

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: KENTUCKY CONSTRUCTION INDUSTRY TRUST
1b Three-digit plan number (PN): 510
1c Effective date of plan: 03/01/1975
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 230 LEXINGTON GREEN CIRCLE, SUITE 400, LEXINGTON, KY 40503
2b Employer Identification Number (EIN): 61-6094900
2c Plan Sponsor's telephone number: 859-226-1767
2d Business code (see instructions): 525920

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6920
<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>	6920
	<b>6a(2)</b>	6612
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	6612
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>9</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 164074430

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**DELTA DENTAL OF KENTUCKY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-0659432	54674	M00059	2754	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	700519
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	-12179
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	688340
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	540559
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	-5426
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	535133
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	107381	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	7571	
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		114952
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	6129
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	OK 821037	19	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid <b>131</b>	(b) Total amount of fees paid <b>34</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFITS INSURANCE MARKETING INC**      **1151 RED MILE RD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
131	34	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	654
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**ANTHEM HEALTH PLANS OF KY INC**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGKYCIT	8152	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid <b>1181295</b></p>	<p>(b) Total amount of fees paid <b>5314</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFIT INSURANCE MARKETING INC**      **1151 RED MILE ROAD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
693825	3335	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**SHEPHERD INSURANCE LLC**      **111 CONGRESSIONAL BLVD STE 100**  
**CARMEL, IN 46032**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
239131	348	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

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

HOUCHENS INSURANCE GROUP INC 1750 SCOTTSVILLE ROAD STE 4  
BOWLING GREEN, KY 42104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89008	1593	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

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

HUB INTERNATIONAL MIDWEST LIMITED 2120 PEWAUKEE RD SUITE 202  
WAUKESHA, WI 53188

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35853			3

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

CIS INSURANCE & INVESTMENT PARTNERS 550 S 5TH ST STE 101  
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25302			3

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

HIGGINS INSURANCE INC 4057 LAFAYETTE RD  
HOPKINSVILLE, KY 42240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19093			3

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

LIFE ASSOCIATES, INC PO BOX 226  
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16111			3

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

RCS INS BROKERAGE INC 160 FEDERAL STREET  
BOSTON, MA 01982

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15692			3

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

MCGRIFF INSURANCE SERVICES, INC 7701 AIRPORT CENTER DRIVE  
GREENSBORO, NC 27409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12541	7	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

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

PEEL AND HOLLAND INC PO BOX 427  
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9624	17	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

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

RIDDLE INSURANCE LLC 245 SOUTH MAIN STREET  
MADISONVILLE, KY 42431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8728			3

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

ASSUREDPARTNERS NL LLC 435 WHITTINGTON PKWY SUITE 300  
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7649	14	BONUS, OVERRIDE AND NON MONETARY COMPENSATION	3

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

GALLAGHER BENEFIT SERVICES INC

323 WEST LAKESIDE AVENUE SUITE 410  
CLEVELAND, OH 44113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6675			3

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

MORGAN TREVATHAN GUNN INC

106 EAST 12TH STREET  
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2063			3

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	60287273
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**STANDARD INSURANCE COMPANY - DENTAL**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	166408	49	01/01/2024	10/31/2024

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

<p>(a) Total amount of commissions paid <b>733</b></p>	<p>(b) Total amount of fees paid <b>298</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFIT INS MARKETING INC**  
**1151 RED MILE RD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
543			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**UMR INC**  
**230 LEXINGTON GREEN CIRCLE, STE 400**  
**LEXINGTON, KY 40503**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	298	MARKETING	3

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

ASSUREDPARTNERS NL LLC

435 N WHITTINGTON PKWY STE 300  
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
190			3

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	13232	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	168	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		13400
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	6366	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	43	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		6409
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	734	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	298	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	3170	
	(E) Taxes .....	<b>9c(1)(E)</b>	201	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	335	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	2252	
	(H) Total retention .....	<b>9c(1)(H)</b>		6990
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		751
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**STANDARD INSURANCE COMPANY - LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	166408	74	01/01/2024	10/31/2024

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

<p>(a) Total amount of commissions paid <b>2123</b></p>	<p>(b) Total amount of fees paid <b>1108</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFIT INS MARKETING INC**  
**1151 RED MILE ROAD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2123			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**UMR INC**  
**230 LEXINGTON GREEN CIRCLE STE 400**  
**LEXINGTON, KY 40503**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1112	ADMINISTRATIVE	3

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

ASSUREDPARTNERS NL LLC

435 N WHITTINGTON PKWY STE 300  
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	-4		3

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	10224	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	5832	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		16056
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	1344	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		1344
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	2120	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	1112	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	2173	
	(E) Taxes .....	<b>9c(1)(E)</b>	241	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	1222	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	7843	
	(H) Total retention .....	<b>9c(1)(H)</b>		14711
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		3675
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>510</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**STANDARD INSURANCE COMPANY - TEMP DISABILITY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	166408	15	01/01/2024	10/31/2024

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

(a) Total amount of commissions paid <b>1351</b>	(b) Total amount of fees paid <b>606</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFIT INS MARKETING INC**  
**1151 RED MILE ROAD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1351			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**UMR INC**  
**230 LEXINGTON GREEN CIRCLE STE 400**  
**LEXINGTON, KY 40503**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	606	ADMINISTRATIVE	3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	4912	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	2357	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		7269
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	3873	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	124	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		3997
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	1351	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	606	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	2061	
	(E) Taxes .....	<b>9c(1)(E)</b>	109	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	361	
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		4488
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		899
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**STANDARD INSURANCE COMPANY - VISION**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	166408	45	01/01/2024	10/31/2024

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

<p>(a) Total amount of commissions paid <b>239</b></p>	<p>(b) Total amount of fees paid <b>106</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFIT INS MARKETING INC**  
**1151 RED MILE ROAD**  
**LEXINGTON, KY 40504**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
172			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**UMR INC**  
**230 LEXINGTON GREEN CIRCLE STE 400**  
**LEXINGTON, KY 40503**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	106	MARKETING	3

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

ASSUREDPARTNERS NL LLC

435 N WHITTINGTON PKWY STE 300  
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	4659	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	10	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		4669
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	1118	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	14	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		1132
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	238	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	106	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>	1458	
	(E) Taxes .....	<b>9c(1)(E)</b>	70	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	116	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	1550	
	(H) Total retention .....	<b>9c(1)(H)</b>		3538
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		525
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>510</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>61-6094900</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**SUN LIFE ASSURANCE CO OF CANADA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>38-1082080</b>	<b>80802</b>	<b>939614-939963</b>	<b>460</b>	<b>04/01/2024</b>	<b>03/31/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>21989</b>	<b>(b)</b> Total amount of fees paid <b>5260</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ADMINISTRATIVE SERVICES GROUP** **333 W VINE ST STE 500**  
**LEXINGTON, KY 40507**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>21989</b>	<b>5260</b>	<b>BONUSES AND AWARDS</b>	<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	148170
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>510</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>61-6094900</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**STANDARD LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	KCIT090109	775	04/01/2024	03/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

[ALL SCHEDULE A INFORMATION](#)

<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 **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>510</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>61-6094900</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

**ANTHEM HEALTH PLANS OF KENTUCKY, IN**

**61-1237516**

**(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

**(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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**(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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**(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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**(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)

FISERV/ASGI

31-1558779

(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	NONE	560685	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)

PNC INSTITUTIONAL INVESTMENTS

1900 E. 9TH STREET  
CLEVELAND, OH 44114

(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	35806	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)

MILLIMAN

1301 FIFTH AVENUE, SUITE 3800  
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	25545	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)

DEAN DORTON ALLEN FORD, PLLC

27-3858252

(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	19950	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)

USI INSURANCE SERVICES LLC

13-3771734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	18651	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)

CENTRAL BANK

31-1558779

(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?
65	NONE	7201	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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>KENTUCKY CONSTRUCTION INDUSTRY TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>510</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KENTUCKY CONSTRUCTION INDUSTRY TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>61-6094900</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:		
<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)
<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)
<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)
<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)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor 4 SEASONS H/C INC**c** EIN-PN 61-1141911-**a** Plan name**b** Name of plan sponsor 4E EXCAVATING, LLC**c** EIN-PN 26-1131542-**a** Plan name**b** Name of plan sponsor 5 H TECHNOLOGIES INC**c** EIN-PN 20-4085005-**a** Plan name**b** Name of plan sponsor A & B SIGN CO INC**c** EIN-PN 61-0700125-**a** Plan name**b** Name of plan sponsor A & D MASONRY**c** EIN-PN 31-1519591-**a** Plan name**b** Name of plan sponsor A-1 COOLING INC**c** EIN-PN 61-1221380-**a** Plan name**b** Name of plan sponsor A-1 PORTABLE BUILDINGS INC**c** EIN-PN 61-0723352-**a** Plan name**b** Name of plan sponsor AAA FENCE LLC**c** EIN-PN 46-1670817-**a** Plan name**b** Name of plan sponsor AAA HEATING & AIR CONDITIONING**c** EIN-PN 82-2997753-**a** Plan name**b** Name of plan sponsor ABERCO INTERIORS**c** EIN-PN 61-1209376-**a** Plan name**b** Name of plan sponsor ABLE SERVICE, LLC**c** EIN-PN 20-0437261-**a** Plan name**b** Name of plan sponsor ABR CONSTRUCTION, INC.**c** EIN-PN 61-0971502-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor ACCO INC.**c** EIN-PN 61-0602713-**a** Plan name**b** Name of plan sponsor ACTION HEATING AND AIR INC**c** EIN-PN 61-1134188-**a** Plan name**b** Name of plan sponsor ADAMS CLARK ELECTRICAL CONTRAC**c** EIN-PN 27-1753430-**a** Plan name**b** Name of plan sponsor ADAMS INSULATION, INC**c** EIN-PN 61-0992036-**a** Plan name**b** Name of plan sponsor ADCO INC**c** EIN-PN 61-1167258-**a** Plan name**b** Name of plan sponsor ADLER PLUMBING**c** EIN-PN 61-1275824-**a** Plan name**b** Name of plan sponsor ADVANCED ELECTRICAL**c** EIN-PN 61-1250812-**a** Plan name**b** Name of plan sponsor AFFORDABLE SERV SOLUTIONS**c** EIN-PN 45-5364593-**a** Plan name**b** Name of plan sponsor AFFORDABLE/ AUTOMATIC AIR**c** EIN-PN 61-0567171-**a** Plan name**b** Name of plan sponsor AGC OF WESTERN KENTUCKY**c** EIN-PN 61-0481966-**a** Plan name**b** Name of plan sponsor AIR CARE INC.**c** EIN-PN 32-0338810-**a** Plan name**b** Name of plan sponsor AIR MECHANICAL SALES INC**c** EIN-PN 61-1154886-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor AIR PROS HEATING & COOLING,LLC**c** EIN-PN 81-1486431-**a** Plan name**b** Name of plan sponsor AIR TECH INC**c** EIN-PN 61-1283420-**a** Plan name**b** Name of plan sponsor ALL WEATHER HEATING & COOLING**c** EIN-PN 61-0924105-**a** Plan name**b** Name of plan sponsor ALLGEIER PLUMBING INC**c** EIN-PN 81-1389898-**a** Plan name**b** Name of plan sponsor ALLSTATE HEATING & COOLING**c** EIN-PN 38-3704061-**a** Plan name**b** Name of plan sponsor ALT 32 ARCHITECTURE**c** EIN-PN 61-1160369-**a** Plan name**b** Name of plan sponsor AMERICAN COUNCIL OF ENGINEERIN**c** EIN-PN 23-7215206-**a** Plan name**b** Name of plan sponsor AMERICAN TILE COMPANY, INC**c** EIN-PN 61-0675892-**a** Plan name**b** Name of plan sponsor APEX MECHANICAL INC**c** EIN-PN 46-0624559-**a** Plan name**b** Name of plan sponsor APEX PLUMBING SOLUTIONS INC**c** EIN-PN 26-4054895-**a** Plan name**b** Name of plan sponsor ARCHITECTURAL INVESTMENTS INC**c** EIN-PN 61-1272754-**a** Plan name**b** Name of plan sponsor ARCHWAY ROOFING & SHEET METAL**c** EIN-PN 01-0655025-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor ARCO ENGINEERING INC**c** EIN-PN 61-0946793-**a** Plan name**b** Name of plan sponsor ARTISAN CONTRACTORS OF KY**c** EIN-PN 26-2261969-**a** Plan name**b** Name of plan sponsor ASSOCIATED GENERAL CONTR OF KY**c** EIN-PN 61-0263520-**a** Plan name**b** Name of plan sponsor ATHENS COMMERCIAL DOOR &**c** EIN-PN 43-2037319-**a** Plan name**b** Name of plan sponsor AUDAS ENVIRONMENTAL LLC**c** EIN-PN 36-3647784-**a** Plan name**b** Name of plan sponsor AUTOMATED BUILDING CONCEPTS**c** EIN-PN 61-1349228-**a** Plan name**b** Name of plan sponsor AYOROA SIMMONS LLC**c** EIN-PN 81-1544809-**a** Plan name**b** Name of plan sponsor AZTEC FLOORING INC.**c** EIN-PN 61-1064531-**a** Plan name**b** Name of plan sponsor B.L. RADDEN AND SON, INC.**c** EIN-PN 61-0544756-**a** Plan name**b** Name of plan sponsor BADGETT CONSTRUCTORS LLC**c** EIN-PN 61-1276211-**a** Plan name**b** Name of plan sponsor BALZ CUSTOM WOODWORKING INC**c** EIN-PN 61-1149219-**a** Plan name**b** Name of plan sponsor BARROTT EQUITY DBA TEMP PRO**c** EIN-PN 81-2018285-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor BASS MAINTENANCE CORP**c** EIN-PN 61-1085308-**a** Plan name**b** Name of plan sponsor BEAVER CREEK HYDROLOGY**c** EIN-PN 20-8027614-**a** Plan name**b** Name of plan sponsor BELL CONCRETE INDUSTRIES**c** EIN-PN 61-0659182-**a** Plan name**b** Name of plan sponsor BENCHMARK CONTRACTING, INC.**c** EIN-PN 61-1286719-**a** Plan name**b** Name of plan sponsor BENEZET AND ASSOCIATES LLC**c** EIN-PN 26-2835572-**a** Plan name**b** Name of plan sponsor BENNETT'S CONTRACTING, INC**c** EIN-PN 61-1082252-**a** Plan name**b** Name of plan sponsor BENNETT'S INTERIOR**c** EIN-PN 92-0264434-**a** Plan name**b** Name of plan sponsor BERNARD VENABLE ELECTRIC INC**c** EIN-PN 61-1270962-**a** Plan name**b** Name of plan sponsor BIG SANDY HEATING AND AC INC**c** EIN-PN 61-0896891-**a** Plan name**b** Name of plan sponsor BLANKENSHIP ASPHALT TECH & TRA**c** EIN-PN 82-2239570-**a** Plan name**b** Name of plan sponsor BLANTON ELECTRIC INC**c** EIN-PN 61-1677376-**a** Plan name**b** Name of plan sponsor BLUEGRASS CONTRACTING CORP**c** EIN-PN 61-0679440-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor BLUEGRASS ELECTRICAL CONSULT**c** EIN-PN 61-0902822-**a** Plan name**b** Name of plan sponsor BLUEGRASS FLEET MAINTENANCE IN**c** EIN-PN 86-3659238-**a** Plan name**b** Name of plan sponsor BLUEGRASS INSULATING SERVICE**c** EIN-PN 31-1545811-**a** Plan name**b** Name of plan sponsor BLUEGRASS METAL WORKS, INC**c** EIN-PN 32-0496528-**a** Plan name**b** Name of plan sponsor BLUEGRASS ROLLER SERVICE**c** EIN-PN 61-0998387-**a** Plan name**b** Name of plan sponsor BLUEGRASS TOOL & INDSTRLL LLC**c** EIN-PN 45-4712110-**a** Plan name**b** Name of plan sponsor BLUEGRASS TRUCKING INC**c** EIN-PN 61-1229019-**a** Plan name**b** Name of plan sponsor BORNSTEIN BUILDING COMPANY**c** EIN-PN 61-1006656-**a** Plan name**b** Name of plan sponsor BORNSTEIN GENERAL CONTRACTING**c** EIN-PN 27-4813942-**a** Plan name**b** Name of plan sponsor BOSSE MATTINGLY CONSTRCTN INC**c** EIN-PN 36-4352217-**a** Plan name**b** Name of plan sponsor BOTTOMS ENGINEERING & SERVICE**c** EIN-PN 61-0668676-**a** Plan name**b** Name of plan sponsor BOWLING GREEN REFRIGERATION**c** EIN-PN 61-1317330-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	BRAINER & BROWN PLUMBING	<b>c</b> EIN-PN	61-1276813-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRAINER PLUMBING LLC	<b>c</b> EIN-PN	99-1631116-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRANDYWINE EXPLOSIVES & SUPPLY	<b>c</b> EIN-PN	61-1069562-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRANSCUM CONSTRUCTION CO INC	<b>c</b> EIN-PN	61-0923668-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRATCHER SERVICES, LLC	<b>c</b> EIN-PN	45-2249963-
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**a** Plan name

<b>b</b> Name of plan sponsor	BREATHITT MECHANICAL COMP INC	<b>c</b> EIN-PN	61-1101072-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRECK COUNTY READY MIX	<b>c</b> EIN-PN	61-0869345-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRENT REEVES TRUCKING INC.	<b>c</b> EIN-PN	61-0604308-
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**a** Plan name

<b>b</b> Name of plan sponsor	BRETT CONSTRUCTION COMPANY	<b>c</b> EIN-PN	61-1112611-
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**a** Plan name

<b>b</b> Name of plan sponsor	BROOKS HEATING & AIR INC.	<b>c</b> EIN-PN	61-1161746-
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**a** Plan name

<b>b</b> Name of plan sponsor	BROOKS MOTOR & ELECTRIC INC	<b>c</b> EIN-PN	61-1010735-
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**a** Plan name

