326
35	0.522	0.490	0.458
40	0.703	0.662	0.618
45	0.870	0.821	0.767
50	1.190	1.123	1.049
55	1.851	1.742	1.627
60	2.918	2.736	2.557

The life expectancy according to these tables is:

<u>MALE LIFE EXPECTANCY</u>			
<u>Age</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
55	30.01	30.45	30.88
65	20.18	20.58	20.97
75	12.40	12.68	12.97

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Statement of Actuarial Assumptions/Methods**

<u>Age</u>	<u>FEMALE LIFE EXPECTANCY</u>		
	<u>2030</u>	<u>2035</u>	<u>2040</u>
55	32.22	32.63	33.03
65	22.17	22.55	22.93
75	14.01	14.30	14.58

DISABILITIES:

Disability rates at a few sample ages are:

<u>Age</u>	<u>Disability Rate Per 1,000</u>
25	1.00
30	1.20
35	1.60
40	2.10
45	3.70
50	5.40
55	10.40
60	27.00
64	40.00

For mortality after disability we used the table shown under "Mortality".

EXPECTED
RETIREMENT
PATTERN:

The following rates were assumed:

<u>AGE</u>	<u>RETIREMENT RATE PER 1,000</u>
57	100
58 – 60	200
61	400
62	600
63-64	400
65+	1,000

AVERAGE AGE FOR
UNKNOWN
BIRTHDATES:

37.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001

Schedule MB (Form 5500 for 2023), Line 6
Statement of Actuarial Assumptions/Methods

VOLUNTARY
TERMINATIONS:

The following rates were assumed:

	<u>Termination Rate per 1,000</u>
1 st year of service	500
2 nd year of service	200
3 rd year of service	120
4 th year of service	100
5 th year of service	60
After 5 years	40

ASSUMED
INVESTMENT
RETURN:

7.00% before retirement and 7.00% after retirement compounded annually.

3.23% (before and after retirement) was used to determine the Current Liability.

ASSET VALUATION:

Five-year smoothing.

Actuarial value of assets must be within 20% of the market value.

ADMINISTRATIVE
EXPENSES:

\$325,000 was assumed as a current year expense added to the normal cost.

EXPECTED HOURS:

1,000,000 per year.

FAMILY COMPOSITION:

We have assumed that 90% of the group is married.

CONSIDERATION OF
FUTURE MORTALITY
IMPROVEMENTS:

The minimum and maximum contribution requirements are determined using mortality assumptions that do include anticipated mortality improvements, up to the valuation date, but not beyond.

Future mortality improvements were assumed for all other purposes.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Lines 9c and 9h
Schedule of Funding Standard Account Bases**

<u>Period</u>	<u>Initial Amount</u>	<u>Date Added To Costs</u>	<u>12/1/2023 Outstanding Balance for Minimum Funding</u>	<u>Amortization Period</u>	<u>Amortization Amount</u>
1) Benefit Change	\$	12/1/2004	\$ 1,185,757	30	\$ 147,784
2) Benefit Change		12/1/2005	1,417,076	30	166,741
3) Benefit Change		12/1/2006	503,710	30	56,327
4) Benefit Change		12/1/2007	695,808	30	74,357
5) 2008-09 Gain		12/1/2009	- 520,493	15	- 520,493
6) 2009-10 Loss		12/1/2010	315,453	15	163,061
7) 2010-11 Loss		12/1/2011	469,947	15	167,360
8) 2011-12 Loss		12/1/2012	495,028	15	136,586
9) 2012-13 Loss		12/1/2013	760,569	15	173,362
10) 2013-14 Loss		12/1/2014	1,186,016	15	232,543
11) Benefit Change		12/1/2014	884,382	15	173,402
12) 2014-15 Loss		12/1/2015	2,742,136	15	475,525
13) Assump. Change		12/1/2016	2,118,312	15	331,541
14) 2015-16 Loss		12/1/2016	2,720,227	15	425,747
15) Assump. Change		12/1/2017	- 117,079	15	- 16,794
16) 2016-17 Loss		12/1/2017	3,064,710	15	439,618
17) Assump. Change		12/1/2018	- 160,659	15	- 21,378
18) 2017-18 Loss		12/1/2018	2,700,143	15	359,289
19) Assump. Change		12/1/2019	3,956,578	15	493,119
20) 2018-19 Loss		12/1/2019	2,504,787	15	312,178
21) Assump. Change		12/1/2020	- 480,508	15	- 56,539
22) 2019-20 Gain		12/1/2020	- 2,028,078	15	- 238,635
23) Assump. Change	5,924,122	12/1/2021	5,436,123	15	607,885
24) 2020-21 Gain	- 192,256	12/1/2021	- 176,418	15	- 19,728
25) 2021-22 Gain	- 462,240	12/1/2022	- 443,846	15	- 47,431
26) 2022-23 Loss	924,944	12/1/2023	924,944	15	94,910
27) Assump. Change	107,856	12/1/2023	107,856	15	11,067
			\$ 30,262,481		\$ 4,121,404

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 11
Justification for Change in Actuarial Assumptions**

Mortality:

The mortality assumption was changed from RP 2014 Blue Collar projected generationally from 2006 with Scale MP 2021, to the Pri 2012 Blue Collar Mortality Table (Healthy Annuitant for Age 62 and over) projected generationally with Scale MP 2020.

