

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

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

<p><b>1a</b> Name of plan <u>INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN</u></p> <p><u>P.O. BOX 1587</u> <u>TERRE HAUTE, IN 47808-1587</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/2014</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>46-5396452</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>812-238-2551</u></p> <p><b>2d</b> Business code (see instructions) <u>236200</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/17/2025	BRIAN C SHORT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/17/2025	BRADLEY DENO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	15644
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	15644
	<b>6a(2)</b>	15678
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	15678
	<b>6e</b>	
	<b>6f</b>	15678
	<b>6g(1)</b>	15644
<b>6g(2)</b>	15678	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	682

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

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>46-5396452</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>CARLYLE INVESTMENT MANAGEMENT LLC</b>	<b>1001 PENNSYLVANIA AVE NW, SUITE 220 WASHINGTON, DC 20004</b>
<b>52-1988385</b>	

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

<b>SEI TRUST COMPANY</b>	<b>1 FREEDOM VALLEY DRIVE OAKS, PA 19456</b>
<b>06-1271230</b>	

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

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

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

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

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

INDIANA LABORERS WELFARE FUND

P.O. BOX 1587  
TERRE HAUTE, IN 47808

35-0923209

(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?
13	RELATED FUND	303634	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)

MARQUETTE ASSOCIATES

180 N LASALLE STREET, SUITE 3500  
CHICAGO, IL 60601

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	52618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

801 NORTH BRAND BLVD, SUITE 800  
GLENDALE, CA 91203

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	48306	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)

IFM INVESTORS PTY LTD.

114 WEST 47TH STREET, 19TH FLOOR  
NEW YORK, NY 10036

98-0569684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 40 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28827	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SACKRIDER & COMPANY, INC.

1925 WABASH AVENUE  
TERRE HAUTE, IN 47807

35-1327464

(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	NONE	21489	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)

LEDBETTER PARISI LLC

70 RHOADS CENTER DRIVE, SUITE B  
CENTERVILLE, OH 45458

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	NONE	10667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
IFM INVESTORS PTY LTD.	28 40 52	28827
(d) Enter name and EIN (address) of source of indirect compensation IFM GLOBAL INFRASTRUCTURE FD 114 WEST 47TH STREET, 19TH FLOOR NEW YORK, NY 10036 95-0569684	(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.

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>46-5396452</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CORE REALTY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AMERICAN REALTY ADVISORS</u>		
<b>c</b> EIN-PN <u>95-4871432-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4316934</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON AFL-CIO SL BROAD MARKET</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-357</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9639942</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON ACWI EX-US</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-206</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4578550</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN CORE PLUS BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>27-3441498-043</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23865359</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>REAMS CORE PLUS BOND CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST SERIES 33</u>		
<b>c</b> EIN-PN <u>87-3244751-033</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6682704</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>46-5396452</b>

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	560546	257418
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	696747	777991
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	16980	10104
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	208215	140753
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	4672941	9459223
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	43263848	49083489
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	1907	17128

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	49421184	59746106
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	10271	16047
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	7333	13819
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	17604	29866
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	49403580	59716240

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	9593197	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	146	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9593343
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1591	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	403186	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		404777
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	17076	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		17076
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	334140	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	3715742
(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)	
<b>c</b> Other income .....	2c	3337
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	14068415

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3186144
(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)	3186144
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	303634
(3) Recordkeeping fees .....	2i(3)	2791
(4) IQPA audit fees .....	2i(4)	18750
(5) Investment advisory and investment management fees .....	2i(5)	52618
(6) Bank or trust company trustee/custodial fees .....	2i(6)	140753
(7) Actuarial fees .....	2i(7)	1687
(8) Legal fees .....	2i(8)	10667
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	1358
(11) Other expenses.....	2i(11)	37353
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	569611
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	3755755

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	10312660
<b>l</b> 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: **SACKRIDER & COMPANY, INC.**

(2) EIN: **35-1327464**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>46-5396452</b>	

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

**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**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	<b>9593197</b>
<b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<b>9593197</b>
<b>6 c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	<b>0</b>