<b>b</b> Name of plan sponsor	BROTHER BILLS HEATING AND COOL	<b>c</b> EIN-PN	35-2407914-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor BROWN ELECTRIC SERVICE LLC**c** EIN-PN 32-0250487-**a** Plan name**b** Name of plan sponsor BROWN SPRINKLER CORPORATION**c** EIN-PN 61-0560682-**a** Plan name**b** Name of plan sponsor BRYANT-BURNETT HEATING & AC**c** EIN-PN 61-0651992-**a** Plan name**b** Name of plan sponsor BUCKNER PLUMBING INC**c** EIN-PN 54-2111307-**a** Plan name**b** Name of plan sponsor BUILDERS EXCHANGE OF LSVLE**c** EIN-PN 61-0145980-**a** Plan name**b** Name of plan sponsor BUSH & BURCHETT INC**c** EIN-PN 61-0718956-**a** Plan name**b** Name of plan sponsor C & A PLUMBING INC**c** EIN-PN 83-2677578-**a** Plan name**b** Name of plan sponsor C SQUARED INC**c** EIN-PN 61-1257759-**a** Plan name**b** Name of plan sponsor CALDWELL STONE COMPANY, INC.**c** EIN-PN 61-0419486-**a** Plan name**b** Name of plan sponsor CALVERT CITY LUMBER**c** EIN-PN 61-0543468-**a** Plan name**b** Name of plan sponsor CAMBRIDGE CONSTRUCTION CO.**c** EIN-PN 61-1225130-**a** Plan name**b** Name of plan sponsor CAN DO ELECTRIC SERVICES**c** EIN-PN 27-2715367-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor **CARDINAL SALES****c** EIN-PN **61-0922075-****a** Plan name**b** Name of plan sponsor **CARLISLE MILLING CO****c** EIN-PN **83-0746377-****a** Plan name**b** Name of plan sponsor **CARLON ROOFING&SHEET METAL INC****c** EIN-PN **61-1172306-****a** Plan name**b** Name of plan sponsor **CARTER CONCRETE PRODUCTS****c** EIN-PN **61-0879584-****a** Plan name**b** Name of plan sponsor **CARTER REFRIGERATION CO., INC****c** EIN-PN **61-1238710-****a** Plan name**b** Name of plan sponsor **CAS-AIR CO, INC****c** EIN-PN **61-1210403-****a** Plan name**b** Name of plan sponsor **CC HARDWARE CONSULTANTS, INC****c** EIN-PN **27-5557704-****a** Plan name**b** Name of plan sponsor **CECILS HEATING & AIR INC****c** EIN-PN **61-1222282-****a** Plan name**b** Name of plan sponsor **CENTRAL KY BEARING & IND. SUPP****c** EIN-PN **56-2467596-****a** Plan name**b** Name of plan sponsor **CHAMBERS ROOFING****c** EIN-PN **61-1337892-****a** Plan name**b** Name of plan sponsor **CHAMPION WATERPROOFING AND****c** EIN-PN **26-3433486-****a** Plan name**b** Name of plan sponsor **CHARLES GUELDA & SONS PLUMBING****c** EIN-PN **61-0995737-**

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor CHRISTOPHER & SMITH HEATING &**c** EIN-PN 61-1196446-**a** Plan name**b** Name of plan sponsor CHUCK PFAEHLER PEAK HTG & AIR**c** EIN-PN 36-4536899-**a** Plan name**b** Name of plan sponsor CIRCLE P ENTERPRISES LLC**c** EIN-PN 75-3231220-**a** Plan name**b** Name of plan sponsor CLARK METAL WORKS**c** EIN-PN 46-3184175-**a** Plan name**b** Name of plan sponsor CLIMATE CONTROL OF KY LLC**c** EIN-PN 61-1287036-**a** Plan name**b** Name of plan sponsor CLOTFELTER SAMOKAR PSC**c** EIN-PN 61-1166904-**a** Plan name**b** Name of plan sponsor CMS ARCHITECTS**c** EIN-PN 61-1383174-**a** Plan name**b** Name of plan sponsor CMW INC**c** EIN-PN 61-0676785-**a** Plan name**b** Name of plan sponsor COMBS WELDING LLC**c** EIN-PN 61-1406707-**a** Plan name**b** Name of plan sponsor COMFORT AIR HTG & COOLING INC**c** EIN-PN 20-0583679-**a** Plan name**b** Name of plan sponsor COMFORT AIR TECHNOLOGIES LLC**c** EIN-PN 84-3224656-**a** Plan name**b** Name of plan sponsor COMFORTMASTER, INC**c** EIN-PN 20-0302048-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	COMMERCIAL DOOR AND HARDWARE	<b>c</b> EIN-PN	61-1169293-
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**a** Plan name

<b>b</b> Name of plan sponsor	COMPACT EXCAVATOR SALES LLC	<b>c</b> EIN-PN	61-1341706-
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**a** Plan name

<b>b</b> Name of plan sponsor	COMPLETE TRANSFER	<b>c</b> EIN-PN	33-1078186-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONCRETE CORING CO. OF CTRL KY	<b>c</b> EIN-PN	61-1273032-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONGLETON LUMBER CO LLC	<b>c</b> EIN-PN	27-3892172-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONGLETON-HACKER COMPANY	<b>c</b> EIN-PN	61-0592669-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONN HURST, LLC	<b>c</b> EIN-PN	20-5527011-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONNOLLY CONSULTING ENGINEERS	<b>c</b> EIN-PN	45-0504930-
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**a** Plan name

<b>b</b> Name of plan sponsor	CONSTRUCTION MACHINERY	<b>c</b> EIN-PN	77-0617570-
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**a** Plan name

<b>b</b> Name of plan sponsor	COPPAGE CONSTRUCTION CO INC	<b>c</b> EIN-PN	61-0548179-
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**a** Plan name

<b>b</b> Name of plan sponsor	COPPINGER & ASSOCIATES	<b>c</b> EIN-PN	26-3606832-
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**a** Plan name

<b>b</b> Name of plan sponsor	CORBETT CONSTRUCTION CO., INC.	<b>c</b> EIN-PN	61-0976848-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	CORE CONTROLS, LLC	<b>c</b> EIN-PN	74-3259639-
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**a** Plan name

<b>b</b> Name of plan sponsor	CORMAN AND ASSOCIATES, INC	<b>c</b> EIN-PN	61-0647890-
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**a** Plan name

<b>b</b> Name of plan sponsor	CORNELL HARBISON EXCAVATNG INC	<b>c</b> EIN-PN	35-1088700-
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**a** Plan name

<b>b</b> Name of plan sponsor	COWART & COMPANY, INC.	<b>c</b> EIN-PN	61-0996610-
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**a** Plan name

<b>b</b> Name of plan sponsor	CRAFTSMEN RESTORATION OF KY	<b>c</b> EIN-PN	27-4387357-
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**a** Plan name

<b>b</b> Name of plan sponsor	CROSS COUNTRY DIST CO, INC	<b>c</b> EIN-PN	61-1127499-
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**a** Plan name

<b>b</b> Name of plan sponsor	CROUCH & STRINGER CONCRETE	<b>c</b> EIN-PN	61-1325074-
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**a** Plan name

<b>b</b> Name of plan sponsor	CROWELL POOLS & SPAS	<b>c</b> EIN-PN	61-1387739-
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**a** Plan name

<b>b</b> Name of plan sponsor	CUNNINGHAM ACQUISITION, LLC	<b>c</b> EIN-PN	93-3000197-
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**a** Plan name

<b>b</b> Name of plan sponsor	CUSTOM CONCRETE FORMING	<b>c</b> EIN-PN	36-4860768-
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**a** Plan name

<b>b</b> Name of plan sponsor	D & D MACHINERY MOVERS &	<b>c</b> EIN-PN	61-0899977-
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**a** Plan name

<b>b</b> Name of plan sponsor	DARCOLE PRODUCTS INC	<b>c</b> EIN-PN	61-1122915-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor **DATAMAX, LLC****c** EIN-PN **61-1316593-****a** Plan name**b** Name of plan sponsor **DAVID RYAN PLUMBING****c** EIN-PN **82-1298883-****a** Plan name**b** Name of plan sponsor **DAVID WHELAN ELECTRICAL LLC****c** EIN-PN **61-1375751-****a** Plan name**b** Name of plan sponsor **DC ELECTRIC OF BENTON INC.****c** EIN-PN **61-0663576-****a** Plan name**b** Name of plan sponsor **DELMAE, LLC****c** EIN-PN **85-3824423-****a** Plan name**b** Name of plan sponsor **DELONG CONCRETE, LLC****c** EIN-PN **61-1380445-****a** Plan name**b** Name of plan sponsor **DERBY CITY CONCRETE****c** EIN-PN **38-3679877-****a** Plan name**b** Name of plan sponsor **DEVERE CONSTRUCTION****c** EIN-PN **31-1505427-****a** Plan name**b** Name of plan sponsor **DFE UNLIMITED LLC****c** EIN-PN **61-1319976-****a** Plan name**b** Name of plan sponsor **DIGITAL INTEGRATIONS LLC****c** EIN-PN **45-2037989-****a** Plan name**b** Name of plan sponsor **DIVERSIFIED METALS LLC****c** EIN-PN **82-3955450-****a** Plan name**b** Name of plan sponsor **DIXIE PLUMBING****c** EIN-PN **61-1066878-**

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	DOCTOR ROOTER LLC	<b>c</b> EIN-PN	92-1550976-
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**a** Plan name

<b>b</b> Name of plan sponsor	DUCTWORX LLC	<b>c</b> EIN-PN	82-0858663-
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**a** Plan name

<b>b</b> Name of plan sponsor	DUDLEY'S GEOTHERMAL & HVAC LLC	<b>c</b> EIN-PN	46-4129934-
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**a** Plan name

<b>b</b> Name of plan sponsor	DUKE ENGINEERING INC	<b>c</b> EIN-PN	61-1338358-
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**a** Plan name

<b>b</b> Name of plan sponsor	E & L ELECTRIC LLC	<b>c</b> EIN-PN	84-2919021-
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**a** Plan name

<b>b</b> Name of plan sponsor	E.C. MATTHEWS CO, INC	<b>c</b> EIN-PN	61-1110279-
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**a** Plan name

<b>b</b> Name of plan sponsor	EAST END PLUMBING SUPPLY INC	<b>c</b> EIN-PN	61-0843234-
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**a** Plan name

<b>b</b> Name of plan sponsor	EBCO INC	<b>c</b> EIN-PN	45-4117448-
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**a** Plan name

<b>b</b> Name of plan sponsor	ECLIPSE ENGINEER LLC	<b>c</b> EIN-PN	26-4325569-
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**a** Plan name

<b>b</b> Name of plan sponsor	ELAINE ALLEN LLC	<b>c</b> EIN-PN	82-1373074-
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**a** Plan name

<b>b</b> Name of plan sponsor	ELECTRICAL CONSTRUCTION MGT	<b>c</b> EIN-PN	31-1512113-
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**a** Plan name

<b>b</b> Name of plan sponsor	ELECTRICAL SYSTEMS INC.	<b>c</b> EIN-PN	61-1200268-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor ELEMENT DESIGN PLLC**c** EIN-PN 26-2127557-**a** Plan name**b** Name of plan sponsor ELITE SAFETY SERVICES LLC**c** EIN-PN 99-4922996-**a** Plan name**b** Name of plan sponsor ELITE WELDING & INDUSTRIAL SER**c** EIN-PN 47-3305585-**a** Plan name**b** Name of plan sponsor ELIZABETHTOWN TRUSS**c** EIN-PN 86-1217160-**a** Plan name**b** Name of plan sponsor ENDRIS ENGINEERING PSC**c** EIN-PN 61-1045056-**a** Plan name**b** Name of plan sponsor ENVIRO-TEC SERVICES**c** EIN-PN 61-1214515-**a** Plan name**b** Name of plan sponsor EXECUTIVE RESIDENTIAL ELEVATOR**c** EIN-PN 20-4962320-**a** Plan name**b** Name of plan sponsor FABCO INC**c** EIN-PN 61-1323114-**a** Plan name**b** Name of plan sponsor FALCO DRILLING COMPANY INC**c** EIN-PN 61-1087359-**a** Plan name**b** Name of plan sponsor FALLS CITY FENCE, LLC**c** EIN-PN 87-3491566-**a** Plan name**b** Name of plan sponsor FARON MCCUBBINS JR CONCRETE CO**c** EIN-PN 61-1241227-**a** Plan name**b** Name of plan sponsor FAST FLOW PLUMBING LLC**c** EIN-PN 82-4727694-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor **FIERS HEATING AND AIR****c** EIN-PN **20-1110248-****a** Plan name**b** Name of plan sponsor **FLANIGAN CONTRACTORS INC****c** EIN-PN **61-1260307-****a** Plan name**b** Name of plan sponsor **FRANK WILKERSON & SONS****c** EIN-PN **61-0605898-****a** Plan name**b** Name of plan sponsor **FRED ESPENSCHIED PLUMBING INC****c** EIN-PN **61-0899557-****a** Plan name**b** Name of plan sponsor **FREELAND HARRIS CONSULTING ENG****c** EIN-PN **61-1293313-****a** Plan name**b** Name of plan sponsor **GALUSHA CONTRACTING LLC****c** EIN-PN **83-3028718-****a** Plan name**b** Name of plan sponsor **GC CONTRACTING DBA GEOGHEGAN****c** EIN-PN **38-3676593-****a** Plan name**b** Name of plan sponsor **GENERAL HEATING & A C INC****c** EIN-PN **61-0675276-****a** Plan name**b** Name of plan sponsor **GEO CON INC OF KENTUCKY****c** EIN-PN **61-1310330-****a** Plan name**b** Name of plan sponsor **GEORGE B. STONE CO.,LLC****c** EIN-PN **61-0600430-****a** Plan name**b** Name of plan sponsor **GEORGIA METALS LLC****c** EIN-PN **20-1668635-****a** Plan name**b** Name of plan sponsor **GEO THERMAL EARTHWORKS, INC****c** EIN-PN **20-0117122-**