The Pri 2012 Blue Collar table is the most recent life expectancy table available and was published by the Society of Actuaries. This table is preferred over the older RP 2014 table because:

- (1) The RP 2014 table has NO multiemployer plan experience.
- (2) The RP 2014 table has very little experience from the Midwest and Southern United States.
- (3) The Pri-2012 table has more overall experience, and more blue collar experience.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Summary of Plan Provisions**

EFFECTIVE DATE: December 1, 1966. ERISA effective date was December 1, 1976. Restated plan effective December 1, 1984. Restated plan effective December 1, 1992. Restated plan effective December 1, 1999, adopted October 30, 2000. Plan restated effective December 1, 2010, and again December 1, 2014. Restated plan effective December 1, 2022, adopted February 13, 2023. First Amendment effective and adopted May 15, 2023. Second Amendment effective and adopted August 7, 2023. Third Amendment effective June 1, 2023, adopted November 6, 2023. Fourth Amendment effective January 1, 2023, adopted February 12, 2024. Fifth Amendment effective December 1, 2022.

PLAN YEAR: December 1 to November 30.

COVERED EMPLOYMENT: Employment with contributing Employers for which contributions are made to the Plan. Can include employees of the Union or the Fund.

PARTICIPATION: Date person is employed in Covered Employment.

CONTRIBUTIONS: By the Employers, according to amount specified in the Collective Bargaining Agreement. Hours are prorated to the "Benchmark Rate" set by the Trustees. Benchmark Rates per hour have been:

\$3.75 effective June 1, 2017
\$4.00 effective June 1, 2019
\$4.25 effective June 1, 2020
\$4.50 effective June 1, 2021
\$5.00 effective June 1, 2022
\$5.25 effective June 1, 2023

CREDITED SERVICE: Used to determine the amount of benefit.

Past Service: A person who was a Participant on December 1, 1966, receives 1 year of Past Service for each who year of continuous membership in the Union prior to December 1, 1966, up to a maximum of 15 years.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Summary of Plan Provisions**

Contributory Service: On and after December 1, 1966, a Participant earns 0.01 of a year of Contributory Service for each 15 hours worked in Covered Employment in a Plan Year. There is no maximum on the Contributory Service that can be earned in a Plan Year, except that there is a cap of 1.5 for each Plan Year from December 1, 1998 through November 30, 2013.

If the Participant works at a contribution rate different than the Benchmark Rate, their hours are prorated to the Benchmark Rate.

SERVICE: Service is used to determine vesting and eligibility for benefits. Service is determined under the following schedule.

<u>Hours worked in Covered Employment In Plan Year</u>	<u>Service</u>
1,000+	1.0
900 to 999	0.9
800 to 899	0.8
700 to 799	0.7
600 to 699	0.6
500 to 599	0.5
400 to 499	0.4
300 to 399	0.3
200 to 299	0.2
100 to 199	0.1
Less than 100	0.0

BREAK IN SERVICE: An Employee who fails to work at least 100 Hours in covered employment in a Plan Year suffers a Break in Service. The Vesting Service and Credited Service of a non-vested Employee are cancelled if the period of his Break in Service is equal to or longer than his Vesting Service before the break and is at least five years.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Summary of Plan Provisions**

NORMAL RETIREMENT:

Eligibility:

Age 62 and 5th anniversary of participation.

Benefit:

Number of years of Credited Service times an amount based on the date of termination, death, disability, or retirement (the Accrued Benefit):

<u>Determination Date</u>	<u>For Past Service</u>	<u>Contributory Service</u>
Before 12/1/1979	\$ 2	\$ 8
12/1/79 to 11/30/81	4	16
12/1/81 to 11/30/86	4	24
12/1/86 to 11/30/88	4	28
12/1/88 to 11/30/90	4	31
12/1/90 to 11/30/92	4	33
12/1/92 to 11/30/93	4	34
12/1/93 to 11/30/95	4	35
12/1/95 to 11/30/97	4	38
12/1/97 to 11/30/98	4	40
12/1/98 to 11/30/99	4	44
12/1/99 to 11/30/00	4	59
12/1/00 to 11/30/04	4	61
12/1/04 to 11/30/05	4	64
12/1/05 to 11/30/06	4	67
12/1/06 to 11/30/07	4	68
12/1/07 to 11/30/14	4	70
2/1/14 & Later	4	71

Form:

Five Year Certain and Life Annuity. [A one-time lump sum option is available on that part of the benefit earned through November 30, 2000, for those who began participation before December 1, 1999.]