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**Indiana Laborers Defined Contribution  
Trust Fund Plan**

**Financial Statements and  
Independent Auditors' Report**

**April 30, 2025**

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## INDEPENDENT AUDITORS' REPORT

Trustees  
Indiana Laborers Defined Contribution  
Trust Fund Plan  
Terre Haute, Indiana

### **Opinion**

We have audited the accompanying financial statements of Indiana Laborers Defined Contribution Trust Fund 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 April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Indiana Laborers Defined Contribution Trust Fund Plan as of April 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Indiana Laborers Defined Contribution Trust Fund 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Indiana Laborers Defined Contribution Trust Fund 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 Indiana Laborers Defined Contribution 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 Schedule of Assets Held at End of Year as of April 30, 2025 and Schedule of Reportable Transactions as of April 30, 2025 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.

*Sackrider + Company, LLC.*

Terre Haute, Indiana  
September 10, 2025

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Statements of Net Assets Available for Benefits**

**April 30,**

	<b>2025</b>	<b>2024</b>
<b>ASSETS</b>		
<b>Investments - at fair value</b>		
Cash equivalents	\$ 140,753	\$ 208,215
Infrastructure limited partnership	5,115,172	3,691,609
Private debt fund limited partnership	4,344,051	981,332
Real estate commingled trust fund	4,316,934	4,272,289
Collective funds	44,766,555	38,991,559
	58,683,465	48,145,004
<b>Receivables</b>		
Employer contributions	777,991	696,747
Accrued dividends receivable	236	1,296
Accrued interest on contributions	1,549	1,692
Other receivables	8,319	13,992
	788,095	713,727
<b>Prepaid expenses</b>	17,128	1,907
<b>Cash</b>	257,418	560,546
Total assets	59,746,106	49,421,184
<b>LIABILITIES</b>		
<b>Reciprocity payable</b>	13,819	7,333
<b>Accounts payable</b>	16,047	10,271
Total liabilities	29,866	17,604
<b>Net assets available for benefits</b>	\$ 59,716,240	\$ 49,403,580

The accompanying notes are an integral part of these statements.

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Statements of Changes in Net Assets Available for Benefits**

**Years Ended April 30,**

	<b>2025</b>	<b>2024</b>
<b>Net additions to net assets attributed to:</b>		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 3,897,016	\$ 560,056
Investment income	574,719	1,017,132
	4,471,735	1,577,188
Less investment expenses	140,753	76,668
	4,330,982	1,500,520
Employer contributions	9,593,197	9,260,329
Rollover contribution	146	-
Miscellaneous income	1,594	-
Interest on contributions	1,743	2,886
Total additions	13,927,662	10,763,735
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	3,186,144	2,627,096
Administrative expenses	428,858	356,018
Total deductions	3,615,002	2,983,114
<b>Net increase</b>	10,312,660	7,780,621
<b>Net assets available for benefits</b>		
Beginning of year	49,403,580	41,622,959
End of year	\$ 59,716,240	\$ 49,403,580

The accompanying notes are an integral part of these statements.

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements**

**April 30, 2025 and 2024**

**NOTE 1 - DESCRIPTION OF PLAN**

The following brief description of the Indiana Laborers Defined Contribution Trust Fund Plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information. The Plan was formed on May 1, 2014.

General

The Plan is a defined contribution pension plan covering employees and former employees of an employer who is a party to the Trust Agreement establishing this plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employer contributions are made monthly at rates specified in the collective bargaining agreement covering participating employees. Employee contributions are not permitted. The Plan does accept eligible rollover distributions from an eligible retirement plan.

Participant Accounts

Each participant's account is credited with the contributions made on his behalf and adjusted annually for the participant's share of Plan earnings or loss.

Payment of Benefits

In general, there are five types of distributions available from the Plan upon completion of an approved application.