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor GEX INTERIORS, LLC**c** EIN-PN 27-2952269-**a** Plan name**b** Name of plan sponsor GH MECHANICAL INSULATION CONTR**c** EIN-PN 03-0479592-**a** Plan name**b** Name of plan sponsor GLENWOOD ELECTRIC INC.**c** EIN-PN 31-0913270-**a** Plan name**b** Name of plan sponsor GOOCH CONSTRUCTION INC**c** EIN-PN 61-1146367-**a** Plan name**b** Name of plan sponsor GOTT CAULKING INC**c** EIN-PN 20-1972713-**a** Plan name**b** Name of plan sponsor GRA-TAC-INC**c** EIN-PN 61-0898409-**a** Plan name**b** Name of plan sponsor GRAVES AND GRAVES LLC**c** EIN-PN 27-3296920-**a** Plan name**b** Name of plan sponsor GRAVES ARCHITECTS AND PLANNERS**c** EIN-PN 47-2992939-**a** Plan name**b** Name of plan sponsor GREER NEON**c** EIN-PN 61-0976129-**a** Plan name**b** Name of plan sponsor GUELDA ZELLER PLUMBING CO**c** EIN-PN 61-0995737-**a** Plan name**b** Name of plan sponsor H B MASONRY LLC**c** EIN-PN 47-0983709-**a** Plan name**b** Name of plan sponsor H M PRATHER AND SON INC**c** EIN-PN 61-0621881-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor H RAY LLC**c** EIN-PN 27-0529844-**a** Plan name**b** Name of plan sponsor H&R MECHANICAL CONTRACTORS INC**c** EIN-PN 61-1225707-**a** Plan name**b** Name of plan sponsor H.A. SPALDING ENGINEERS INC**c** EIN-PN 61-0607401-**a** Plan name**b** Name of plan sponsor HACKER BROTHERS INC**c** EIN-PN 61-0649715-**a** Plan name**b** Name of plan sponsor HAGER CONSTRUCTION CO INC**c** EIN-PN 61-0913485-**a** Plan name**b** Name of plan sponsor HAGERMAN PLUMBING HEATING**c** EIN-PN 61-0671187-**a** Plan name**b** Name of plan sponsor HARCO INC.**c** EIN-PN 61-0890880-**a** Plan name**b** Name of plan sponsor HARPER CONSTRUCTION LLC**c** EIN-PN 21-0627418-**a** Plan name**b** Name of plan sponsor HARPER CONSTRUCTION LLC**c** EIN-PN 27-0627418-**a** Plan name**b** Name of plan sponsor HARRY GORDON STEEL CO**c** EIN-PN 61-0569414-**a** Plan name**b** Name of plan sponsor HART SANITATION INC**c** EIN-PN 61-1221920-**a** Plan name**b** Name of plan sponsor HAYDEN STEEL ERECTORS CO**c** EIN-PN 61-1114911-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor HAYDON BRIDGE CO INC**c** EIN-PN 61-0729748-**a** Plan name**b** Name of plan sponsor HAZEX CONSTRUCTION CO INC**c** EIN-PN 61-0623578-**a** Plan name**b** Name of plan sponsor HEAT PRO HEATING & COOLING INC**c** EIN-PN 61-1330692-**a** Plan name**b** Name of plan sponsor HEIL CONSTRUCTION**c** EIN-PN 46-5735569-**a** Plan name**b** Name of plan sponsor HELMER PLUMBING INC**c** EIN-PN 61-0509189-**a** Plan name**b** Name of plan sponsor HENDERSON SERVICES LLC & AFFIL**c** EIN-PN 61-1400434-**a** Plan name**b** Name of plan sponsor HENN PLUMBING INC.**c** EIN-PN 61-0940783-**a** Plan name**b** Name of plan sponsor HERRING CONSTRUCTION CO INC**c** EIN-PN 61-1324914-**a** Plan name**b** Name of plan sponsor HIGH PERFORMANCE PRODUCTS LLC**c** EIN-PN 83-2970315-**a** Plan name**b** Name of plan sponsor HILL MOTLEY LUMBER CO INC**c** EIN-PN 61-0590142-**a** Plan name**b** Name of plan sponsor HINKLE CONSTRUCTION SVCS LLC**c** EIN-PN 47-2653073-**a** Plan name**b** Name of plan sponsor HINKLE ENVIRONMENTAL SERVS LLC**c** EIN-PN 46-1385854-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor HOLLAND INC**c** EIN-PN 61-0982458-**a** Plan name**b** Name of plan sponsor HOLMES HEATING & A/C**c** EIN-PN 61-1276764-**a** Plan name**b** Name of plan sponsor HOLT SAWMILL INC**c** EIN-PN 61-1137818-**a** Plan name**b** Name of plan sponsor HOPKINS COUNTY HEAT & AIR, LLC**c** EIN-PN 87-2755999-**a** Plan name**b** Name of plan sponsor HOTMIX ASPHALT COMPANY**c** EIN-PN 61-1352353-**a** Plan name**b** Name of plan sponsor HOUSE RIGHT PRODUCTION**c** EIN-PN 46-1863494-**a** Plan name**b** Name of plan sponsor HOWELLS HEATING & COOLING**c** EIN-PN 27-1966756-**a** Plan name**b** Name of plan sponsor HUBBARD MECHANICAL LLC**c** EIN-PN 32-0479236-**a** Plan name**b** Name of plan sponsor ICI MECHANICAL LLC**c** EIN-PN 46-2070400-**a** Plan name**b** Name of plan sponsor IHG CONSULTING LLC**c** EIN-PN 82-0979447-**a** Plan name**b** Name of plan sponsor IMAC INC**c** EIN-PN 03-0494094-**a** Plan name**b** Name of plan sponsor INDUSTRIAL CONTROLS & ELECTRIC**c** EIN-PN 47-3960038-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor INDUSTRIAL MACHINE & TOOL CO**c** EIN-PN 61-0958062-**a** Plan name**b** Name of plan sponsor INDUSTRIAL SAFETY & TRAINING**c** EIN-PN 30-0544256-**a** Plan name**b** Name of plan sponsor INNOVATIVE DEMOLITION SERVICES**c** EIN-PN 83-2735829-**a** Plan name**b** Name of plan sponsor INSULATION TECHNOLOGIES**c** EIN-PN 61-1228193-**a** Plan name**b** Name of plan sponsor INTECH CONTRACTING LLC**c** EIN-PN 61-1201949-**a** Plan name**b** Name of plan sponsor INTEGRIBILT LLC**c** EIN-PN 83-3673910-**a** Plan name**b** Name of plan sponsor INTERTECH MECHANICAL SRVCS INC**c** EIN-PN 20-2202747-**a** Plan name**b** Name of plan sponsor IRELAND HEATING & COOLING, INC**c** EIN-PN 61-0927919-**a** Plan name**b** Name of plan sponsor J & M AC & REFRIGERATION LLC**c** EIN-PN 45-3645771-**a** Plan name**b** Name of plan sponsor J & M MECHANICAL**c** EIN-PN 61-1056515-**a** Plan name**b** Name of plan sponsor J ALLEN BUILDERS**c** EIN-PN 61-1339606-**a** Plan name**b** Name of plan sponsor J MOORE CONSTRUCTION LLC**c** EIN-PN 85-3751530-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor JABA CONSTRUCTION AND**c** EIN-PN 83-0478734-**a** Plan name**b** Name of plan sponsor JACK SENN PLUMBING INC**c** EIN-PN 61-1225184-**a** Plan name**b** Name of plan sponsor JAMES E ROBERTS JR DBA**c** EIN-PN 82-2350361-**a** Plan name**b** Name of plan sponsor JEAN HENRY WBE, LLC**c** EIN-PN 20-8032443-**a** Plan name**b** Name of plan sponsor JEFFERSON CONTRACTING LLC**c** EIN-PN 82-4869079-**a** Plan name**b** Name of plan sponsor JEFFERSON HEATING & AIR, INC**c** EIN-PN 20-1840502-**a** Plan name**b** Name of plan sponsor JENKINS-ESSEX CONSTRUCTION**c** EIN-PN 61-1037370-**a** Plan name**b** Name of plan sponsor JESCO ELECTRIC INC**c** EIN-PN 61-1164980-**a** Plan name**b** Name of plan sponsor JMK ELECTRIC CO LLC**c** EIN-PN 61-1078342-**a** Plan name**b** Name of plan sponsor JOE BENNETT BACKHOE PLUMBING &**c** EIN-PN 61-1206284-**a** Plan name**b** Name of plan sponsor JOEL WARREN PLUMBING, INC.**c** EIN-PN 61-1322415-**a** Plan name**b** Name of plan sponsor JOHN CLARK CONSTRUCTION INC**c** EIN-PN 61-1059025-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor JOHN L CARMAN & ASSOCIATES**c** EIN-PN 61-1033777-**a** Plan name**b** Name of plan sponsor JOHNSON GROUP INC**c** EIN-PN 61-1533944-**a** Plan name**b** Name of plan sponsor JONES DRILLING SUPPLY, LLC**c** EIN-PN 61-1349048-**a** Plan name**b** Name of plan sponsor JRA INC**c** EIN-PN 61-0739993-**a** Plan name**b** Name of plan sponsor JULIUS SCHNURR & SONS**c** EIN-PN 61-0863325-**a** Plan name**b** Name of plan sponsor K & B ELECTRICAL SERVICES, INC**c** EIN-PN 82-4673642-**a** Plan name**b** Name of plan sponsor K T PLUMBING**c** EIN-PN 81-5126415-**a** Plan name**b** Name of plan sponsor KARBEC LLC**c** EIN-PN 61-1760374-**a** Plan name**b** Name of plan sponsor KEBCO, INC.**c** EIN-PN 61-1117760-**a** Plan name**b** Name of plan sponsor KELGAN ENTERPRISES, LLC DBA**c** EIN-PN 46-2791245-**a** Plan name**b** Name of plan sponsor KEN J. BUEHNER & SON HTG & AC**c** EIN-PN 61-1175075-**a** Plan name**b** Name of plan sponsor KENT PRICE PLUMBING INC**c** EIN-PN 61-1241507-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA COMM CONCRETE	<b>c</b> EIN-PN	61-1342720-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA ELECTRCL SRVCS LLC	<b>c</b> EIN-PN	45-4640902-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA EXCAVATION SERV	<b>c</b> EIN-PN	93-3871241-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA MAINTENANCE &	<b>c</b> EIN-PN	62-1696738-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA MATERIAL HNDLG,INC	<b>c</b> EIN-PN	14-1719340-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA MATERIAL HNDLG,INC	<b>c</b> EIN-PN	42-1719340-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKIANA SEISMIC & SURVEY	<b>c</b> EIN-PN	26-4453058-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKY CONCRETE ASSOCIATION	<b>c</b> EIN-PN	61-0599245-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKY CRUSHED STONE ASSN	<b>c</b> EIN-PN	61-0659310-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKY MACHINERY COMPANY LLC	<b>c</b> EIN-PN	46-2589019-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKY ORNAMENTAL IRON	<b>c</b> EIN-PN	61-1201650-
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**a** Plan name

<b>b</b> Name of plan sponsor	KENTUCKY PETROLEUM SUPPLY LLC	<b>c</b> EIN-PN	61-1191613-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor KEPLINGER SERVICES LLC**c** EIN-PN 46-0640072-**a** Plan name**b** Name of plan sponsor KESLER SIMPSON ARCHITECTS**c** EIN-PN 46-1650872-**a** Plan name**b** Name of plan sponsor KEVIN MURRAY CONTRACTING**c** EIN-PN 61-1173143-**a** Plan name**b** Name of plan sponsor KIPER HIBBARD LLC**c** EIN-PN 47-2536479-**a** Plan name**b** Name of plan sponsor KITCHEN CONCEPTS, LLC.**c** EIN-PN 20-1892077-**a** Plan name**b** Name of plan sponsor KLAUSING GROUP INC**c** EIN-PN 31-1550210-**a** Plan name**b** Name of plan sponsor KLEMPNER EXCAVATING INC**c** EIN-PN 30-0741695-**a** Plan name**b** Name of plan sponsor KLM MECHANICAL SERVICES LLC**c** EIN-PN 31-1515889-**a** Plan name**b** Name of plan sponsor KNIGHT ELECTRIC INC**c** EIN-PN 61-1246952-**a** Plan name**b** Name of plan sponsor KNIGHT MASONRY & SONS LLC**c** EIN-PN 61-1370706-**a** Plan name**b** Name of plan sponsor KOTTER COMPANY**c** EIN-PN 37-1217579-**a** Plan name**b** Name of plan sponsor KRANZ PLUMBING & HEATING INC**c** EIN-PN 61-0680765-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor [KURT ROSE CONSTRUCTION INC](#)**c** EIN-PN [61-1206564-](#)**a** Plan name**b** Name of plan sponsor [KVWV TRAFFIC CONTROL, INC](#)**c** EIN-PN [61-1379447-](#)**a** Plan name**b** Name of plan sponsor [KWIK-SET FASTENERS INC](#)**c** EIN-PN [61-0729077-](#)**a** Plan name**b** Name of plan sponsor [KY AMERICAN INSTITUTE OF ARCHITECTS](#)**c** EIN-PN [61-6031835-](#)**a** Plan name**b** Name of plan sponsor [KY ASSOC OF MASTER CONTRACTORS](#)**c** EIN-PN [23-7042754-](#)**a** Plan name**b** Name of plan sponsor [KY ASSOCIATION OF HWY CONTRACT](#)**c** EIN-PN [61-0244690-](#)**a** Plan name**b** Name of plan sponsor [KY RIVERS WOOD PRODUCTS LLC](#)**c** EIN-PN [35-2337001-](#)**a** Plan name**b** Name of plan sponsor [LANCER COMMERCIAL CONSTRUCTION](#)**c** EIN-PN [45-3122489-](#)**a** Plan name**b** Name of plan sponsor [LANES MOBILE JOHN](#)**c** EIN-PN [61-1130966-](#)**a** Plan name**b** Name of plan sponsor [LANHAM INSULATION INC](#)**c** EIN-PN [61-1009839-](#)**a** Plan name**b** Name of plan sponsor [LARMEE EQUIPMENT & SUPPLY CO.](#)**c** EIN-PN [61-1007631-](#)**a** Plan name**b** Name of plan sponsor [LASWELL ELECTRIC COMPANY, INC.](#)**c** EIN-PN [61-1278990-](#)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor LATA CONSTRUCTION COMPANY**c** EIN-PN 61-1153629-**a** Plan name**b** Name of plan sponsor LECGI INC**c** EIN-PN 84-1657911-**a** Plan name**b** Name of plan sponsor LEGRAND FIRE PROTECTION, INC**c** EIN-PN 61-1347384-**a** Plan name**b** Name of plan sponsor LEIGH & ASSOCIATES, INC.**c** EIN-PN 31-1520234-**a** Plan name**b** Name of plan sponsor LEO TALBOTT & SONS LLC**c** EIN-PN 84-2332141-**a** Plan name**b** Name of plan sponsor LEXFAB SHEET METAL, LLC**c** EIN-PN 46-5716032-**a** Plan name**b** Name of plan sponsor LEXINGTON BUILDING SUPPLY AND**c** EIN-PN 61-0517774-**a** Plan name**b** Name of plan sponsor LEXINGTON LAMINATES PLUS INC**c** EIN-PN 61-1196069-**a** Plan name**b** Name of plan sponsor LEXINGTON LAWN & LANDSCAPE LCC**c** EIN-PN 90-0128128-**a** Plan name**b** Name of plan sponsor LEXINGTON QUARRY CO**c** EIN-PN 61-1181632-**a** Plan name**b** Name of plan sponsor LEXWINDOWS LLC DBA HERITAGE**c** EIN-PN 46-3774452-**a** Plan name**b** Name of plan sponsor LIKENS PLUMBING**c** EIN-PN 27-1633414-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor LINCOLN COUNTY READY MIX INC**c** EIN-PN 61-0926817-**a** Plan name**b** Name of plan sponsor LONNIE NAVE'S SERVICE CO, INC.**c** EIN-PN 04-3687737-**a** Plan name**b** Name of plan sponsor LOUISVILLE MECHANICAL**c** EIN-PN 16-1665806-**a** Plan name**b** Name of plan sponsor LOUISVILLE METALCRAFT**c** EIN-PN 61-1181595-**a** Plan name**b** Name of plan sponsor LOVO SYSTEMS INC**c** EIN-PN 20-4795432-**a** Plan name**b** Name of plan sponsor LT PARKER, LLC**c** EIN-PN 32-0206577-**a** Plan name**b** Name of plan sponsor LUCKETT & ASSOCIATES**c** EIN-PN 61-1054170-**a** Plan name**b** Name of plan sponsor LUMINATION LIGHTING, INC**c** EIN-PN 82-4124692-**a** Plan name**b** Name of plan sponsor LYNX LABELING, INC**c** EIN-PN 81-1031011-**a** Plan name**b** Name of plan sponsor M & H CUSTOM CABINETS**c** EIN-PN 61-1354499-**a** Plan name**b** Name of plan sponsor M & K CONTRACTING, LLC**c** EIN-PN 27-1560681-**a** Plan name**b** Name of plan sponsor M R HEATING & AIR, INC**c** EIN-PN 61-1157839-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor M. P. LAWSON CONSTRUCTION LLC**c** EIN-PN 62-1813411-**a** Plan name**b** Name of plan sponsor MARRS ELECTRIC CO. INC**c** EIN-PN 61-0668779-**a** Plan name**b** Name of plan sponsor MASONOMICS INC**c** EIN-PN 61-1010488-**a** Plan name**b** Name of plan sponsor MASTERS SUPPLY INC**c** EIN-PN 61-0550047-**a** Plan name**b** Name of plan sponsor MATT BANKS SERVICES LLC**c** EIN-PN 81-1079638-**a** Plan name**b** Name of plan sponsor MAYNARD & MITCHELL INTERIORS**c** EIN-PN 61-1107524-**a** Plan name**b** Name of plan sponsor MAYSVILLE RENTAL & SUPPLY LLC**c** EIN-PN 46-1610989-**a** Plan name**b** Name of plan sponsor MCDANIEL STEEL ERECTION**c** EIN-PN 27-1491313-**a** Plan name**b** Name of plan sponsor MCGEE PEST CONTR OF MURRAY INC**c** EIN-PN 61-1045848-**a** Plan name**b** Name of plan sponsor MCI MECHANICAL, INC.**c** EIN-PN 85-4321023-**a** Plan name**b** Name of plan sponsor MCINTOSH ELECTRIC, LLC**c** EIN-PN 83-3838074-**a** Plan name**b** Name of plan sponsor MCKINNEY ELECTRICAL LLC**c** EIN-PN 20-2208883-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor MD ELECTRIC COMPANY**c** EIN-PN 61-1144293-**a** Plan name**b** Name of plan sponsor MEFFORD CONTRACTING, LLC**c** EIN-PN 83-1741951-**a** Plan name**b** Name of plan sponsor METAL WORKS MACHINE & MAINT.**c** EIN-PN 83-1588520-**a** Plan name**b** Name of plan sponsor MEYER MIDWEST LLC**c** EIN-PN 61-1192335-**a** Plan name**b** Name of plan sponsor MICK MURF INC.**c** EIN-PN 61-1123749-**a** Plan name**b** Name of plan sponsor MIDLAND ELECTRIC COMPANY INC**c** EIN-PN 61-1149226-**a** Plan name**b** Name of plan sponsor MIDSOUTH RENTALS LLC**c** EIN-PN 47-2860758-**a** Plan name**b** Name of plan sponsor MILLER LUMBER COMPANY**c** EIN-PN 61-1125332-**a** Plan name**b** Name of plan sponsor MINI MIX OF LOUISVILLE INC**c** EIN-PN 61-1282953-**a** Plan name**b** Name of plan sponsor MINTER ROOFING CO, INC**c** EIN-PN 61-0709859-**a** Plan name**b** Name of plan sponsor MONTGOMERY BROTHERS CONTRCTING**c** EIN-PN 37-1634390-**a** Plan name**b** Name of plan sponsor MOORE HVAC SOLUTIONS, LLC**c** EIN-PN 84-4165976-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor MORRIS WORKSHOP ARCHITECTS**c** EIN-PN 46-2526754-**a** Plan name**b** Name of plan sponsor MP KELLY CONSTRUCTION, LLC**c** EIN-PN 61-1468634-**a** Plan name**b** Name of plan sponsor MR GREEN THUMB INC.**c** EIN-PN 20-4351437-**a** Plan name**b** Name of plan sponsor MR ROOTER OF LEXINGTON**c** EIN-PN 20-8072313-**a** Plan name**b** Name of plan sponsor MR.C REFRIGERATION, INC.**c** EIN-PN 61-1089037-**a** Plan name**b** Name of plan sponsor MSFOX, INC DBA TRUGREEN**c** EIN-PN 81-4667120-**a** Plan name**b** Name of plan sponsor MURPHY HEATING & A/C DBA**c** EIN-PN 61-1368232-**a** Plan name**b** Name of plan sponsor MURRAY PAVING INC**c** EIN-PN 61-0956722-**a** Plan name**b** Name of plan sponsor N E C A**c** EIN-PN 61-0703525-**a** Plan name**b** Name of plan sponsor NAC HEAVY HIGHWAY INC**c** EIN-PN 61-1276754-**a** Plan name**b** Name of plan sponsor NALLY & GIBSON GEORGETOWN**c** EIN-PN 61-0597719-**a** Plan name**b** Name of plan sponsor NATURAL RESOURCES MGT SOL**c** EIN-PN 47-3887620-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor NEIHEISEL PLUMBING, INC**c** EIN-PN 61-1292163-**a** Plan name**b** Name of plan sponsor NETWORKD ALLIANCE**c** EIN-PN 61-1361398-**a** Plan name**b** Name of plan sponsor NEW SEASONS HVAC**c** EIN-PN 80-0776821-**a** Plan name**b** Name of plan sponsor NEXT GENERATION PLUMBING**c** EIN-PN 27-1898309-**a** Plan name**b** Name of plan sponsor NOMI INC**c** EIN-PN 47-5473730-**a** Plan name**b** Name of plan sponsor NORRENBROCK CO**c** EIN-PN 61-1344073-**a** Plan name**b** Name of plan sponsor NUGENT SAND**c** EIN-PN 61-1057552-**a** Plan name**b** Name of plan sponsor O'CARRA INC.**c** EIN-PN 61-1159241-**a** Plan name**b** Name of plan sponsor OKESON CRANE SERVICE & CONST**c** EIN-PN 35-2282847-**a** Plan name**b** Name of plan sponsor OLIVE HILL TRUCKING, INC**c** EIN-PN 61-1076103-**a** Plan name**b** Name of plan sponsor OUTDOOR SPACES LLC**c** EIN-PN 84-2030857-**a** Plan name**b** Name of plan sponsor OUTDOOR SPECIALTIES LAWN &**c** EIN-PN 45-5205409-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor P L SHERMAN COMPANY INC**c** EIN-PN 61-0901094-**a** Plan name**b** Name of plan sponsor PADUCAH SERVICE COMPANY**c** EIN-PN 61-1227412-**a** Plan name**b** Name of plan sponsor PAGES GAS LINE SERVICE**c** EIN-PN 61-1297100-**a** Plan name**b** Name of plan sponsor PARCO CONSTRUCTORS GROUP**c** EIN-PN 26-1751402-**a** Plan name**b** Name of plan sponsor PARKER PLUMBING**c** EIN-PN 36-4738671-**a** Plan name**b** Name of plan sponsor PARSONS ELECTRIC INC**c** EIN-PN 61-0974997-**a** Plan name**b** Name of plan sponsor PAT JUETT HEATING & AC**c** EIN-PN 61-1262078-**a** Plan name**b** Name of plan sponsor PATRIOT PLUMBING LLC**c** EIN-PN 74-3102373-**a** Plan name**b** Name of plan sponsor PEAK CONSTRUCTION INC**c** EIN-PN 61-1337459-**a** Plan name**b** Name of plan sponsor PEAK INDUSTRIAL COATINGS &**c** EIN-PN 61-0601531-**a** Plan name**b** Name of plan sponsor PECK FLANNERY GREAM WARREN INC**c** EIN-PN 61-0674873-**a** Plan name**b** Name of plan sponsor PENN & SON SHEET METAL INC**c** EIN-PN 61-0665874-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