LATE RETIREMENT:

Greater of:

- (a) Benefit calculated with Credited Service to the Late Retirement Date; or
- (b) Benefit at Normal Retirement Date, actuarially increased.

Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001

Schedule MB (Form 5500 for 2023), Line 6
Summary of Plan Provisions

EARLY RETIREMENT:

Eligibility: Age 55 with 5 years of Credited Service.

Benefit: Benefit is reduced by 0.50% for each month that the retirement date precedes the Normal Retirement Date.

DISABILITY:

Eligibility: Total and permanent disability of an Employee as evidenced by eligibility for Social Security disability benefits. Employee must (a) have at least 10 years of Contributory Service; (b) have at least 500 Hours of Service during the two most recently completed Plan Years immediately preceding his date of disability; and (c) be at least age 45.

Benefit: Accrued Benefit. At Normal Retirement Age, the benefit becomes a Normal Retirement Benefit.

DEATH BEFORE
RETIREMENT:

Death of Terminated
Vested Participant: Qualified Pre-Retirement Survivor Annuity.

Death of Active Participant: Qualified Pre-Retirement Survivor Annuity.

Death of Disability Retiree
prior to Normal Retirement
Age: Qualified Pre-Retirement Survivor Annuity, less the value of any Disability Benefits paid to the Participant prior to their death.

Form of Payment: Monthly annuity for life of surviving spouse. Surviving Spouse may elect a lump sum.

DEATH AFTER RETIREMENT:

Based on option selected at retirement. Options include Life only, 5 year certain & life (normal form), Joint and 50% Survivor, Joint and 75% Survivor, and Joint and 100% Survivor.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 6
Summary of Plan Provisions**

VESTING:

Eligibility:

Vested according to the following schedule:

Benefit:

Vesting Service	Percent Vested
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

A Participant who is covered other than by way of a Collective Bargaining Agreement is 0% vested if they have less than 5 Vesting Years, and 100% vested if they have 5 or more Vesting Years.

A Participant is 100% vested when they reach age 55.

Benefit:

Accrued Benefit earned to termination date, deferred to Normal Retirement age. Reduced benefit is payable at early retirement age.

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 8b(3)
Schedule of Projection of Employer Contributions and Withdrawal Liability
Payments**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023-24	5,250,000	0	5,250,000
2024-25	5,250,000	0	5,250,000
2025-26	5,250,000	0	5,250,000
2026-27	5,250,000	0	5,250,000
2027-28	5,250,000	0	5,250,000
2028-29	5,250,000	0	5,250,000
2029-30	5,250,000	0	5,250,000
2030-31	5,250,000	0	5,250,000
2031-32	5,250,000	0	5,250,000
2032-33	5,250,000	0	5,250,000

**Revised Retirement Plan of the Indianapolis Chapter of Bricklayers Local No. 4 of
Indiana/Kentucky, I.U. of B. & A.C.
EIN: 35-6074754 Plan: 001**