- Retirement Benefit - If a member has ceased to be an employee and reached early or normal retirement age, the member is deemed to be retired and may elect a retirement benefit.
- Partial Distributions - If a member has ceased to be an employee and reached early or normal retirement age, the member is deemed to be retired and may elect a partial distribution.
- Termination Benefit - If a member has no reported hours for thirty-six consecutive months then the member may be eligible for a termination benefit.
- Death and Disability Benefit - If a participant dies or becomes totally and permanently disabled, then a member or beneficiary may be eligible for a death and disability benefit.
- Small Benefit - If a participant has not had any hours reported for twelve consecutive months and the participant's balance is less than \$1,000, the member may be eligible for a small benefit.

Vesting

The value of a participant's account shall at all times be one hundred percent vested.

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 1 - DESCRIPTION OF PLAN - continued**

Tax Status

On March 2, 2015, the Internal Revenue Service determined and informed the Trustees that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's Administrator, legal counsel, and consultant believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of April 30, 2025, 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. As of April 30, 2025, the plan's federal tax returns for the last three years are open for examination as each year's return will remain open for examination for three years.

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES**

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, 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.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis.

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES - continued**

Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Allowance for Credit Losses

The allowance for credit losses is zero at April 30, 2025 and 2024.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through September 10, 2025, the date which the financial statements were available for issue.

**NOTE 3 - FAIR VALUE MEASUREMENT**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs are based on quoted prices in active markets for identical securities, Level 2 inputs are based on significant observable market inputs, such as quoted prices for similar securities and quoted prices in inactive markets, and Level 3 inputs are based on significant unobservable inputs that reflect the Plan's determination of assumptions that market participants might reasonably use in valuing the securities. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The valuation levels are not necessarily an indication of the risk or liquidity associated with the underlying investment.

Assets measured at fair value on a recurring basis at April 30, 2025 are as follows:

	Level 1- Quoted Prices in Active Markets	Level 2- Other Observable Inputs	Level 3- Unobservable Inputs	Total
Cash equivalents	\$ 140,753	\$ -	\$ -	\$ 140,753
Collective funds	-	38,083,851	-	38,083,851
Private debt fund				
limited partnerships	-	-	4,344,051	4,344,051
Infrastructure				
limited partnerships	-	-	5,115,172	5,115,172
Total assets in the fair value hierarchy	\$ <u>140,753</u>	\$ <u>38,083,851</u>	\$ <u>9,459,223</u>	\$ 47,683,827

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 3 - FAIR VALUE MEASUREMENT - continued**

	Level 1- Quoted Prices in Active <u>Markets</u>	Level 2- Other Observable <u>Inputs</u>	Level 3- Unobservable <u>Inputs</u>	<u>Total</u>
Investments measured at NAV				\$ <u>10,999,638</u>
Total investments				\$ <u>58,683,465</u>

The following is a reconciliation of the beginning and ending balances for investments measured at fair value using significant unobservable inputs (level 3) during the year ended April 30, 2025.

	Private Debt Fund Limited <u>Partnership</u>	Infrastructure Limited <u>Partnership</u>
Beginning balance, May 1, 2024	\$ 981,332	\$ 3,691,609
Realized gains/(losses)	-	154,327
Unrealized gains/(losses)	(37,503)	217,316
Purchases	3,434,323	1,083,506
Sales	(34,101)	(31,586)
Transfers	-	-
Ending balance, April 30, 2025	\$ <u>4,344,051</u>	\$ <u>5,115,172</u>

Assets measured at fair value on a recurring basis at April 30, 2024 are as follows:

	Level 1- Quoted Prices in Active <u>Markets</u>	Level 2- Other Observable <u>Inputs</u>	Level 3- Unobservable <u>Inputs</u>	<u>Total</u>
Cash equivalents	\$ 208,215	\$ -	\$ -	\$ 208,215
Collective funds	-	38,991,559	-	38,991,559
Private debt fund limited partnership	-	-	981,332	981,332
Infrastructure limited partnership	<u>-</u>	<u>-</u>	<u>3,691,609</u>	<u>3,691,609</u>
Total assets in the fair value hierarchy	\$ <u>208,215</u>	\$ <u>38,991,559</u>	\$ <u>4,672,941</u>	43,872,715
Investments measured at NAV				<u>4,272,289</u>
Total investments				\$ <u>48,145,004</u>

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 3 - FAIR VALUE MEASUREMENT - continued**

The following is a reconciliation of the beginning and ending balances for investments measured at fair value using significant unobservable inputs (level 3) during the year ended April 30, 2024.