<b>b</b> Name of plan sponsor	PETERS ELECTRIC INC	<b>c</b> EIN-PN	61-1286119-
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**a** Plan name

<b>b</b> Name of plan sponsor	PHARIS AND ASSOC INC	<b>c</b> EIN-PN	61-1259910-
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**a** Plan name

<b>b</b> Name of plan sponsor	PICKETT PASSAFIUME ARCH PLLC	<b>c</b> EIN-PN	45-2967154-
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**a** Plan name

<b>b</b> Name of plan sponsor	PIERATTS INC	<b>c</b> EIN-PN	61-0459397-
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**a** Plan name

<b>b</b> Name of plan sponsor	PIKE ELECTRIC	<b>c</b> EIN-PN	61-1167533-
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**a** Plan name

<b>b</b> Name of plan sponsor	PINE TREE MECHANICAL	<b>c</b> EIN-PN	20-2538521-
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**a** Plan name

<b>b</b> Name of plan sponsor	PINNACLE INC	<b>c</b> EIN-PN	61-1278726-
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**a** Plan name

<b>b</b> Name of plan sponsor	PJ MURPHY FOREST PRODUCTS CORP	<b>c</b> EIN-PN	11-1573859-
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**a** Plan name

<b>b</b> Name of plan sponsor	PLANTMIX ASPHALT INDUSTRY	<b>c</b> EIN-PN	61-0309765-
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**a** Plan name

<b>b</b> Name of plan sponsor	PLUMBING DOCTOR	<b>c</b> EIN-PN	20-3377889-
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**a** Plan name

<b>b</b> Name of plan sponsor	PLUMBING SYSTEMS INC	<b>c</b> EIN-PN	20-2404236-
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**a** Plan name

<b>b</b> Name of plan sponsor	POLLARD AND SON EXCAVATING	<b>c</b> EIN-PN	04-3713859-
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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor POPE LUMBER COMPANY**c** EIN-PN 61-0984331-**a** Plan name**b** Name of plan sponsor POTTER & ASSOCIATES ARCHITECTS**c** EIN-PN 20-0238864-**a** Plan name**b** Name of plan sponsor PQ INC**c** EIN-PN 27-4270503-**a** Plan name**b** Name of plan sponsor PRINCETON LUMBER**c** EIN-PN 61-0722825-**a** Plan name**b** Name of plan sponsor PRISM ENGIN & DESIGN GRP, LLC**c** EIN-PN 14-1945340-**a** Plan name**b** Name of plan sponsor PRODIGY CONSTRUCTION CORP, INC**c** EIN-PN 20-2353833-**a** Plan name**b** Name of plan sponsor PRODUCTION HEATING & COOLING**c** EIN-PN 61-0575478-**a** Plan name**b** Name of plan sponsor PRO-FETICK INC. DBA**c** EIN-PN 35-2210297-**a** Plan name**b** Name of plan sponsor PROSTAFFING/MET CON CONST**c** EIN-PN 46-2411884-**a** Plan name**b** Name of plan sponsor PROTECH HEATING & AC**c** EIN-PN 20-3315356-**a** Plan name**b** Name of plan sponsor QUALITY DRYWALL INC**c** EIN-PN 61-1128497-**a** Plan name**b** Name of plan sponsor R & R INC. OF LOUISVILLE**c** EIN-PN 61-0854593-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor R F TECHNICAL SERVICES INC**c** EIN-PN 20-0478067-**a** Plan name**b** Name of plan sponsor R L CAUDILL CONSTRUCTION INC**c** EIN-PN 61-1315317-**a** Plan name**b** Name of plan sponsor R&D MECHANICAL SERVICES, INC.**c** EIN-PN 47-2655669-**a** Plan name**b** Name of plan sponsor RANDLE-DAVIES CONSTRUCTION CO.**c** EIN-PN 61-1168222-**a** Plan name**b** Name of plan sponsor RATTERMAN PLUMBING**c** EIN-PN 61-0738067-**a** Plan name**b** Name of plan sponsor RAY BLACK & SON INC**c** EIN-PN 61-0707318-**a** Plan name**b** Name of plan sponsor RAY NOLAN ROOFING CO., INC.**c** EIN-PN 61-0531281-**a** Plan name**b** Name of plan sponsor RAYMOND HYMER PLUMBING INC**c** EIN-PN 61-1190601-**a** Plan name**b** Name of plan sponsor RD BANKS & SONS LLC**c** EIN-PN 61-1297706-**a** Plan name**b** Name of plan sponsor REEDS SPRAYFOAM INSULATION**c** EIN-PN 46-4421755-**a** Plan name**b** Name of plan sponsor RELIABLE ASPHALT PRODUCTS**c** EIN-PN 74-3076552-**a** Plan name**b** Name of plan sponsor RELIABLE ELECTRIC LLC**c** EIN-PN 81-0883687-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor RICHARD G KEMPER INC**c** EIN-PN 61-0587455-**a** Plan name**b** Name of plan sponsor RICK ALLGEIER & ASSOCIATES**c** EIN-PN 61-1275169-**a** Plan name**b** Name of plan sponsor RIDGE PAINTING, LLC**c** EIN-PN 81-3275775-**a** Plan name**b** Name of plan sponsor RIGGS ELECTRICAL INC.**c** EIN-PN 61-1315175-**a** Plan name**b** Name of plan sponsor RIVER CITY FOUNDATIONS**c** EIN-PN 61-1338348-**a** Plan name**b** Name of plan sponsor RJT LLC DBA R&D INDOOR COMFORT**c** EIN-PN 87-3599587-**a** Plan name**b** Name of plan sponsor ROCK DRILLING & FILTER CLONE**c** EIN-PN 20-0956674-**a** Plan name**b** Name of plan sponsor ROMAC, INC**c** EIN-PN 61-1104487-**a** Plan name**b** Name of plan sponsor RONALD JOHNSON & ASSOCIATES**c** EIN-PN 61-1345592-**a** Plan name**b** Name of plan sponsor ROOFTEK, LLC**c** EIN-PN 47-1113327-**a** Plan name**b** Name of plan sponsor ROUGH COUNTRY EQUIPMENT LLC**c** EIN-PN 46-4854688-**a** Plan name**b** Name of plan sponsor RUGGLES SIGN COMPANY**c** EIN-PN 61-0920062-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor [RUSSTECH ADMIXTURES INC](#)**c** EIN-PN [61-0674047-](#)**a** Plan name**b** Name of plan sponsor [RUTH FENCE & DECK LLC](#)**c** EIN-PN [85-2132583-](#)**a** Plan name**b** Name of plan sponsor [S & K INDUSTRIAL LLC](#)**c** EIN-PN [84-3002616-](#)**a** Plan name**b** Name of plan sponsor [S & S CONCRETE INC](#)**c** EIN-PN [38-4097428-](#)**a** Plan name**b** Name of plan sponsor [S & S CONTRACTORS LLC](#)**c** EIN-PN [30-1009384-](#)**a** Plan name**b** Name of plan sponsor [S & T FENCING INC](#)**c** EIN-PN [61-1307134-](#)**a** Plan name**b** Name of plan sponsor [S & V FABRICATION](#)**c** EIN-PN [27-3400388-](#)**a** Plan name**b** Name of plan sponsor [S B & G CORP](#)**c** EIN-PN [61-1029950-](#)**a** Plan name**b** Name of plan sponsor [SAF TI CO INC](#)**c** EIN-PN [61-0678050-](#)**a** Plan name**b** Name of plan sponsor [SAFETY & ENVIRONMENTAL TECH](#)**c** EIN-PN [61-1318690-](#)**a** Plan name**b** Name of plan sponsor [SAFETY FIRST RESOURCES LLC](#)**c** EIN-PN [27-1095309-](#)**a** Plan name**b** Name of plan sponsor [SCHARDEIN MECHANICAL INC](#)**c** EIN-PN [61-1064532-](#)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor SENNINGER PLUMBING**c** EIN-PN 61-0566229-**a** Plan name**b** Name of plan sponsor SERVICE SPECIALTIES, LLC**c** EIN-PN 32-0142054-**a** Plan name**b** Name of plan sponsor SET/IFS LLC**c** EIN-PN 83-0972534-**a** Plan name**b** Name of plan sponsor SHAPE MANUFACTURING INC**c** EIN-PN 61-1235907-**a** Plan name**b** Name of plan sponsor SHAW'S HEATING & COOLING, LLC**c** EIN-PN 61-1380587-**a** Plan name**b** Name of plan sponsor SHELBYVILLE ASPHALT CO. LLC**c** EIN-PN 43-1953513-**a** Plan name**b** Name of plan sponsor SHELLY TOLES PLUMBING INC**c** EIN-PN 27-1290255-**a** Plan name**b** Name of plan sponsor SISLER MAGGARD ENGINEERING PLLC**c** EIN-PN 02-0621194-**a** Plan name**b** Name of plan sponsor SITECH MID-SOUTH, LLC**c** EIN-PN 27-3599094-**a** Plan name**b** Name of plan sponsor SITEWORX SURVEY & DESIGN LLC**c** EIN-PN 26-2912189-**a** Plan name**b** Name of plan sponsor SKAGGS TRUCKING, INC.**c** EIN-PN 61-1054262-**a** Plan name**b** Name of plan sponsor SKIPPER'S POOL & SPA SERVICE**c** EIN-PN 26-4114359-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor SLEDGE ELECTRIC SERVICES LLC**c** EIN-PN 61-1330548-**a** Plan name**b** Name of plan sponsor SMART AQUA LLC**c** EIN-PN 84-4208712-**a** Plan name**b** Name of plan sponsor SOUTHERN COMMUNICATIONS &**c** EIN-PN 61-1021703-**a** Plan name**b** Name of plan sponsor SPEC SOFT INC**c** EIN-PN 61-1301451-**a** Plan name**b** Name of plan sponsor SPECIAL PROJECTS INTL**c** EIN-PN 61-1176928-**a** Plan name**b** Name of plan sponsor SPENCER CONCRETE SERVICES, INC**c** EIN-PN 61-1007010-**a** Plan name**b** Name of plan sponsor ST MATTHEWS ELECTRIC**c** EIN-PN 88-0646204-**a** Plan name**b** Name of plan sponsor ST MATTHEWS PLUMBING LLC**c** EIN-PN 46-2140747-**a** Plan name**b** Name of plan sponsor ST MATTHEWS REMODELING & CONST**c** EIN-PN 85-1939137-**a** Plan name**b** Name of plan sponsor STAHLER WELDING,LLC**c** EIN-PN 61-1403082-**a** Plan name**b** Name of plan sponsor STIVERS HVAC INC**c** EIN-PN 61-1147268-**a** Plan name**b** Name of plan sponsor STRAIGHT EDGE CONSTRUCTION LLC**c** EIN-PN 26-4632670-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor STROHBECK CONSTRUCTION, LLC.**c** EIN-PN 20-8264460-**a** Plan name**b** Name of plan sponsor STRUCTURES UNLIMITED INC**c** EIN-PN 61-1288352-**a** Plan name**b** Name of plan sponsor STRUCTURES USA**c** EIN-PN 46-1823321-**a** Plan name**b** Name of plan sponsor STUDIO A ARCHITECTURE, INC**c** EIN-PN 61-1367270-**a** Plan name**b** Name of plan sponsor STULLS HTG CLG & ELEC INC**c** EIN-PN 30-0243344-**a** Plan name**b** Name of plan sponsor SUMMIT INDUSTRIAL SERVICES**c** EIN-PN 46-1620179-**a** Plan name**b** Name of plan sponsor SUPERIOR HOSE & FITTINGS, INC**c** EIN-PN 30-0041207-**a** Plan name**b** Name of plan sponsor SUPPORT SYSTEMS LLC**c** EIN-PN 82-4347934-**a** Plan name**b** Name of plan sponsor SUTER MECHANICAL**c** EIN-PN 26-4149179-**a** Plan name**b** Name of plan sponsor SYNERGY ELECTRICAL SVC, LLC**c** EIN-PN 45-1737710-**a** Plan name**b** Name of plan sponsor SYNERGY ENGINEERING, PLLC**c** EIN-PN 20-1042721-**a** Plan name**b** Name of plan sponsor T.L. YOUNG CONSTRUCTION, INC**c** EIN-PN 26-4348737-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor [TEAM HOSPITALITY GROUP LLC](#)**c** EIN-PN [83-4070370-](#)**a** Plan name**b** Name of plan sponsor [TECHNICAL HORIZONS PLLC](#)**c** EIN-PN [82-3152016-](#)**a** Plan name**b** Name of plan sponsor [TECHNICAL PIPING SERVICES INC](#)**c** EIN-PN [61-1256336-](#)**a** Plan name**b** Name of plan sponsor [TECO MECHANICAL](#)**c** EIN-PN [61-1148470-](#)**a** Plan name**b** Name of plan sponsor [TED MCCAIN COMPANY](#)**c** EIN-PN [61-0599654-](#)**a** Plan name**b** Name of plan sponsor [TERRY GOLLAR TRUCKING, INC](#)**c** EIN-PN [61-1166804-](#)**a** Plan name**b** Name of plan sponsor [THE AIR DOCTOR INC](#)**c** EIN-PN [85-2140552-](#)**a** Plan name**b** Name of plan sponsor [THE KINGS HELPER INC](#)**c** EIN-PN [61-0990384-](#)**a** Plan name**b** Name of plan sponsor [THOMAS PUMP & CONTROLS INC](#)**c** EIN-PN [61-1283642-](#)**a** Plan name**b** Name of plan sponsor [THORNBERRY BROTHERS](#)**c** EIN-PN [61-1236460-](#)**a** Plan name**b** Name of plan sponsor [TIM MARKS CONSTRUCTION INC](#)**c** EIN-PN [61-1346152-](#)**a** Plan name**b** Name of plan sponsor [TODD BERLING DESIGN INC](#)**c** EIN-PN [81-0610830-](#)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor **TODD COUNTY STONE LLC****c** EIN-PN **81-4457923-****a** Plan name**b** Name of plan sponsor **TODD JOHNSON CONTRACTING****c** EIN-PN **61-1246905-****a** Plan name**b** Name of plan sponsor **TOMMY BUFORD PLUMBING PROF****c** EIN-PN **40-3923317-****a** Plan name**b** Name of plan sponsor **TOMROOK STEEL LLC****c** EIN-PN **27-1111169-****a** Plan name**b** Name of plan sponsor **TOTAL CARE ENVIRONMENTAL, LLC****c** EIN-PN **26-1923600-****a** Plan name**b** Name of plan sponsor **TRAUGHBER MECHANICAL****c** EIN-PN **61-1251736-****a** Plan name**b** Name of plan sponsor **TRI-STATE COLD-FORMED****c** EIN-PN **20-0169715-****a** Plan name**b** Name of plan sponsor **TURNEY'S HEATING & AIR LLC****c** EIN-PN **61-1180430-****a** Plan name**b** Name of plan sponsor **TWIN LAKES MOORING LLC****c** EIN-PN **41-2256749-****a** Plan name**b** Name of plan sponsor **UNIFIED ELECTRIC COMPANY****c** EIN-PN **61-1157912-****a** Plan name**b** Name of plan sponsor **URBAN FABRIC PLLC****c** EIN-PN **46-2196066-****a** Plan name**b** Name of plan sponsor **VARIETY SHEET METAL, INC.****c** EIN-PN **61-0718431-**