**Schedule MB (Form 5500 for 2023), Line 8b(1)
Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries in Payment	TOTAL
2023	757,626	536,742	4,701,468	5,995,836
2024	1,143,265	718,512	4,625,819	6,487,596
2025	1,432,479	833,845	4,544,182	6,810,506
2026	1,622,782	979,348	4,456,345	7,058,475
2027	1,733,497	1,115,287	4,362,227	7,211,011
2028	1,800,778	1,226,062	4,262,403	7,289,243
2029	1,824,200	1,405,971	4,156,472	7,386,643
2030	1,820,313	1,528,508	4,044,702	7,393,523
2031	1,799,777	1,685,433	3,927,042	7,412,252
2032	1,772,239	1,798,452	3,803,732	7,374,423
2033	1,741,340	1,897,546	3,674,955	7,313,841
2034	1,708,536	1,961,557	3,540,944	7,211,037
2035	1,673,723	2,055,106	3,402,094	7,130,923
2036	1,636,768	2,145,262	3,258,802	7,040,832
2037	1,597,517	2,179,846	3,111,568	6,888,931
2038	1,555,816	2,230,460	2,960,765	6,747,041
2039	1,511,496	2,294,506	2,806,836	6,612,838
2040	1,464,415	2,351,968	2,650,191	6,466,574
2041	1,414,430	2,364,016	2,491,291	6,269,737
2042	1,361,431	2,385,076	2,330,632	6,077,139
2043	1,305,323	2,335,224	2,168,788	5,809,335
2044	1,246,095	2,327,053	2,006,459	5,579,607
2045	1,183,775	2,316,563	1,844,412	5,344,750
2046	1,118,495	2,267,426	1,683,567	5,069,488
2047	1,050,470	2,216,951	1,525,012	4,792,433
2048	980,014	2,160,754	1,369,915	4,510,683
2049	907,620	2,098,359	1,219,591	4,225,570
2050	833,873	2,028,757	1,075,374	3,938,004
2051	759,471	1,951,673	938,548	3,649,692
2052	685,210	1,881,028	810,343	3,376,581
2053	611,968	1,812,225	691,801	3,115,994
2054	540,625	1,737,426	583,713	2,861,764
2055	472,071	1,665,465	486,601	2,624,137
2056	407,137	1,604,159	400,640	2,411,936
2057	346,552	1,544,611	325,685	2,216,848
2058	290,954	1,491,368	261,338	2,043,660
2059	240,780	1,446,629	206,928	1,894,337
2060	196,298	1,408,371	161,637	1,766,306
2061	157,572	1,377,038	124,522	1,659,132
2062	124,477	1,351,764	94,583	1,570,824
2063	96,721	1,331,944	70,810	1,499,475
2064	73,884	1,316,801	52,238	1,442,923
2065	55,448	1,305,553	37,966	1,398,967
2066	40,841	1,297,440	27,180	1,365,461
2067	29,504	1,291,757	19,168	1,340,429
2068	20,897	1,287,894	13,313	1,322,104
2069	14,491	1,285,344	9,108	1,308,943
2070	9,818	1,283,707	6,135	1,299,660
2071	6,488	1,282,684	4,069	1,293,241
2072	4,194	1,282,058	2,655	1,288,907

**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

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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
REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF
BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Indpls. Chapter Of Bricklayers Local No 4 Of In/Ky(Iu Of B & A C)

D Employer Identification Number (EIN)
35-6074754

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

1a Enter the valuation date: Month 12 Day 01 Year 2023

b Assets	
(1) Current value of assets	1b(1) 83,753,787
(2) Actuarial value of assets for funding standard account.....	1b(2) 90,235,404
c (1) Accrued liability for plan using immediate gain methods	1c(1) 110,077,871
(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) 104,138,477
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) 178,047,685
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5,362,969
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4,701,468
(3) Expected plan disbursements for the plan year	1d(3) 4,701,468

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 Paul Stephen Osborn

Signature of actuary

Paul Stephen Osborn, F.S.A.

Type or print name of actuary

Osborn, Carreiro and Associates Inc

Firm name

124 West Capitol Avenue Suite 1690
Little Rock AR 72201

Address of the firm

09/08/2025

Date

2303095

Most recent enrollment number

501-376-8043

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2023
v. 230728

- 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	3.23 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	325,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	924,944	94,910
4	107,856	11,067

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 Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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)

(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

(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	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1,773,699
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)	34,189,562 5,042,402
(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	477,127
e Total charges. Add lines 9a through 9d.....	9e	7,293,228
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	10,420,014
g Employer contributions. Total from column (b) of line 3.....	9g	5,795,091
h Amortization credits as of valuation date.....		
	Outstanding balance	
	9h	3,927,081 920,998
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	996,699
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	0
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	0
(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	18,132,802
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	10,839,574
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current 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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here the DFVC program

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

Part II Basic Plan Information—enter all requested information

1a Name of plan REVISED RETIREMENT PLAN OF THE INDIANAPOLIS CHAPTER OF BRICKLAYERS LOCAL NO. 4 OF IN/KY, I U OF B & A C	1b Three-digit plan number (PN) ▶	001
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) INDPLS. CHAPTER OF BRICKLAYERS LOCAL NO 4 OF IN/KY(IU OF B & A C) HEALTHSCOPE BENEFITS, INC. 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278	1c Effective date of plan 12/01/1966	
	2b Employer Identification Number (EIN) 35-6074754	
	2c Plan Sponsor's telephone number 317-715-7440	
	2d Business code (see instructions) 525100	

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	<i>David Murray</i>	9/4/25	DAVID MURRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>David Murray</i>	9/4/25	DAVID MURRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2247
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	1297
	6a(2)	1281
	6b	355
	6c	538
	6d	2174
	6e	85
	6f	2259
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	85

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

1B 2N

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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 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		9/4/25	DAVID MURRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/4/25	DAVID MURRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
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- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____