	Private Debt Fund Limited <u>Partnership</u>	Infrastructure Limited <u>Partnership</u>
Beginning balance, May 1, 2023	\$ 324,896	\$ 3,516,081
Realized gains/(losses)	-	(3,413)
Unrealized gains/(losses)	32,724	151,900
Purchases	631,660	55,003
Sales	(7,948)	(27,962)
Transfers	-	-
Ending balance, April 30, 2024	\$ <u>981,332</u>	\$ <u>3,691,609</u>

Following is a description of the valuation methodologies used for assets at fair value in the fair value hierarchy.

For all *cash equivalents* fair value is determined by reference to quoted market prices.

*Infrastructure limited partnership:*

IFM Global Infrastructure Fund L.P. invests substantially all of its assets in units of IFM Global Infrastructure Fund (Master Fund). The Partnership's investment is valued at fair value based on the Partnership's proportionate interest in the net assets of the Master Fund. The Master Fund invests in a diversified portfolio of global infrastructure assets. Infrastructure consists of physical facilities for the delivery, generation and transportation of energy, information, people, products and real property from which services to the community or government are delivered.

*Private debt fund:*

CDL Offshore Fund (Levered) Feeder, LP (The Feeder Fund) invests substantially all of its assets through a master feeder structure in CDL Offshore (Levered) Fund, L.P. (the Master Feeder Fund). The Master Feeder Fund has the same investment objectives as the Fund. The Feeder Fund records its investment in the Master Trust proportionate to its ownership interest in the Master Fund. The Master Trust Fund values debt and equity securities on the basis of prices from an orderly transaction between market participants provided by reputable dealers or pricing services. In estimating the fair value of a particular investment, pricing services may use certain information with respect to transactions in such investments, quotations from dealers, pricing matrices, market transactions in comparable investments and various relationships between investments. In the absence of observable market prices, the Feeder Fund values its investment using valuation methodologies applied on a consistent basis. Few observable inputs may exist for the Feeder Fund's investments. Management's estimation of fair value is then

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 3 - FAIR VALUE MEASUREMENT - continued**

based on the best information available in the circumstances and may incorporate management's own assumptions and involves factors, including the appropriate risk adjustments for non-performance and liquidity risks. Investments for which market prices are not observable include private investments in the equity of operating companies and certain debt positions. The valuation techniques for these investments are described in the paragraph below.

Investments in debt securities are initially evaluated to determine whether the enterprise value of the issuer is greater than the applicable debt. The enterprise value of the issuer is estimated using a market approach and an income approach. The market approach utilizes market value (EBITDA) multiples of publicly traded comparable companies and available precedent sales transactions of comparable companies. The Partnership carefully considers numerous factors when selecting the appropriate companies whose multiples are used to value its issuers. These factors include, but are not limited to, the type of organization, similarity to the business being valued, relevant risk factors, as well as size, profitability and growth expectations. The income approach typically uses a discounted cash flow analysis of the issuer. Investments in debt securities that do not have sufficient coverage through the enterprise value analysis are valued based on an expected probability of default and discount recovery analysis. Investments in debt securities with sufficient coverage through the enterprise value analysis are generally valued using a discounted cash flow analysis of the underlying security. Projected cash flows in the discounted cash flow typically represent the relevant security's contractual interest, fees and principal payments plus the assumption of full principal recovery at the security's expected maturity date. The discount rate to be used is determined using an average of two market-based methodologies. Investments in debt securities may also be valued using consensus pricing.