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor VICTOR ENTERPRISES, INC.**c** EIN-PN 61-0869838-**a** Plan name**b** Name of plan sponsor VITTITOW BASEMENT WALLS**c** EIN-PN 61-1133721-**a** Plan name**b** Name of plan sponsor VOELKER BLACKBURN NIEHOFF**c** EIN-PN 61-1210024-**a** Plan name**b** Name of plan sponsor VULCAN FIRE SYSTEMS, INC.**c** EIN-PN 61-1057957-**a** Plan name**b** Name of plan sponsor WADE HATCHELL HEATING AND COOL**c** EIN-PN 61-1274486-**a** Plan name**b** Name of plan sponsor WAGNER ELECTRIC COMPANY, INC**c** EIN-PN 61-0700883-**a** Plan name**b** Name of plan sponsor WAGNER FARM SERVICES LLC**c** EIN-PN 82-2232631-**a** Plan name**b** Name of plan sponsor WARD ENGINEERING CO.**c** EIN-PN 61-0424738-**a** Plan name**b** Name of plan sponsor WARREN ELECTRIC HEATING & AIR**c** EIN-PN 61-1185890-**a** Plan name**b** Name of plan sponsor WATERSENSE INC**c** EIN-PN 61-1343288-**a** Plan name**b** Name of plan sponsor WAYMOND HARRIS & ASSOC, INC**c** EIN-PN 61-1234884-**a** Plan name**b** Name of plan sponsor WELCH CONCRETE PRODUCTS**c** EIN-PN 30-0205244-

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name**b** Name of plan sponsor WEYLAND VENTURES, LLC**c** EIN-PN 81-4245012-**a** Plan name**b** Name of plan sponsor WHEATLEY ROOFING**c** EIN-PN 61-0977440-**a** Plan name**b** Name of plan sponsor WHITE POLLARD ARCHITECTS PLLC**c** EIN-PN 82-1321497-**a** Plan name**b** Name of plan sponsor WHITEHEAD HANCOCK PLMBNG & HTG**c** EIN-PN 61-0433219-**a** Plan name**b** Name of plan sponsor WIARD & LAYNE HEATING AC**c** EIN-PN 88-2413827-**a** Plan name**b** Name of plan sponsor WILHITE LIMITED INC**c** EIN-PN 61-1092863-**a** Plan name**b** Name of plan sponsor WILKINS CONSTRUCTION COMPANY,**c** EIN-PN 61-0595579-**a** Plan name**b** Name of plan sponsor WILLIAM BRANCH & SON INC**c** EIN-PN 61-1104098-**a** Plan name**b** Name of plan sponsor WILLIAM L BREWER HEATING COMP**c** EIN-PN 61-0946035-**a** Plan name**b** Name of plan sponsor WILLIAMS MAINTENANCE LLC**c** EIN-PN 45-4279101-**a** Plan name**b** Name of plan sponsor WILSON MFG AND DESIGN INC**c** EIN-PN 61-1160196-**a** Plan name**b** Name of plan sponsor WOLFE RESTORATION**c** EIN-PN 81-5362888-



<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>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>510</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>61-6094900</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		682708
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	89946	131288
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1198091	1013541
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	615107	132078
<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>	1272936	1150706
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<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>		
<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>	4793450	5187693
<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>		

<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>	7969530	8298014
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	19955	13038
<b>h</b> Operating payables.....	<b>1h</b>	1652823	1993073
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	236349	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1909127	2006111
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6060403	6291903

**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>	57750346	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		57750346
<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>	7486	
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		7486
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	17364	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	194593	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		211957
<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>	504152	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	502949	
<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>		1203
<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>	32620	
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		143311
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		58146923

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	57241395	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		57241395
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	560685	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	19950	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	43006	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	25545	
(8) Legal fees .....	<b>2i(8)</b>	2566	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	22276	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		674028
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		57915423

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		231500
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **DEAN DORTON ALLEN FORD, PLLC**

(2) EIN: **27-3858252**

**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.)			
<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?			
<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?			
<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?			
<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?			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



Combined Financial Statements  
and Supplemental Schedules

for

**KENTUCKY CONSTRUCTION INDUSTRY  
TRUST AND AFFILIATE**

As of March 31, 2025 and 2024  
and for the Year Ended March 31, 2025  
with Independent Auditor's Report

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## **Independent Auditor's Report**

To the Subscribing Employers and Participating Associations  
Kentucky Construction Industry Trust and Affiliate  
Lexington, Kentucky

### **Opinion**

We have audited the combined financial statements of Kentucky Construction Industry Trust and Affiliate (collectively, the Trust), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the combined statements of benefit obligations and net assets available for benefits as of March 31, 2025 and 2024, the related combined statement of changes in benefit obligations and net assets available for benefits for the year ended March 31, 2025, and the related notes to the combined financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Trust as of March 31, 2025 and 2024, and the changes in its benefit obligations and net assets available for benefits for the year ended March 31, 2025, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust'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 Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended March 31, 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 (DOL'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

To the Subscribing Employers and Participating Associations  
Kentucky Construction Industry Trust and Affiliate  
Independent Auditor's Report, continued

**Supplemental Schedules Required by ERISA, continued**

procedures in accordance with GAAS.

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

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

*Dean Dotson Allen Ford, PLLC*

Lexington, Kentucky  
January 14, 2026

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Combined Statements of Benefit Obligations and Net Assets Available for Benefits

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Benefit Obligations</b>		
Amounts due insurance companies	\$ 13,038	\$ 19,955
<b>Assets</b>		
Cash, non-interest bearing	682,708	-
Investments, at fair value:		
Money market accounts	44,864	106,770
Repurchase agreement, interest bearing cash	87,214	508,337
Registered investment companies	5,187,693	4,793,450
Common stocks	<u>1,150,706</u>	<u>1,272,936</u>
Total investments, at fair value	6,470,477	6,681,493
Receivables:		
Employer contributions receivable	131,288	89,946
Accrued interest and dividends receivable	<u>11,546</u>	<u>12,467</u>
Total receivables	142,834	102,413
Prepaid insurance premiums	<u>1,001,995</u>	<u>1,185,624</u>
Total assets	8,298,014	7,969,530
<b>Liabilities</b>		
Checks written in excess of bank balance	-	236,349
Unearned employer remittances	1,966,963	1,622,782
Accounts payable and accrued expenses	<u>26,110</u>	<u>30,041</u>
Total liabilities	<u>1,993,073</u>	<u>1,889,172</u>
Net assets available for benefits	<u>6,304,941</u>	<u>6,080,358</u>
Excess of net assets available for benefits over benefit obligations	\$ <u>6,291,903</u>	\$ <u>6,060,403</u>

See accompanying notes.

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Combined Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

Year ended March 31, 2025

### Net Decrease in Benefit Obligations

Decrease in amounts due insurance companies \$ (6,917)

### Net Increase in Net Assets Available for Benefits

#### Additions:

Employer contributions 57,750,346

#### Investment income:

Net appreciation in fair value of investments 177,134

Interest and dividends 219,443

396,577

Less investment expenses (43,007)

Net investment gain 353,570

Total additions 58,103,916

#### Deductions:

Insurance premiums 57,248,312

Administrative expenses 631,021

Total deductions 57,879,333

Net increase 224,583

Increase in excess of net assets available for benefits over benefit obligations 231,500

#### Excess of net assets available for benefits over benefit obligations:

Beginning of year 6,060,403

End of year \$ 6,291,903

See accompanying notes.

# KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

## Notes to the Combined Financial Statements

### 1. Description of Trusts

The Kentucky Construction Industry Trust (the Construction Trust) was established for the employers within the construction and construction-related industry in Kentucky who subscribe to the plans of the Construction Trust (Subscribing Employers). Subscribing Employers adopt individual welfare plans at the member level, and the related plans provide medical, dental, accidental death and dismemberment and group life insurance benefits for participating employees of Subscribing Employers.

Effective April 1, 2013, the Kentucky Construction Industry Health Trust (the Health Trust) was established under the Patient Protection and Affordable Care Act. Industry associations sponsor health insurance plans and execute participation agreements with the Health Trust (Participating Associations). Subscribing Employers must be a member of a Participating Association in order to subscribe to the plans to provide health insurance benefits to their employees.

The Construction Trust and Health Trust (collectively, the Trust) are facilitated by UMR Inc. d/b/a Administrative Service Group, Inc. (the Contract Administrator). The Trust had 6,612 and 6,920 participating employees as of March 31, 2025 and 2024, respectively. The Trust is filed as a group insurance arrangement as defined in the applicable sections of Department of Labor (DOL) regulations. The individual Subscribing Employer plans and Participating Association plans are fully insured through various contracts issued by insurance companies. All benefits are paid directly by the insurance companies.

Each Subscribing Employer completes a subscription agreement whereby the employer creates its own plan by adopting the various provisions and determining the eligibility requirements and the allocation of participant premiums for amounts due for benefit coverage. To assist the Subscribing Employers in satisfying the requirements of applicable DOL regulations, trust arrangements have been established as described in Employee Retirement Income Security Act of 1974 (ERISA). The Trust is designed to collect Subscribing Employer premiums and pay premiums to the group insurer.

Participants should refer to the applicable *Summary Plan Descriptions* pamphlet and their subscription agreements for a more complete description of their individual plans. The individual plans are subject to the provisions of ERISA.

If the Trust was to terminate, the Contract Administrator would be required to use available funds to (1) pay or provide for the payment of all insurance premiums, service contract fees and other charges required to be paid pursuant to the insurance and/or service contracts, (2) pay or provide for payment of all reasonable and necessary expenses in connection with or arising out of the establishment, installation and administration of the Trust, and (3) apply any balance to such other purposes as shall best effectuate the purposes of the Trust. Currently, there is no intention to terminate the Trust.

### 2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which requires the Trust's management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Notes to the Combined Financial Statements, continued

### 2. Summary of Significant Accounting Policies, continued

The following is a summary of the significant accounting policies consistently followed by the Trust in the preparation of the financial statements:

#### Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with GAAP.

#### Contributions

Premiums due from Subscribing Employers are billed in advance and recorded as receivables until collected and as unearned employer remittances until the related insurance coverage becomes effective. If elected by the Subscribing Employer, employee contributions can be made to the Trust under a Section 125 Plan (the Flexible Benefits Plan). This election allows employers to defer employee contributions pre-tax. Employer contributions include all amounts remitted by Subscribing Employers including amounts originally contributed by participants.

#### Benefit Obligations

Health costs incurred by participants and their dependents are covered by insurance contracts maintained by the Trust. It is the present intention of the Trust to continue obtaining insurance coverage for benefits. Benefit obligations as of March 31, 2025 and 2024, represented premiums due to the insurance companies to continue the benefits.

#### Investment Valuation and Income Recognition

The Trust's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Trust's gains or losses on investments bought and sold as well as held during the year.

#### Payment of Benefits

Premiums paid are recorded as insurance premiums in the accompanying statement of changes in net assets available for benefits.

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Notes to the Combined Financial Statements, continued

### 2. Summary of Significant Accounting Policies, continued

#### Risks and Uncertainties

The Trust has investments in money market accounts, a repurchase agreement, registered investment companies, and common stocks. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the combined statements of benefit obligations and net assets available for benefits and the combined statement of changes in benefit obligations and net assets available for benefits.

#### Income Tax Status

The Construction Trust has received an exemption letter from the Internal Revenue Service (IRS) dated July 29, 1977, stating that the Construction Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code). In March 1993, the Construction Trust was notified that its tax exemption had been revoked retroactively effective to January 1, 1989 as it covered too wide a geographic area and had too broad of an employer base. The Construction Trust reapplied with the IRS for tax-exempt status and received an exemption letter from the IRS dated May 10, 2017, stating that the Construction Trust is tax-exempt under the provision of Section 501(c)(9) of the Code effective January 1, 2017.

The Health Trust has received an exemption letter from the IRS dated March 25, 2016, stating that the Health Trust is tax-exempt under the provision of Section 501(c)(9) of the Code effective April 1, 2014.

The Trust is required to operate in conformity with the Code to maintain tax-exempt status. The Trust's management believe the Trust is being operated in compliance with the applicable requirements of the Code and, therefore, believe the Trust is tax-exempt.

#### Subsequent Events

The Trust's management has evaluated subsequent events for accounting and disclosure requirements through January 14, 2026, the date the financial statements were available to be issued.

### 3. Fair Value Measurements

The Trust classifies investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Notes to the Combined Financial Statements, continued

### 3. Fair Value Measurements, continued

Following is a description of the valuation methodologies used for investments measured at fair value on a recurring basis:

*Money market accounts and repurchase agreement, interest bearing cash:* Valued at cost which approximates fair value.

*Registered investment companies:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Trust are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded. The mutual funds based in money market funds have a cost that approximates fair value.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

There were no changes in the methodologies used to measure fair value at March 31, 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, the Trust's investments at fair value as of March 31:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b><u>2025</u></b>				
Money market accounts	\$ 44,864	\$ 44,864	\$ -	\$ -
Repurchase agreement, interest bearing cash	87,214	87,214	-	-
Registered investment companies	5,187,693	5,187,693	-	-
Common stocks	<u>1,150,706</u>	<u>1,150,706</u>	<u>-</u>	<u>-</u>
	<u>\$ 6,470,477</u>	<u>\$ 6,470,477</u>	<u>\$ -</u>	<u>\$ -</u>

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Notes to the Combined Financial Statements, continued

### 3. Fair Value Measurements, continued

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>2024</u>				
Money market accounts	\$ 106,770	\$ 106,770	\$ -	\$ -
Repurchase agreement, interest bearing cash	508,337	508,337	-	-
Registered investment companies	4,793,450	4,793,450	-	-
Common stocks	<u>1,272,936</u>	<u>1,272,936</u>	<u>-</u>	<u>-</u>
	<u>\$ 6,681,493</u>	<u>\$ 6,681,493</u>	<u>\$ -</u>	<u>\$ -</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Trust's management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. During the year ended March 31, 2025, there were no significant transfers between the levels.

### 4. Administrative Expenses

For the year ended March 31, 2025, administrative expenses of the Trust include the following:

Office administrative costs:	
Contract Administrator fees	\$ 560,685
Miscellaneous	22,275
Professional services:	
Audit and tax return fees	19,950
Legal fees	2,566
Actuarial fees	<u>25,545</u>
Total administrative expenses	<u>\$ 631,021</u>

### 5. Party-in-Interest Transactions

The Contract Administrator facilitates the collection of premium remittances to the Trust and remits the insurance premiums to the respective insurance companies or their agents; pays or provides for the payment of the Trust itself for all reasonable and necessary expenses of establishment, installation and administration of the Trust; conducts all transactions with the insurance companies or the service contracts or their agents relative to the execution and administration of the insurance or service contracts; and establishes the rules for the administration of the affairs of the Trust.

The Contract Administrator is compensated for services by administrative fees based on the number of participating employees of each Subscribing Employer and by other fees charged periodically for services rendered. Total fees paid during the year ended March 31, 2025 are disclosed in Note 4.

## KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Notes to the Combined Financial Statements, continued

### 5. Party-in-Interest Transactions, continued

The Trust's investments are managed by PNC Bank, N.A. (PNC) as of March 31, 2025 and 2024. PNC is the trustee, as defined by the Trust, and therefore, these transactions qualify as party-in-interest transactions. For the year ended March 31, 2025, investment expenses of \$43,007 were paid to PNC by the Trust.

### 6. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500 as of March 31:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	<b>\$ 6,304,941</b>	\$ 6,080,358
Benefit obligations currently payable	<u>(13,038)</u>	<u>(19,955)</u>
Net assets per the Form 5500	<b><u>\$ 6,291,903</u></b>	<b><u>\$ 6,060,403</u></b>

The following reconciles insurance premiums paid for participants per the financial statements to the Form 5500 for the year ended March 31, 2025:

Insurance premiums paid per the financial statements	<b>\$57,248,312</b>
Add: Amounts currently payable at end of year	<b>13,038</b>
Less: Amounts currently payable at beginning of year	<u>(19,955)</u>
Insurance premiums paid per Form 5500	<b><u>\$57,241,395</u></b>

The reconciliation above is a result of amounts due insurance companies being reflected as benefit obligations for financial statement purposes, but recorded as liabilities for Form 5500 purposes.