*Collective funds:*

Collective funds are pooled funds each with its own investment objective. Securities are stated at fair value. Securities traded on U.S. securities exchanges or in the Nasdaq Stock Market, Inc. are generally valued at the regular trading session closing price on the exchange or market in which such securities are principally traded. If any such security is not traded on a valuation date, it is valued at the most recent quoted bid price. Over-the-counter securities not reported in the Nasdaq Stock Market, Inc. are also generally valued at the most recent quoted bid price. Fixed income securities, including private placements, however, may be valued on the basis of evaluated prices provided by independent pricing services when such prices are believed to reflect the fair market value of such securities. Such prices may be determined taking into account securities prices, yields, maturities, call features, rating, institutional size trading in similar groups of securities and developments related to specific securities. The values of securities of foreign issuers are generally based upon market quotations which, depending upon local convention or regulation, may be the last sale price, the last bid or asked price or the mean between the last bid and asked price as of, in each case, the close of the appropriate exchange or other designated time.

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 3 - FAIR VALUE MEASUREMENT - continued**

Foreign fixed income securities may, like domestic fixed income securities, be valued based on prices provided by independent pricing services when such prices are believed to reflect the fair market value of such securities. Spot and forward foreign currency exchange contracts are generally valued using an independent pricing service. Swap contracts and other certain investments are valued based on quotations from independent brokers. Short-term investments are valued at amortized cost. Repurchase agreements are valued at cost, which approximates fair value. Certain other investments may be valued based on quotations received from independent brokers. Investments in other Funds are valued at the application unit value of those Funds. Any securities for which no current market quotation is readily available are valued at fair value as determined in good faith by the manager of the fund. The manager of the investment fund, in its discretion, may make adjustments to the prices of securities held by a collective fund if an event occurs after the publication of market values normally used by a collective fund but before the time as of which the collective fund calculates its net asset value, depending on the nature and significance of the event, consistent with applicable regulatory guidance.

Following is a description of the valuation methodologies used for assets measured at NAV.

*Real estate commingled funds* are valued by a unit value per share which is determined by each real estate fund. Real estate held by the real estate commingled fund is stated at fair value as determined by appraisals prepared by independent third party appraisers. The unit value per share represents the net asset value (NAV). The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Reams Core Plus Bond Fund* is valued each day on which the New York Stock Exchange (NYSE) is open for trading. The Net Asset Value (NAV) per unit is calculated as of the close of trading on the NYSE. The NAV per unit is computed by dividing the total assets of the Fund, less its liabilities, by the total number of Fund units outstanding. Net investment income and realized gains from security transactions are not distributed to participants and are reinvested in the Fund.

**NOTE 4 - INVESTMENT REDEMPTION RESTRICTIONS**

At April 30, 2025, the Fund has investments with redemption restrictions as follows:

*American Core Realty Fund, LP*

Requests for redemptions may be made at any time and are effective at the end of the calendar quarter in which the request is received. Redemptions are subject to the availability of cash flow arising from investment transactions, sales and other American Core Fund

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 4 - INVESTMENT REDEMPTION RESTRICTIONS - continued**

operations occurring in the normal course of business. At certain times, based on the number of redemption requests the American Core Fund has received, American Realty may determine that it is in the best interest of investors in the American Core Fund to limit the amount of payments on these redemption requests and to make payments, as cash becomes available for that purpose, on a pro-rata basis as provided for under the terms of the American Core Fund's Operating Agreement. Redemption requests shall be deemed timely as of the next valuation date after receipt of a notice of redemption. There may, however, be a significant delay in payment of the redemption price as American Realty is not required to liquidate or encumber assets or defer investments in order to make redemption payments. In some instances, there may be restrictions on the American Core Fund's ability to liquidate certain investments. Accordingly, investment in the units should be viewed as an illiquid long-term investment.

*IFM Global Infrastructure, LP*

In the first two years following its investment, a Limited Partner can submit redemption requests each quarter in an amount up to 2.5% of the Plan's current capital balance. A Limited Partner may withdraw all or a portion of its Capital Account balance invested in the IFM Fund for more than two years (or which is attributable thereto) as of the end of each quarter, subject to certain conditions. Investors must provide at least 90 days prior written notice of a redemption, subject to a minimum withdrawal amount of US \$1 million (unless such amount represents the entirety of its Capital Account). The Private Placement Memorandum also provides that "generally, at least 90% of the amount due to a Limited Partner will be paid within 30 days after the effective date of the withdrawal." If the General Partner determines that withdrawals should be limited to an amount less than the aggregate withdrawals requested as of the last business day of the applicable period, each Limited Partner who has delivered timely written notice of such withdrawal will receive a pro rata portion of the requested withdrawal. With respect to any remaining balance in respect of a withdrawal request or any withdrawal request that is not paid as a result of the suspension of withdrawals by the General Partner, each affected Limited Partner will have a priority at each subsequent withdrawal date over other Limited Partners whose withdrawal requests were submitted to the Partnership in respect of a subsequent withdrawal date. The General Partner shall not be required to draw down any capital commitments in order to satisfy withdrawal Requests by Limited Partners. The General Partner may in its discretion waive any requirement relating to withdrawals, including, but not limited to, any notice or minimum withdrawal amount.

*CDL Offshore Fund (Levered) Feeder, LP*

The investment is an open-ended evergreen fund. Following the expiration of the twenty-four month period following the date of which a limited partner makes its initial capital contribution which is called the "Lock-up Period" and quarterly thereafter, a limited partner may, upon 90

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 4 - INVESTMENT REDEMPTION RESTRICTIONS - continued**

calendar days' prior written notice, request a partial or total redemption of its ordinary units to the extent the Fund has sufficient cash from capital commitments to honor requests. Following the expiration of the "Lock-up Period", a limited partner may, upon at least 180 calendar days' prior written notice, request to transfer all or any portion of such Limited Partner's interest in each investment into a Run-Off Class as of December 31 of the applicable year. Redemption requests accepted by the General Partner are expected to be satisfied solely out of Capital Commitments, including undrawn Capital Commitments. However, the General Partner may, on a selective basis, use current proceeds, disposition proceeds or proceeds from borrowings to satisfy redemptions. The General Partner will not be obligated to sell any property or assets, borrow funds, repay borrowings, or to cause the Fund to violate the Partnership Agreement in order to satisfy any redemption request. Due to redemptions generally being satisfied solely out of capital commitments, it is possible that redemptions will not be satisfied for an extended period of time.

**NOTE 5 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the plan can terminate subject to the provisions set forth in ERISA.

In the event of termination, each participant shall have nonforfeitable 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. Each participant shall receive that part of the total remaining assets at the same ratio as his accumulated share bears to the aggregate amount of the accumulated shares of all participants.

**NOTE 6 - PARTIES-IN-INTEREST TRANSACTIONS**

Fees paid during the year for administrative, legal, accounting and other services by parties-in-interest were based on customary and reasonable rates for such services.

**NOTE 7 - RELATED PARTY TRANSACTION**

The Plan pays an administrative fee under an agreement with the Indiana Laborers Welfare Fund. The Welfare Fund is reimbursed based on a percentage of its total administrative cost. The percentage is based on a time study of the actual work performed for the Indiana Laborers Defined Contribution Trust Fund Plan. During the years ended April 30, 2025 and 2024, the Plan paid \$303,634 and \$238,929, respectively in administrative fees to the Welfare Fund.

**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

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**Notes to Financial Statements - Continued**

**April 30, 2025 and 2024**

**NOTE 8 - RISKS AND UNCERTAINTIES - continued**

investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 9 - CONCENTRATION OF CREDIT RISK**

The Plan routinely maintains bank account balances in local banks in excess of amounts covered by the Federal Deposit Insurance Corporation.

**NOTE 10 - COMMITMENTS**

The Fund has committed to investing certain minimum amounts with investment companies. Unfunded investment commitments are as follows as of April 30:

	<u>2025</u>	<u>2024</u>
Carlyle Direct Lending Evergreen Fund	\$ -	\$ 3,114,643
IFM Global Infrastructure (US), LP	<u>-</u>	<u>1,000,000</u>
Total unfunded capital commitments	\$ <u>-</u>	\$ <u>4,114,643</u>

**NOTE 11 - PLAN AMENDMENTS**

Effective July 1, 2024, the plan was amended to address separation from employment. The summary plan description or plan documents should be examined to view those changes.