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

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

March 31, 2025

Plan Sponsor: Kentucky Construction Industry Trust Insurance Trust  
 Employer identification number: 61-6094900  
 Three digit plan number: 510

*Portfolio*

Cash and cash equivalents

**Mutual funds - money market**

Description	Market value last period Quantity	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Current price per unit	Unrealized gain/loss		Avg. original value at PNC per unit				
IAM BANK SWEEP COLLATERALIZED 20-75-080-***9811	\$20,616.80 20,616.800	\$20,616.80 \$ 1.0000		0.33 %	\$20,616.80 \$1.00		4.25 %	\$876.21	\$65.35
IAM BANK SWEEP COLLATERALIZED 20-75-080-***9837	2,004.92 2,004.920	2,004.92 1.0000		0.04 %	2,004.92 1.00		4.26 %	85.21	6.86
IAM BANK SWEEP COLLATERALIZED 20-75-534-***9811	4,156.67 4,156.670	4,156.67 1.0000		0.07 %	4,156.67 1.00		4.26 %	176.66	28.37
IAM BANK SWEEP COLLATERALIZED 20-75-544-***9811	5,875.70 5,875.700	5,875.70 1.0000		0.10 %	5,875.70 1.00		4.26 %	249.72	24.20
IAM BANK SWEEP COLLATERALIZED 20-75-548-***9811	176.66 176.660	176.66 1.0000		0.01 %	176.66 1.00		4.26 %	7.51	0.64
IAM BANK SWEEP COLLATERALIZED 20-75-653-***9811	9,030.56 9,030.560	9,030.56 1.0000		0.15 %	9,030.56 1.00		4.26 %	383.80	32.80
IAM BANK SWEEP COLLATERALIZED 20-75-708-***9811	3,002.53 3,002.530	3,002.53 1.0000		0.05 %	3,002.53 1.00		4.26 %	127.61	11.24
<b>Total mutual funds - money market</b>		<b>\$44,863.84</b>		<b>0.70 %</b>	<b>\$44,863.84</b>		<b>4.25 %</b>	<b>\$1,906.72</b>	<b>\$169.46</b>
<b>Total cash and cash equivalents</b>		<b>\$44,863.84</b>		<b>0.70 %</b>	<b>\$44,863.84</b>		<b>4.25 %</b>	<b>\$1,906.72</b>	<b>\$169.46</b>

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Fixed income

**Etf - fixed income**

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
PGIM ULTRA SHORT BOND ETF (PULS) 20-75-080-***9811	\$835,955.54 16,793	\$835,115.89 \$49.7300	13.09 %	\$830,404.26 \$49.45	\$4,711.63	5.33 %	\$44,501.45	

**Mutual funds - fixed income**

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
BLACKROCK STRATEGIC INCOME (BSIIX) OPPORTUNITIES PORTFOLIO FD 0446 CL INSTL 20-75-080-***9811	\$577,700.70 60,177.156	\$572,886.53 \$9.5200	8.98 %	\$581,415.23 \$9.66	-\$8,528.70	4.83 %	\$27,621.31	\$2,383.50
BLACKROCK LOW DURATION BOND (BFMSX) PORTFOLIO CL INSTL 20-75-080-***9811	634,896.26 69,692.235	634,199.34 9.1000	9.94 %	665,150.75 9.54	-30,951.41	4.50 %	28,504.12	2,425.95
MFS EMERGING MKTS DEBT FD-R6 (MEDHX) 20-75-080-***9811	658,783.98 54,220.903	650,650.84 12.0000	10.20 %	679,367.74 12.53	-28,716.90	6.88 %	44,732.24	3,447.37
PGIM HIGH YIELD FUND (PHYQX) CLASS R6 20-75-080-***9811	319,723.92 66,058.660	314,439.22 4.7600	4.93 %	337,782.61 5.11	-23,343.39	7.17 %	22,526.00	1,892.79
<b>Total mutual funds - fixed income</b>		<b>\$2,172,175.93</b>	<b>34.03 %</b>	<b>\$2,263,716.33</b>	<b>-\$91,540.40</b>	<b>5.68 %</b>	<b>\$123,383.67</b>	<b>\$10,149.61</b>

<b>Total fixed income</b>		<b>\$3,007,291.82</b>	<b>47.11 %</b>	<b>\$3,094,120.59</b>	<b>-\$86,828.77</b>	<b>5.58 %</b>	<b>\$167,885.12</b>	<b>\$10,149.61</b>
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KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
FERRARI NV - W/I (RACE)	\$ 10,220.54		\$9,413.36	0.15 %	\$3,703.41	\$5,709.95	0.61 %	\$57.18	
SEDOL BZ1GMK5 ISIN NL0011585146 20-75-708-***9811	22		\$427.8800		\$168.34				
ASBURY AUTOMOTIVE GROUP (ABG)	6,441.60		5,300.16	0.09 %	5,683.85	- 383.69	0.41 %	21.60	
20-75-534-***9811	24		220.8400		236.83				
BERKELEY GROUP HLDGS PLC ADR (BKGFY)	2,157.58		2,152.92	0.04 %	2,826.74	- 673.82	6.17 %	132.81	15.52
SEDOL BRQPJ66P ISIN US08425P3029 20-75-544-***9811	233		9.2400		12.13				
CARMAX INC (KMX)	5,144.14		4,831.04	0.08 %	4,208.47	622.57			
20-75-653-***9811	62		77.9200		67.88				
CARNIVAL CORP (CCL)	4,730.47		4,062.24	0.07 %	4,746.58	- 684.34			
SEDOL 2523044 ISIN PA1436583006 20-75-544-***9811	208		19.5300		22.82				
COMPASS GROUP PLC-SPON ADR (CMPGY)	1,716.96		1,628.27	0.03 %	1,261.01	367.26	1.70 %	27.59	
SEDOL BZBY5H7 ISIN US20449X4016 20-75-544-***9811	49		33.2300		25.73				
COMPASS GROUP PLC-SPON ADR (CMPGY)	5,711.52		5,416.49	0.09 %	4,624.18	792.31	1.70 %	91.77	
SEDOL BZBY5H7 ISIN US20449X4016 20-75-708-***9811	163		33.2300		28.37				
COUPANG INC (CPNG)	6,280.50		5,811.45	0.10 %	5,653.35	158.10			
20-75-708-***9811	265		21.9300		21.33				
DOMINO'S PIZZA, INC. (DPZ)	6,855.94		6,432.30	0.11 %	3,946.24	2,486.06	1.52 %	97.44	
20-75-653-***9811	14		459.4500		281.87				
FLOOR & DECOR HOLDINGS INC (FND)	6,474.21		5,391.49	0.09 %	5,178.07	213.42			
20-75-534-***9811	67		80.4700		77.28				

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
FLOOR & DECOR HOLDINGS INC (FND) 20-75-653-***9811	2,271.22 25	2,011.75 80.4700	0.04 %	2,346.14 93.85	- 334.39			
HILTON WORLDWIDE HLDGS - W/I (HLT) 20-75-653-***9811	17,752.32 67	15,245.85 227.5500	0.24 %	6,631.13 98.97	8,614.72	0.27 %	40.20	
HYATT HOTELS CORP (H) CL A 20-75-653-***9811	3,332.16 24	2,940.00 122.5000	0.05 %	1,952.52 81.36	987.48	0.49 %	14.40	
KERING S A ADR (PPRUY) 20-75-544-***9811	15,820.42 590	12,230.70 20.7300	0.20 %	18,184.14 30.82	- 5,953.44	4.53 %	552.83	
KINGFISHER PLC (KGFHY) SPONSORED ADR 20-75-544-***9811	2,505.02 406	2,675.54 6.5900	0.05 %	2,439.69 6.01	235.85	4.28 %	114.49	
LENNAR CORP (LEN) CLASS A 20-75-653-***9811	5,861.87 49	5,624.22 114.7800	0.09 %	3,568.97 72.84	2,055.25	1.75 %	98.00	
LI NING CO LTD-UNSPON ADR (LNNGY) SEDOL B3F9P07 ISIN US52989T1025 20-75-544-***9811	818.10 15	773.85 51.5900	0.02 %	733.69 48.91	40.16	3.56 %	27.50	
LITHIA MTRS INC (LAD) CL A 20-75-534-***9811	6,199.92 18	5,283.72 293.5400	0.09 %	5,558.40 308.80	- 274.68	0.73 %	38.16	
MEITUAN UNSP ADR (MPNGY) 20-75-708-***9811	8,033.28 192	7,745.28 40.3400	0.13 %	8,596.86 44.78	- 851.58			
MERCADOLIBRE INC (MELI) 20-75-708-***9811	6,296.64 3	5,852.61 1,950.8700	0.10 %	4,967.07 1,655.69	885.54	0.04 %	1.80	
O REILLY AUTOMOTIVE INC (ORLY) 20-75-653-***9811	16,483.68 12	17,190.96 1,432.5800	0.27 %	3,471.10 289.26	13,719.86			
ROSS STORES INC (ROST) 20-75-534-***9811	14,032.00 100	12,779.00 127.7900	0.21 %	9,205.36 92.05	3,573.64	1.27 %	162.00	40.50

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
ROSS STORES INC (ROST)	1,964.48	14	1,789.06	0.03 %	1,513.36	108.10	275.70	1.27 %	22.68	5.67
20-75-653-***9811			127.7900							
SODEXHO SA (SDXAY)	1,286.50	83	1,060.74	0.02 %	1,372.72	16.54	- 311.98	12.36 %	131.06	61.56
SPON ADR			12.7800							
20-75-544-***9811										
THOR INDUSTRIES INC (THO)	6,857.91	69	5,230.89	0.09 %	6,663.62	96.57	- 1,432.73	2.64 %	138.00	
20-75-534-***9811			75.8100							
VAIL RESORTS INC (MTN)	2,384.85	15	2,400.30	0.04 %	3,795.00	253.00	- 1,394.70	5.55 %	133.20	33.30
20-75-653-***9811			160.0200							
<b>Total consumer discretionary</b>			<b>\$151,274.19</b>	<b>2.37 %</b>	<b>\$122,831.67</b>		<b>\$28,442.52</b>	<b>1.26 %</b>	<b>\$1,902.71</b>	<b>\$156.55</b>

*Consumer staples*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
ANHEUSER BUSCH INBEV (BUD)	\$6,223.36	104	\$6,402.24	0.11 %	\$6,286.47	\$60.45	\$115.77	1.27 %	\$81.02	
SPONSORED ADR			\$61.5600							
20-75-544-***9811										
BRITISH AMERICAN TOBACCO PLC (BTI)	3,542.63	91	3,764.67	0.06 %	2,628.74	28.89	1,135.93	7.15 %	269.00	67.25
SPONSORED ADR			41.3700							
20-75-544-***9811										
BROWN FORMAN CORP CLASS B (BFB)	3,973.20	120	4,072.80	0.07 %	6,520.88	54.34	- 2,448.08	2.67 %	108.72	27.18
20-75-534-***9811			33.9400							
DIAGEO PLC (DEO)	5,549.82	51	5,344.29	0.09 %	6,884.93	135.00	- 1,540.64	3.92 %	209.05	81.09
SPONSORED ADR			104.7900							
20-75-544-***9811										
DOLLAR TREE INC (DLTR)	7,358.86	101	7,582.07	0.12 %	10,274.78	101.73	- 2,692.71			
20-75-534-***9811			75.0700							

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Consumer staples</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
HEINEKEN NV (HEINY) ADR 20-75-544-***9811	3,630.92 86	3,505.36 40.7600	0.06 %	3,657.82 42.53	- 152.46	1.80 %	62.95	
RECKITT BENCKISER-SPON ADR (RBGLY) ADR SEDOL B93K0B0 ISIN US7562552049 20-75-544-***9811	9,849.40 740	10,049.20 13.5800	0.16 %	9,598.51 12.97	450.69	3.58 %	359.64	
<b>Total consumer staples</b>		<b>\$40,720.63</b>	<b>0.64 %</b>	<b>\$45,852.13</b>	<b>- \$5,131.50</b>	<b>2.68 %</b>	<b>\$1,090.38</b>	<b>\$175.52</b>
<b>Energy</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
BP PLC (BP) SPONSORED ADR 20-75-544-***9811	\$7,783.20 235	\$7,940.65 \$33.7900	0.13 %	\$8,190.47 \$34.85	- \$249.82	5.63 %	\$446.50	
CANADIAN NATURAL RESOURCES (CNQ) SEDOL 2171573 ISIN CA1363851017 20-75-708-***9811	3,844.72 136	4,188.80 30.8000	0.07 %	4,372.10 32.15	- 183.30	5.30 %	221.95	55.49
<b>Total energy</b>		<b>\$12,129.45</b>	<b>0.19 %</b>	<b>\$12,562.57</b>	<b>- \$433.12</b>	<b>5.51 %</b>	<b>\$668.45</b>	<b>\$55.49</b>
<b>Financial</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
AON PLC/IRELAND-A (AON) SEDOL BLP1HW5 ISIN IE00BLP1HW54 20-75-708-***9811	\$4,909.44 12	\$4,789.08 \$399.0900	0.08 %	\$2,795.90 \$232.99	\$1,993.18	0.68 %	\$32.40	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-534-***9811	19,604.01 211	20,293.98 96.1800	0.32 %	7,515.16 35.62	12,778.82			
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-653-***9811	6,503.70 70	6,732.60 96.1800	0.11 %	3,120.83 44.58	3,611.77			
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-708-***9811	7,154.07 77	7,405.86 96.1800	0.12 %	5,366.68 69.70	2,039.18			
NU HOLDINGS LTD/CAYMAN ISL-A (NU) SEDOL BN6NP19 ISIN KYG6683N1034 20-75-708-***9811	4,267.75 397	4,065.28 10.2400	0.07 %	4,474.03 11.27	- 408.75			
UBS GROUP AG (UBS) SEDOL BRJL176 ISIN CH0244767585 20-75-708-***9811	5,760.72 168	5,145.84 30.6300	0.09 %	5,246.51 31.23	- 100.67	1.47 %	75.60	
ADYEN NV-UNSPON ADR (ADYEY) SEDOL BJXK4M9 ISIN US00783V1044 20-75-708-***9811	7,153.94 397	6,062.19 15.2700	0.10 %	6,120.56 15.42	- 58.37			
ALLIANZ SE - UNSP ADR (ALIZY) SEDOL BJXKF26 ISIN US0188201000 20-75-544-***9811	1,436.40 42	1,606.08 38.2400	0.03 %	1,088.85 25.93	517.23	2.69 %	43.05	
ARES MANAGEMENT CORP - A (ARES) 20-75-653-***9811	5,128.20 30	4,398.30 146.6100	0.07 %	3,063.28 102.11	1,335.02	3.06 %	134.40	
AXA [AXAHY] SPONSORED ADR 20-75-544-***9811	3,521.70 91	3,888.43 42.7300	0.07 %	2,923.92 32.13	964.51	4.11 %	159.80	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
<b>Financial</b>								
BNP PARIBAS (BNPQY) SPONSORED ADR 20-75-544-***9811	5,907.91 157	6,556.32 41.7600	0.11 %	5,260.09 33.50	1,296.23	4.99 %	326.56	
BANCO BRADESCO (BBD) SPONSORED ADR 20-75-544-***9811	269.10 138	307.74 2.2300	0.01 %	467.12 3.38	- 159.38	7.63 %	23.46	
BARCLAYS PLC ADR (BCS) 20-75-544-***9811	10,137.60 640	9,830.40 15.3600	0.16 %	4,725.38 7.38	5,105.02	2.78 %	272.64	170.62
WR BERKLEY CORP (WRB) 20-75-534-***9811	7,254.20 115	8,183.40 71.1600	0.13 %	3,163.78 27.51	5,019.62	0.45 %	36.80	
WR BERKLEY CORP (WRB) 20-75-653-***9811	2,523.20 40	2,846.40 71.1600	0.05 %	2,217.47 55.44	628.93	0.45 %	12.80	
BROOKFIELD CORP (BN) SEDOL BP95GG8 ISIN CA11271J1075 20-75-653-***9811	18,494.30 321	16,823.61 52.4100	0.27 %	8,810.86 27.45	8,012.75	0.69 %	115.56	
BROOKFIELD ASSET MGMT-A-W/I (BAM) SEDOL BP95GD5 ISIN CA1130041058 20-75-534-***9811	6,789.60 120	5,814.00 48.4500	0.10 %	4,279.10 35.66	1,534.90	3.62 %	210.00	
BROOKFIELD ASSET MGMT-A-W/I (BAM) SEDOL BP95GD5 ISIN CA1130041058 20-75-653-***9811	3,507.96 62	3,003.90 48.4500	0.05 %	1,395.67 22.51	1,608.23	3.62 %	108.50	
BROWN & BROWN INC (BRO) 20-75-534-***9811	16,002.90 135	16,794.00 124.4000	0.27 %	4,297.05 31.83	12,496.95	0.49 %	81.00	
BROWN & BROWN INC (BRO) 20-75-653-***9811	13,987.72 118	14,679.20 124.4000	0.23 %	4,511.84 38.24	10,167.36	0.49 %	70.80	
CULLEN FROST BANKERS INC (CFR) 20-75-534-***9811	3,151.69 23	2,879.60 125.2000	0.05 %	2,378.72 103.42	500.88	3.04 %	87.40	
GALLAGHER ARTHUR J & CO (AJG) 20-75-653-***9811	4,728.36 14	4,833.36 345.2400	0.08 %	3,931.34 280.81	902.02	0.76 %	36.40	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
GLACIER BANCORP INC (GBCI) 20-75-534-***9811	3,174.60 65	2,874.30 44.2200	0.05 %	2,624.75 40.38	249.55	2.99 %	85.80	
ICICI BANK LTD (IBN) SPON ADR 20-75-708-***9811	5,325.08 191	6,020.32 31.5200	0.10 %	4,254.75 22.28	1,765.57	0.65 %	38.58	
ING GROEP N V (ING) SPONSORED ADR 20-75-544-***9811	3,599.19 203	3,976.77 19.5900	0.07 %	2,925.37 14.41	1,051.40	4.99 %	198.33	
JULIS BAER GROUP LTD (JBAXY) UN SPON ADR 20-75-544-***9811	1,882.35 141	1,940.16 13.7600	0.04 %	1,546.50 10.97	393.66	2.32 %	44.98	
KKR & CO INC (KKR) CLASS A 20-75-653-***9811	14,643.72 108	12,485.88 115.6100	0.20 %	3,095.94 28.67	9,389.94	0.61 %	75.60	
KINSALE CAPITAL GROUP INC (KNSL) 20-75-534-***9811	4,318.50 10	4,867.10 486.7100	0.08 %	4,788.80 478.88	78.30	0.14 %	6.80	
LPL FINANCIAL HOLDINGS INC (LPLA) 20-75-653-***9811	3,717.40 10	3,271.40 327.1400	0.06 %	3,634.08 363.41	-362.68	0.37 %	12.00	
LEGAL & GEN GROUP (LGGNY) SPON ADR 20-75-544-***9811	2,717.88 174	2,799.66 16.0900	0.05 %	2,631.75 15.13	167.91	8.21 %	229.85	
MSCI INC (MSCI) 20-75-653-***9811	7,086.12 12	6,786.00 565.5000	0.11 %	4,689.13 390.76	2,096.87	1.28 %	86.40	
MARKEL GROUP INC (MKL) 20-75-653-***9811	9,667.20 5	9,348.05 1,869.6100	0.15 %	5,927.37 1,185.47	3,420.68			
MOELIS & CO (MC) 20-75-534-***9811	5,368.64 76	4,435.36 58.3600	0.07 %	3,009.18 39.59	1,426.18	4.46 %	197.60	
MOODY'S CORP (MCO) 20-75-653-***9811	2,519.70 5	2,328.45 465.6900	0.04 %	1,014.62 202.92	1,313.83	0.81 %	18.80	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period Quantity	Current market value	%	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
NATWEST GROUP PLC-SPN ADR-WI (NWG) SEDOL BP0WTS1 ISIN US6390572070 20-75-544-***9811	1,320.84 108	1,287.36 11.9200	0.03 %	604.26 5.60	683.10	4.50 %	57.89	41.12
PROGRESSIVE CORP OHIO (PGR) 20-75-653-***9811	4,230.00 15	4,245.15 283.0100	0.07 %	1,226.89 81.79	3,018.26	0.15 %	6.00	
PRUDENTIAL PLC (PUK) SPON ADR 20-75-544-***9811	6,418.11 349	7,503.50 21.5000	0.12 %	7,228.80 20.71	274.70	2.16 %	161.59	113.70
RYAN SPECIALTY HOLDINGS INC (RYAN) CL A 20-75-653-***9811	1,749.75 25	1,846.75 73.8700	0.03 %	1,651.09 66.04	195.66	0.61 %	11.25	
SHINHAN FINANCIAL GRP (SHG) ADR 20-75-544-***9811	1,597.50 50	1,604.00 32.0800	0.03 %	1,929.86 38.60	- 325.86	3.80 %	60.90	
SOCIÉTÉ GÉNÉRALE FRANCE (SCGLY) SPONSORED ADR 20-75-544-***9811	2,496.96 306	2,769.30 9.0500	0.05 %	1,797.59 5.87	971.71	1.56 %	43.15	
SOMPO HOLDINGS INC-UN ADR (SMPNY) SEDOL BYZJHK8 ISIN US83540J1016 20-75-544-***9811	2,421.90 162	2,475.04 15.2780	0.04 %	2,282.48 14.09	192.56	1.52 %	37.42	
STANDARD CHARTERED- UNSP ADR (SCBFY) ADR SEDOL BG0BNH2 ISIN US8532541005 20-75-544-***9811	3,575.04 112	3,339.84 29.8200	0.06 %	2,110.25 18.84	1,229.59	2.19 %	72.91	57.12
3I GROUP PLC-UNSPON ADR (TGOPY) ADR SEDOL B3DZ1X2 ISIN US88579N1054 20-75-708-***9811	8,364.96 333	7,928.73 23.8100	0.13 %	6,659.17 20.00	1,269.56	1.45 %	114.22	
TOAST INC-CLASS A (TOST) 20-75-653-***9811	1,814.20 47	1,558.99 33.1700	0.03 %	1,843.24 39.22	- 284.25			

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

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Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Financial</b>								
UNICREDIT SPA-ADR (UNCRY)	5,368.36	5,780.36	0.10 %	2,845.38	2,934.98	3.47 %	200.23	
SEDOL BD72XP5	206	28.0600		13.81				
ISIN US9046784065								
20-75-544-***9811								
UNITED OVERSEAS BK LTD (UOVEY)	3,194.24	3,152.52	0.05 %	2,293.99	858.53	4.61 %	145.21	
SPONSORED ADR	56	56.2950		40.96				
20-75-544-***9811								
<b>Total financial</b>		<b>\$261,564.56</b>	<b>4.10 %</b>	<b>\$159,769.38</b>	<b>\$101,795.18</b>	<b>1.43 %</b>	<b>\$3,732.68</b>	<b>\$382.56</b>
<b>Health care</b>								
ICON PLC (ICLR)	\$6,840.72	\$6,299.64	0.10 %	\$7,264.60	-\$964.96			
SEDOL B94G471	36	\$174.9900		\$201.79				
ISIN IE0005711209								
20-75-708-***9811								
STERIS PLC (STE)	5,920.02	6,119.55	0.10 %	3,723.43	2,396.12	1.01 %	61.56	
SEDOL BFY8C75	27	226.6500		137.90				
ISIN IE00BFY8C754								
20-75-708-***9811								
ELEVANCE HEALTH INC (ELV)	29,766.00	32,622.00	0.52 %	0.07	32,621.93	1.58 %	513.00	
20-75-080-***9837	75	434.9600						
ASTRAZENECA PLC (AZN)	9,577.62	9,261.00	0.15 %	8,320.80	940.20	2.07 %	191.52	
SPONS ADR	126	73.5000		66.04				
20-75-544-***9811								
ASTRAZENECA PLC (AZN)	9,450.04	9,114.00	0.15 %	8,661.83	452.17	2.07 %	188.48	
SPONS ADR	124	73.5000		69.85				
20-75-708-***9811								

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Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

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Description (Symbol)	Market value last period Quantity	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
<b>Health care</b>								
GSK PLC-SPON ADR (GSK) ADR SEDOL BMTZ571 ISIN US37733W2044 20-75-544-***9811	6,202.35 165	6,392.10 38.7400	0.11 %	6,088.19 36.90	303.91	3.94 %	251.63	64.86
IDEXX LABS INC (IDXX) 20-75-653-***9811	3,496.88 8	3,359.60 419.9500	0.06 %	2,541.59 317.70	818.01			
KONINKLIJKE PHILLIPS NV (PHG) SPON ADR 20-75-544-***9811	5,570.42 214	5,435.60 25.4000	0.09 %	4,287.36 20.03	1,148.24	2.97 %	161.14	
LABCORP HOLDINGS INC (LH) 20-75-534-***9811	8,786.40 35	8,145.90 232.7400	0.13 %	5,395.49 154.16	2,750.41	1.24 %	100.80	
NOVO NORDISK AS (NVO) ADR 20-75-708-***9811	10,696.70 118	8,193.92 69.4400	0.13 %	6,203.73 52.57	1,990.19	1.71 %	139.36	92.91
ROCHE HOLDING LTD SPONSORED ADR (RHHBY) 20-75-544-***9811	8,222.78 197	8,106.55 41.1500	0.13 %	6,962.80 35.34	1,143.75	2.09 %	168.63	168.61
SANOFI SPONSORED ADR (SNY) 20-75-544-***9811	5,447.00 100	5,546.00 55.4600	0.09 %	4,697.15 46.97	848.85	2.67 %	147.80	
SMITH & NEPHEW P/C (SNN) SPON ADR 20-75-544-***9811	2,681.52 93	2,638.41 28.3700	0.05 %	2,603.39 27.99	35.02	2.54 %	66.96	41.57
VEEVA SYSTEMS INC-CLASS A (VEEV) 20-75-653-***9811	6,724.20 30	6,948.90 231.6300	0.11 %	5,702.57 190.09	1,246.33			
WATERS CORP (WAT) 20-75-534-***9811	7,169.46 19	7,002.83 368.5700	0.11 %	5,201.98 273.79	1,800.85			
WATERS CORP (WAT) 20-75-653-***9811	2,641.38 7	2,579.99 368.5700	0.05 %	2,060.67 294.38	519.32			
<b>Total health care</b>		<b>\$127,765.99</b>	<b>2.00 %</b>	<b>\$79,715.65</b>	<b>\$48,050.34</b>	<b>1.56 %</b>	<b>\$1,990.88</b>	<b>\$367.95</b>

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Industrials</b>								
ALSTOM SA UNSPON ADR (ALSMY) 20-75-544-***9811	\$ 10,946.07 5,139	\$ 11,100.24 \$ 2.1600	0.18 %	\$ 7,044.04 \$ 1.37	\$ 4,056.20	0.86 %	\$ 94.97	
AMETEK INC NEW (AME) 20-75-653-***9811	2,650.20 14	2,409.96 172.1400	0.04 %	2,346.06 167.58	63.90	0.73 %	17.36	
BAE SYSTEMS PLC (BAESY) SPONSORED ADR 20-75-708-***9811	9,978.90 131	10,772.13 82.2300	0.17 %	7,969.51 60.84	2,802.62	1.96 %	211.04	
CANADIAN PACIFIC KANSAS CITY (CP) SEDOL BMBQR09 ISIN CA13646K1084 20-75-544-***9811	9,066.11 117	8,214.57 70.2100	0.13 %	8,889.40 75.98	- 674.83	0.77 %	62.83	15.39
CANADIAN PACIFIC KANSAS CITY (CP) SEDOL BMBQR09 ISIN CA13646K1084 20-75-708-***9811	7,246.56 93	6,529.53 70.2100	0.11 %	4,761.55 51.20	1,767.98	0.77 %	49.94	12.23
CARLISLE COMPANIES INC (CSL) 20-75-534-***9811	10,183.12 30	10,215.00 340.5000	0.17 %	5,308.49 176.95	4,906.51	1.18 %	120.00	
COMPAGNIE DE SAINT-UNSP ADR (CODYY) ADR SEDOL B3K9YH2 ISIN US2042803096 20-75-544-***9811	5,857.52 292	5,863.36 20.0800	0.10 %	4,834.97 16.56	1,028.39	1.64 %	95.78	
COPART INC (CPRT) 20-75-534-***9811	11,398.40 208	11,770.72 56.5900	0.19 %	3,692.88 17.75	8,077.84			
COPART INC (CPRT) 20-75-653-***9811	15,892.00 290	16,411.10 56.5900	0.26 %	5,502.17 18.97	10,908.93			
COSTAR GROUP INC (CSGP) 20-75-653-***9811	9,988.75 131	10,379.13 79.2300	0.17 %	10,037.42 76.62	341.71			
EXPEDITORS INTERNATIONAL (EXPD) WASHINGTON INC 20-75-534-***9811	4,107.60 35	4,208.75 120.2500	0.07 %	2,507.72 71.65	1,701.03	1.22 %	51.10	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Industrials</b>								
EXPERIAN PLC (EXPGY) SPON ADR 20-75-708-***9811	4,402.62 93	4,315.20 46.4000	0.07 %	2,768.61 29.77	1,546.59	1.21 %	52.08	
FANUC CORP ADR (FANUY) 20-75-544-***9811	6,062.40 421	5,738.23 13.6300	0.09 %	5,881.54 13.97	- 143.31	1.49 %	85.04	
FASTENAL CO (FAST) 20-75-653-***9811	4,089.42 54	4,187.70 77.5500	0.07 %	1,769.62 32.77	2,418.08	2.22 %	92.88	
GRACO INC (GGG) 20-75-534-***9811	2,699.17 31	2,588.81 83.5100	0.05 %	2,535.49 81.79	53.32	1.32 %	34.10	
GRACO INC (GGG) 20-75-653-***9811	1,480.19 17	1,419.67 83.5100	0.03 %	1,417.97 83.41	1.70	1.32 %	18.70	
HEICO CORP NEW (HEIA) CL A 20-75-653-***9811	17,905.44 84	17,721.48 210.9700	0.28 %	9,540.01 113.57	8,181.47	0.11 %	18.48	
mitsubishi Heavy Industries ADR (MHVIY) SEDOL BSY13M7 ISIN US6067934041 20-75-708-***9811	7,370.00 275	9,405.00 34.2000	0.15 %	6,606.52 24.02	2,798.48	0.29 %	26.71	
PACCAR INC (PCAR) 20-75-534-***9811	11,367.44 106	10,321.22 97.3700	0.17 %	6,115.97 57.70	4,205.25	1.36 %	139.92	
RELX PLC ADR (RELX) SEDOL BYRY2M8 ISIN US7595301083 20-75-544-***9811	3,144.05 65	3,276.65 50.4100	0.06 %	2,529.32 38.91	747.33	1.59 %	51.87	
ROLLS-ROYCE HOLDINGS PLC (RYCEY) SPONSORED ADR 20-75-544-***9811	11,730.12 1,227	12,036.87 9.8100	0.19 %	4,496.34 3.66	7,540.53	1.55 %	186.50	
ROLLS-ROYCE HOLDINGS PLC (RYCEY) SPONSORED ADR 20-75-708-***9811	10,248.32 1,072	10,516.32 9.8100	0.17 %	7,881.73 7.35	2,634.59	1.55 %	162.94	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Industrials</b>									
SMC CORP-SPONSORED ADR (SMCAY)	5,355.91		5,360.56	0.09 %	6,106.81	- 746.25	1.34 %	71.34	
ADR SEDOL BKKNKD1	296		18.1100		20.63				
ISIN US78445W3060									
20-75-544-***9811									
SAFRAN SA (SAFRY)	9,796.12		9,800.56	0.16 %	6,882.38	2,918.18	0.58 %	56.09	
UNSPON ADR	148		66.2200		46.50				
20-75-708-***9811									
SIEMENS ENERGY AG-UNSP ADR (SMNEY)	8,816.40		9,101.60	0.15 %	7,431.43	1,670.17	0.11 %	9.24	
SEDOL BNOT955	155		58.7200		47.94				
ISIN US82621A1043									
20-75-708-***9811									
TRANSDIGM GROUP INC (TDG)	17,773.60		17,982.77	0.29 %	6,415.24	11,567.53			
20-75-653-***9811	13		1,383.2900		493.48				
TREX COMPANY INC (TREX)	6,705.50		6,797.70	0.11 %	6,705.50	92.20			
20-75-534-***9811	117		58.1000		57.31				
VERALTO CORP-W/I (VLTO)	698.32		682.15	0.02 %	723.36	- 41.21	0.42 %	2.80	0.77
20-75-653-***9811	7		97.4500		103.34				
VERISK ANALYTICS INC (VRSK)	2,672.19		2,678.58	0.05 %	946.62	1,731.96	0.61 %	16.20	
20-75-653-***9811	9		297.6200		105.18				
WASTE CONNECTIONS INC (WCN)	3,415.68		3,513.42	0.06 %	3,253.12	260.30	0.65 %	22.68	
SEDOL BYVG1F6	18		195.1900		180.73				
ISIN CA94106B1013									
20-75-653-***9811									
WASTE CONNECTIONS INC (WCN)	4,364.48		4,489.37	0.08 %	3,111.53	1,377.84	0.65 %	28.98	
SEDOL BYVG1F6	23		195.1900		135.28				
ISIN CA94106B1013									
20-75-708-***9811									
<b>Total industrials</b>			<b>\$239,808.35</b>	<b>3.76 %</b>	<b>\$156,013.32</b>	<b>\$83,795.03</b>	<b>0.74 %</b>	<b>\$1,779.57</b>	<b>\$28.39</b>

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Information technology</b>									
MONDAY.COM LTD (MNDY)	\$6,528.94		\$5,349.52	0.09 %	\$5,035.91	\$313.61			
SEDOL BMHRYX8		22	\$243.1600		\$228.91				
ISIN IL0011762130									
20-75-708-***9811									
WIX.COM LTD (WIX)	1,605.52		1,307.04	0.03 %	1,017.25	289.79			
SEDOL BFZCHN7		8	163.3800		127.16				
ISIN IL0011301780									
20-75-653-***9811									
ASM INTERNATIONAL N V (ASMIY)	4,246.88		3,641.52	0.06 %	2,540.34	1,101.18	0.59 %	21.17	
20-75-708-***9811		8	455.1900		317.54				
ASML HOLDING NV-NY (ASML)	6,381.72		5,963.67	0.10 %	2,303.68	3,659.99	0.87 %	51.82	
SEDOL B908F01		9	662.6300		255.96				
ISIN USN070592100									
20-75-708-***9811									
AMPHENOL CORP NEW (APH)	10,256.40		10,100.86	0.16 %	3,445.35	6,655.51	1.01 %	101.64	25.41
CL A		154	65.5900		22.37				
20-75-534-***9811									
ANSYS INC (ANSS)	1,666.25		1,582.80	0.03 %	1,029.19	553.61			
20-75-653-***9811		5	316.5600		205.84				
APPFOLIO INC - A (APPF)	1,350.29		1,319.40	0.03 %	1,350.29	- 30.89			
20-75-653-***9811		6	219.9000		225.05				
ARISTA NETWORKS INC (ANET)	3,722.00		3,099.20	0.05 %	552.61	2,546.59			
20-75-534-***9811		40	77.4800		13.82				
ATLASSIAN CORP CL A (TEAM)	4,548.16		3,395.36	0.06 %	4,168.81	- 773.45			
SEDOL BQ1PC76		16	212.2100		260.55				
ISIN US0494681010									
20-75-708-***9811									
CCC INTELLIGENT SOLUTIONS HO (CCCS)	2,944.91		2,609.67	0.05 %	3,465.40	- 855.73			
20-75-653-***9811		289	9.0300		11.99				
CDW CORP/DE (CDW)	9,266.40		8,333.52	0.14 %	6,526.50	1,807.02	1.56 %	130.00	
20-75-534-***9811		52	160.2600		125.51				

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
<b>Information technology</b>								
CAPGEMINI SE - UNSPONSOR ADR (CGEMY)	1,917.48	1,797.00	0.03 %	1,917.48	- 120.48	1.91 %	34.20	
SEDOL BF0ZJQ8	60	29.9500		31.96				
ISIN US13961R1005								
20-75-544-***9811								
ENTEGRIS, INC (ENTG)	3,947.58	3,411.72	0.06 %	4,125.44	- 713.72	0.46 %	15.60	
20-75-653-***9811	39	87.4800		105.78				
FAIR ISAAC CORPORATION (FICO)	9,431.75	9,220.80	0.15 %	6,766.41	2,454.39	0.01 %	0.40	
20-75-653-***9811	5	1,844.1600		1,353.28				
FUJITSU LTD (FJTSY)	4,059.80	4,208.20	0.07 %	3,375.98	832.22	0.58 %	24.17	
ADR 5 COM	212	19.8500		15.92				
20-75-544-***9811								
GARTNER INC (IT)	17,441.20	14,690.90	0.24 %	5,098.93	9,591.97			
20-75-534-***9811	35	419.7400		145.68				
GARTNER INC (IT)	7,973.12	6,715.84	0.11 %	3,475.88	3,239.96			
20-75-653-***9811	16	419.7400		217.24				
INFINEON TECHNOLOGIES (IFNYY)	6,507.68	5,895.36	0.10 %	6,561.77	- 666.41	0.74 %	43.61	
ADR	178	33.1200		36.86				
20-75-544-***9811								
MKS INSTRS INC (MKSI)	7,564.04	6,652.45	0.11 %	9,553.61	- 2,901.16	1.10 %	73.04	
20-75-534-***9811	83	80.1500		115.10				
MICROCHIP TECHNOLOGY INC (MCHP)	5,238.54	4,308.49	0.07 %	5,904.96	- 1,596.47	3.76 %	161.98	
20-75-534-***9811	89	48.4100		66.35				
MURATA MFG CO LTD ADR (MRAAY)	4,077.34	3,690.16	0.06 %	4,347.63	- 657.47	1.40 %	51.62	
UNSPON ADR	478	7.7200		9.10				
ISIN US6264251025 SEDOL B3K81D4								
20-75-544-***9811								
PROCORE TECHNOLOGIES INC (PCOR)	2,064.69	1,782.54	0.03 %	2,269.27	- 486.73			
20-75-653-***9811	27	66.0200		84.05				
RENESAS ELECTRO-UNSPON ADR (RNECY)	10,608.00	8,555.25	0.14 %	10,307.59	- 1,752.34	1.73 %	147.90	
SEDOL 2500337	1,275	6.7100		8.08				
ISIN US75972B1017								
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Information technology</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
ROPER TECHNOLOGIES INC (ROP)	9,352.00	9,433.28	0.15 %	5,898.67	3,534.61	0.56 %	52.80	
20-75-653-***9811	16	589.5800		368.67				
SAP SE SPONSORED ADR (SAP)	6,050.00	5,905.68	0.10 %	3,495.47	2,410.21	0.65 %	38.08	
20-75-544-***9811	22	268.4400		158.89				
SAP SE SPONSORED ADR (SAP)	10,450.00	10,200.72	0.16 %	9,351.92	848.80	0.65 %	65.78	
20-75-708-***9811	38	268.4400		246.10				
TAIWAN SEMICONDUCTOR MTG CO (TSM)	11,734.45	10,790.00	0.17 %	9,029.46	1,760.54	1.24 %	133.32	35.11
ADR	65	166.0000		138.91				
20-75-708-***9811								
TELEDYNE TECHNOLOGIES INC (TDY)	7,210.28	6,967.94	0.11 %	5,668.19	1,299.75			
20-75-534-***9811	14	497.7100		404.87				
TYLER TECHNOLOGIES INC (TYL)	7,301.16	6,976.68	0.11 %	4,798.40	2,178.28			
20-75-653-***9811	12	581.3900		399.87				
<b>Total information technology</b>		<b>\$167,905.57</b>	<b>2.63 %</b>	<b>\$133,382.39</b>	<b>\$34,523.18</b>	<b>0.68 %</b>	<b>\$1,147.13</b>	<b>\$60.52</b>