Effective May 1, 2025, the plan was amended to allow the expenses of administering the plan to be allocated through a flat fee assessed against all Participant Accounts. The summary plan description or plan documents should be examined to view those changes.

**NOTE 12 - ADMINISTRATIVE EXPENSES**

Administrative expenses for the years ended April 30, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 303,634	\$ 238,929
Professional fees	87,889	79,299
Supplies, printing, postage	18,584	13,237
Other expenses	<u>18,751</u>	<u>24,553</u>
	\$ <u>428,858</u>	\$ <u>356,018</u>

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**EIN 46-5396452 Plan Number 001**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**April 30, 2025**

(a)	(b)	(c)	(d)	(e)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest or maturity value</u>	<u>Cost</u>	<u>Current Value</u>	
<b>Cash equivalents</b>				
Federated Govt Obligation Fund 117	Money market mutual fund	\$ 140,753	\$ 140,753	
<b>Infrastructure limited partnership</b>				
IFM Global Infrastructure, LP	0.03% partnership interest	4,101,788	5,115,172	
<b>Private debt fund limited partnership</b>				
CDL Offshore Fund (Levered) Feeder, LP	3,718.83 units	4,356,182	4,344,051	
<b>Real estate commingled trust fund</b>				
American Core Realty Fund, LP	36.0549 units	4,538,091	4,316,934	
<b>Collective funds</b>				
BNYM Mellon AFL CIO SL Broad Market SIF	570,073.4400 shares	8,397,218	9,639,942	
BNYM Mellon SL ACWI Ex US	12,919.5250 shares	3,883,571	4,578,550	
Nuveen Core Plus Bond Fund - Founders Class	2,167,607.5490 shares	23,285,975	23,865,359	
Reams Core Plus Bond CIT Founders Class	641,950.405 units	6,545,631	6,682,704	
		<u>42,112,395</u>	<u>44,766,555</u>	
	Total	\$ <u>55,249,209</u>	\$ <u>58,683,465</u>	

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**EIN 46-5396452 Plan Number 001**

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions**

**April 30, 2025**

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expenses Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain on (Loss)</u>
<u>Category (i) - Individual transaction in excess of five percent of plan assets</u>								
BNYM Mellon SL Agg Bond Index Fund	Collective fund	\$ -	\$ 5,000,000	\$ -	\$ -	\$ 4,818,818	\$ 5,000,000	\$ 181,182
BNYM Mellon SL Agg Bond Index Fund	Collective fund	-	17,500,000	-	-	17,189,240	17,500,000	310,760
BNYM Mellon SL Agg Bond Index Fund	Collective fund	-	5,200,000	-	-	5,068,312	5,200,000	131,688
CDL Offshore (Levered) Feeder, L.P.	Private debt fund	2,726,164	-	-	-	2,726,164	2,726,164	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund	17,500,000	-	-	-	17,500,000	17,500,000	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund	5,200,000	-	-	-	5,200,000	5,200,000	-
Reams Core Plus Bond Fund Founders Class	Collective fund	5,000,000	-	-	-	5,000,000	5,000,000	-
<u>Category (ii) - Series of transactions other than securities transactions - None</u>								

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

EIN 46-5396452 Plan Number 001

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions - continued

April 30, 2025

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expenses Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain on (Loss)</u>
<u>Category (iii) - A series of securities transactions</u>								
BNYM Mellon SL Agg Bond Index Fund	Collective fund							
Purchases		\$ 1,200,000	\$ -	\$ -	\$ -	\$ 1,200,000	\$ 1,200,000	\$ -
Sales		-	29,180,544	-	-	28,500,000	29,180,544	680,544
CDL Offshore (Levered) Feeder, L.P.	Private debt fund							
Purchases		3,114,643	-	-	-	3,114,643	3,114,643	-
Federated Government Obligation 117 Premier	Money market fund							
Purchases		4,896,215	-	-	-	4,896,215	4,896,215	-
Sales		-	4,963,677	-	-	4,963,677	4,963,677	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund							
Purchases		23,300,000	-	-	-	23,300,000	23,300,000	-
Reams Core Plus Bond Fund Founders Class	Collective fund							
Purchases		6,550,000	-	-	-	6,550,000	6,550,000	-
<u>Category (iv) - Other transactions - None</u>								

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**EIN 46-5396452 Plan Number 001**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**April 30, 2025**

(a)	(b)	(c)	(d)	(e)
<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest or maturity value</u>	<u>Cost</u>	<u>Current Value</u>	
<b>Cash equivalents</b>				
Federated Govt Obligation Fund 117	Money market mutual fund	\$ 140,753	\$ 140,753	
<b>Infrastructure limited partnership</b>				
IFM Global Infrastructure, LP	0.03% partnership interest	4,101,788	5,115,172	
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Reams Core Plus Bond CIT Founders Class	641,950.405 units	6,545,631	6,682,704	
		<u>42,112,395</u>	<u>44,766,555</u>	
	Total	\$ <u>55,249,209</u>	\$ <u>58,683,465</u>	

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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



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

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

<b>1a</b> Name of plan INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	05/01/2014
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN  P.O. BOX 1587  TERRE HAUTE IN 47808-1587	<b>2b</b> Employer Identification Number (EIN)	46-5396452
	<b>2c</b> Plan Sponsor's telephone number	812-238-2551
	<b>2d</b> Business code (see instructions)	236200

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

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

<b>SIGN HERE</b>		05/17/2025	BRIAN C SHORT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		05/17/2025	BRADLEY DENO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

**EIN 46-5396452 Plan Number 001**

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions**

**April 30, 2025**

(a) <b>Identity of Party Involved</b>	(b) <b>Description of Asset</b>	(c) <b>Purchase Price</b>	(d) <b>Selling Price</b>	(e) <b>Lease Rental</b>	(f) <b>Expenses Incurred With Transaction</b>	(g) <b>Cost of Asset</b>	(h) <b>Current Value of Asset on Transaction Date</b>	(i) <b>Net Gain on (Loss)</b>
<u>Category (i) - Individual transaction in excess of five percent of plan assets</u>								
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BNYM Mellon SL Agg Bond Index Fund	Collective fund	-	17,500,000	-	-	17,189,240	17,500,000	310,760
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CDL Offshore (Levered) Feeder, L.P.	Private debt fund	2,726,164	-	-	-	2,726,164	2,726,164	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund	17,500,000	-	-	-	17,500,000	17,500,000	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund	5,200,000	-	-	-	5,200,000	5,200,000	-
Reams Core Plus Bond Fund Founders Class	Collective fund	5,000,000	-	-	-	5,000,000	5,000,000	-
<u>Category (ii) - Series of transactions other than securities transactions - None</u>								

**INDIANA LABORERS DEFINED CONTRIBUTION  
TRUST FUND PLAN**

EIN 46-5396452 Plan Number 001

**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions - continued**

April 30, 2025

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expenses Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain on (Loss)</u>
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CDL Offshore (Levered) Feeder, L.P.	Private debt fund							
Purchases		3,114,643	-	-	-	3,114,643	3,114,643	-
Federated Government Obligation 117 Premier	Money market fund							
Purchases		4,896,215	-	-	-	4,896,215	4,896,215	-
Sales		-	4,963,677	-	-	4,963,677	4,963,677	-
Nuveen Core Plus Bond Fund - Founders Class	Collective fund							
Purchases		23,300,000	-	-	-	23,300,000	23,300,000	-
Reams Core Plus Bond Fund Founders Class	Collective fund							
Purchases		6,550,000	-	-	-	6,550,000	6,550,000	-
<u>Category (iv) - Other transactions - None</u>								