<b>Materials</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
NEW LINDE PLC (LIN)	\$6,538.70	\$6,518.96	0.11 %	\$4,701.77	\$1,817.19	1.29 %	\$84.00	
SEDOL BNZHB81	14	\$465.6400		\$335.84				
ISIN IE000S9YS762								
20-75-708-***9811								
AIR PRODUCTS & CHEMICALS INC (APD)	2,845.35	2,654.28	0.05 %	2,834.82	- 180.54	2.43 %	64.44	
20-75-653-***9811	9	294.9200		314.98				
AKZO NOBEL NV-SPON ADR (AKZOY)	6,716.58	6,693.69	0.11 %	8,025.50	- 1,331.81	2.70 %	180.50	
ADR SEDOL BFYVZC0	327	20.4700		24.54				
ISIN US0101995035								
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
ARCELORMITTAL CLASS REG ADR (MT)	2,801.74	101	2,913.85	0.05 %	2,310.86	602.99	1.63 %	47.27	
SEDOL BD4H9V1			28.8500		22.88				
ISIN US03938L2034									
20-75-544-***9811									
BARRICK GOLD CORP (GOLD)	1,686.25	95	1,846.80	0.03 %	1,796.02	50.78	2.06 %	38.00	
SEDOL 2024677			19.4400		18.91				
ISIN CA0679011084									
20-75-544-***9811									
HEIDELBERG MATERIALS AG ADR (HDLMY)	1,639.00	55	1,902.45	0.03 %	1,382.40	520.05			
SEDOL BTH1FW5			34.5900		25.13				
ISIN US42281P3047									
20-75-544-***9811									
MARTIN MARIETTA MATLS INC (MLM)	8,197.61	17	8,128.21	0.13 %	6,425.07	1,703.14	0.67 %	53.72	
20-75-653-***9811			478.1300		377.95				
PERIMETER SOLUTIONS INC (PRM)	1,333.08	126	1,268.82	0.02 %	1,484.36	- 215.54			
20-75-653-***9811			10.0700		11.78				
VULCAN MATERIALS CO (VMC)	12,365.50	50	11,665.00	0.19 %	7,174.97	4,490.03	0.85 %	98.00	
20-75-653-***9811			233.3000		143.50				
<b>Total materials</b>			<b>\$43,592.06</b>	<b>0.68 %</b>	<b>\$36,135.77</b>	<b>\$7,456.29</b>	<b>1.30 %</b>	<b>\$565.93</b>	

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
CBRE GROUP INC (CBRE)	\$9,651.92	68	\$8,893.04	0.14 %	\$3,921.76	\$4,971.28			
20-75-653-***9811			\$130.7800		\$57.67				

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Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<i>Telecommunication services</i>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
SPOTIFY TECHNOLOGY SA (SPOT)	\$ 11,552.19	\$ 10,450.57	0.17 %	\$5,511.28	\$4,939.29			
SEDOL BFZ1K46	19	\$550.0300		\$290.07				
ISIN LU1778762911								
20-75-708-***9811								
DEUTSCHE TELEKOM AG (DTEGY)	5,607.90	5,745.85	0.10 %	3,782.77	1,963.08	2.55 %	146.17	
SPONSORED ADR	155	37.0700		24.40				
20-75-544-***9811								
LIBERTY BROADBAND-C (LBRDK)	6,992.10	7,229.25	0.12 %	8,266.93	- 1,037.68			
20-75-534-***9811	85	85.0500		97.26				
LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)	8,389.41	7,830.87	0.13 %	5,430.99	2,399.88			
20-75-534-***9811	87	90.0100		62.43				
LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)	5,207.22	4,860.54	0.08 %	1,609.96	3,250.58			
20-75-653-***9811	54	90.0100		29.81				
LIBERTY MEDIA CORP-LIB-NEW-A (FWONA)	1,871.52	1,710.87	0.03 %	1,314.45	396.42			
20-75-653-***9811	21	81.4700		62.59				
LIVE NATION ENTERTAINMENT INC (LYV)	9,605.12	8,748.86	0.14 %	4,094.07	4,654.79			
20-75-653-***9811	67	130.5800		61.11				
NINTENDO LTD (NTDOY)	3,437.30	3,176.45	0.05 %	2,444.75	731.70	1.12 %	35.52	
ADR	185	17.1700		13.21				
20-75-544-***9811								
NINTENDO LTD (NTDOY)	5,871.28	5,425.72	0.09 %	6,049.54	- 623.82	1.12 %	60.67	
ADR	316	17.1700		19.14				
20-75-708-***9811								
SEA LTD-ADR (SE)	11,836.11	12,135.57	0.20 %	6,468.47	5,667.10			
ADR SEDOL BYWD7L4	93	130.4900		69.55				
ISIN US81141R1005								
20-75-708-***9811								
TENCENT HOLDINGS LTD (TCEHY)	3,573.38	3,702.72	0.06 %	2,260.01	1,442.71	0.61 %	22.27	
UNSPON ADR	58	63.8400		38.97				
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Telecommunication services</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
TENCENT HOLDINGS LTD (TCEHY)	5,916.00	5,554.08	0.09 %	5,916.00	- 361.92	0.61 %	33.41	
UNSPON ADR 20-75-708-***9811	87	63.8400		68.00				
<b>Total telecommunication services</b>		<b>\$76,571.35</b>	<b>1.20 %</b>	<b>\$53,149.22</b>	<b>\$23,422.13</b>	<b>0.39 %</b>	<b>\$298.04</b>	
<b>Utilities</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
BROOKFIELD INFRASTRUCTURE CORP (BIPC)	\$9,569.46	\$8,685.60	0.14 %	\$8,462.29	\$223.31	4.76 %	\$412.80	
SEDOL BSQML28 ISIN CA11276H1064 20-75-653-***9811	240	\$36.1900		\$35.26				
BROOKFIELD RENEWABLE CORP CL A (BEPC)	2,729.30	2,736.16	0.05 %	3,939.22	- 1,203.06	5.35 %	146.22	
SEDOL BSQLLY3 ISIN CA11285B1085 20-75-653-***9811	98	27.9200		40.20				
E.ON SE ADR (EONGY)	2,039.97	2,409.17	0.04 %	1,902.50	506.67	2.82 %	67.73	
20-75-544-***9811	159	15.1520		11.97				
ENEL SPA (ENLAY)	5,989.50	6,649.50	0.11 %	5,762.39	887.11	3.07 %	203.78	
ADR 20-75-544-***9811	825	8.0600		6.98				
<b>Total utilities</b>		<b>\$20,480.43</b>	<b>0.32 %</b>	<b>\$20,066.40</b>	<b>\$414.03</b>	<b>4.06 %</b>	<b>\$830.53</b>	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Unclassified</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
GCI LIBERTY INC (J)	\$0.03	\$0.03	0.01 %		\$0.03			
CLASS A ESCROW	28	\$0.0010						
(MARKET VALUE AS OF 05/22/23)								
20-75-653-***9811								
<b>Total stocks</b>		<b>\$1,150,705.65</b>	<b>18.03 %</b>	<b>\$823,400.26</b>	<b>\$327,305.39</b>	<b>1.22 %</b>	<b>\$14,006.30</b>	<b>\$1,226.98</b>
<b>Etf - equity</b>								
Description (Symbol)	Market value last period	Current price per unit	% of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
ISHARES CORE S&P 500 (IWW) ETF	\$1,917,095.44	\$1,804,260.90	28.27 %	\$1,273,081.70	\$531,179.20	1.38 %	\$24,750.39	
	3,211	\$561.9000		\$396.48				
20-75-080-***9811								
WISDOMTREE U.S. QUALITY DIM (DGRW) ETF	392,201.70	376,140.60	5.90 %	397,036.52	- 20,895.92	1.59 %	5,953.44	
	4,710	79.8600		84.30				
20-75-080-***9811								
<b>Total etf - equity</b>		<b>\$2,180,401.50</b>	<b>34.16 %</b>	<b>\$1,670,118.22</b>	<b>\$510,283.28</b>	<b>1.41 %</b>	<b>\$30,703.83</b>	
<b>Total equities</b>		<b>\$3,331,107.15</b>	<b>52.19 %</b>	<b>\$2,493,518.48</b>	<b>\$837,588.67</b>	<b>1.34 %</b>	<b>\$44,710.13</b>	<b>\$1,226.98</b>
<b>Total portfolio</b>		<b>\$6,383,262.81</b>	<b>100.00 %</b>	<b>\$5,632,502.91</b>	<b>\$750,759.90</b>	<b>3.36 %</b>	<b>\$214,501.97</b>	<b>\$11,546.05</b>
Repurchase agreements		87,214.49						
<b>Total investments</b>		<b>\$6,470,477.30</b>						

**KENTUCKY CONSTRUCTION INDUSTRY TRUST**

Schedule H, line 4j - Schedule of Reportable Transactions\*

Year ended March 31, 2025

Plan Sponsor: Kentucky Construction Industry Trust Insurance Trust

Employer identification number: 61-6094900

Three digit plan number: 510

(a)	(b)	(c)	(d)	(g)	(i)	
<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Number of Sales/ Purchases</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Gain (Loss) on Sale</u>
<b>Individual Transactions:</b>						
iShares	MSCI USA Quality Factor ETF	1	\$ -	\$ 675,972	\$ 525,533	\$ 150,439
WisdomTree	U.S. Quality Divident ETF	1	397,037	-	397,037	-
<b>Series of Transactions in Same Security:</b>						
iShares	MSCI USA Quality Factor ETF	1	\$ -	\$ 675,972	\$ 525,533	\$ 150,439
iShares	MSCI USA Quality Factor ETF	1	150,010	-	150,010	-
Federated Hermes	Government Obligations Prem SHS	34	-	286,476	286,476	-
Federated Hermes	Government Obligations Prem SHS	50	224,570	-	224,570	-

\* All individual transactions or series of transactions which, when aggregated, exceed 5% of Excess of Net Assets Available for Benefits over Benefit Obligations as of April 1, 2024

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

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

March 31, 2025

Plan Sponsor: Kentucky Construction Industry Trust Insurance Trust  
 Employer identification number: 61-6094900  
 Three digit plan number: 510

*Portfolio*

Cash and cash equivalents

**Mutual funds - money market**

Description	Market value last period Quantity	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Current price per unit	Current		Avg. original value at PNC per unit	Unrealized gain/loss			
IAM BANK SWEEP COLLATERALIZED 20-75-080-***9811	\$20,616.80 20,616.800	\$20,616.80 \$ 1.0000		0.33 %	\$20,616.80 \$1.00		4.25 %	\$876.21	\$65.35
IAM BANK SWEEP COLLATERALIZED 20-75-080-***9837	2,004.92 2,004.920	2,004.92 1.0000		0.04 %	2,004.92 1.00		4.26 %	85.21	6.86
IAM BANK SWEEP COLLATERALIZED 20-75-534-***9811	4,156.67 4,156.670	4,156.67 1.0000		0.07 %	4,156.67 1.00		4.26 %	176.66	28.37
IAM BANK SWEEP COLLATERALIZED 20-75-544-***9811	5,875.70 5,875.700	5,875.70 1.0000		0.10 %	5,875.70 1.00		4.26 %	249.72	24.20
IAM BANK SWEEP COLLATERALIZED 20-75-548-***9811	176.66 176.660	176.66 1.0000		0.01 %	176.66 1.00		4.26 %	7.51	0.64
IAM BANK SWEEP COLLATERALIZED 20-75-653-***9811	9,030.56 9,030.560	9,030.56 1.0000		0.15 %	9,030.56 1.00		4.26 %	383.80	32.80
IAM BANK SWEEP COLLATERALIZED 20-75-708-***9811	3,002.53 3,002.530	3,002.53 1.0000		0.05 %	3,002.53 1.00		4.26 %	127.61	11.24
<b>Total mutual funds - money market</b>		<b>\$44,863.84</b>		<b>0.70 %</b>	<b>\$44,863.84</b>		<b>4.25 %</b>	<b>\$1,906.72</b>	<b>\$169.46</b>
<b>Total cash and cash equivalents</b>		<b>\$44,863.84</b>		<b>0.70 %</b>	<b>\$44,863.84</b>		<b>4.25 %</b>	<b>\$1,906.72</b>	<b>\$169.46</b>

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Fixed income

**Etf - fixed income**

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
PGIM ULTRA SHORT BOND ETF (PULS) 20-75-080-***9811	\$835,955.54	16,793	\$835,115.89 \$49.7300	13.09 %	\$830,404.26 \$49.45	\$4,711.63	5.33 %	\$44,501.45		

**Mutual funds - fixed income**

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
BLACKROCK STRATEGIC INCOME (BSIIX) OPPORTUNITIES PORTFOLIO FD 0446 CL INSTL 20-75-080-***9811	\$577,700.70	60,177.156	\$572,886.53 \$9.5200	8.98 %	\$581,415.23 \$9.66	-\$8,528.70	4.83 %	\$27,621.31	\$2,383.50	
BLACKROCK LOW DURATION BOND (BFMSX) PORTFOLIO CL INSTL 20-75-080-***9811	634,896.26	69,692.235	634,199.34 9.1000	9.94 %	665,150.75 9.54	-30,951.41	4.50 %	28,504.12	2,425.95	
MFS EMERGING MKTS DEBT FD-R6 (MEDHX) 20-75-080-***9811	658,783.98	54,220.903	650,650.84 12.0000	10.20 %	679,367.74 12.53	-28,716.90	6.88 %	44,732.24	3,447.37	
PGIM HIGH YIELD FUND (PHYQX) CLASS R6 20-75-080-***9811	319,723.92	66,058.660	314,439.22 4.7600	4.93 %	337,782.61 5.11	-23,343.39	7.17 %	22,526.00	1,892.79	
<b>Total mutual funds - fixed income</b>			<b>\$2,172,175.93</b>	<b>34.03 %</b>	<b>\$2,263,716.33</b>	<b>-\$91,540.40</b>	<b>5.68 %</b>	<b>\$123,383.67</b>	<b>\$10,149.61</b>	

<b>Total fixed income</b>			<b>\$3,007,291.82</b>	<b>47.11 %</b>	<b>\$3,094,120.59</b>	<b>-\$86,828.77</b>	<b>5.58 %</b>	<b>\$167,885.12</b>	<b>\$10,149.61</b>
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KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
FERRARI NV - W/I (RACE)	\$ 10,220.54		\$9,413.36	0.15 %	\$3,703.41	\$5,709.95	0.61 %	\$57.18	
SEDOL BZ1GMK5 ISIN NL0011585146 20-75-708-***9811	22		\$427.8800		\$168.34				
ASBURY AUTOMOTIVE GROUP (ABG)	6,441.60		5,300.16	0.09 %	5,683.85	- 383.69	0.41 %	21.60	
20-75-534-***9811	24		220.8400		236.83				
BERKELEY GROUP HLDGS PLC ADR (BKGFY)	2,157.58		2,152.92	0.04 %	2,826.74	- 673.82	6.17 %	132.81	15.52
SEDOL BRQPJ66P ISIN US08425P3029 20-75-544-***9811	233		9.2400		12.13				
CARMAX INC (KMX)	5,144.14		4,831.04	0.08 %	4,208.47	622.57			
20-75-653-***9811	62		77.9200		67.88				
CARNIVAL CORP (CCL)	4,730.47		4,062.24	0.07 %	4,746.58	- 684.34			
SEDOL 2523044 ISIN PA1436583006 20-75-544-***9811	208		19.5300		22.82				
COMPASS GROUP PLC-SPON ADR (CMPGY)	1,716.96		1,628.27	0.03 %	1,261.01	367.26	1.70 %	27.59	
SEDOL BZBY5H7 ISIN US20449X4016 20-75-544-***9811	49		33.2300		25.73				
COMPASS GROUP PLC-SPON ADR (CMPGY)	5,711.52		5,416.49	0.09 %	4,624.18	792.31	1.70 %	91.77	
SEDOL BZBY5H7 ISIN US20449X4016 20-75-708-***9811	163		33.2300		28.37				
COUPANG INC (CPNG)	6,280.50		5,811.45	0.10 %	5,653.35	158.10			
20-75-708-***9811	265		21.9300		21.33				
DOMINO'S PIZZA, INC. (DPZ)	6,855.94		6,432.30	0.11 %	3,946.24	2,486.06	1.52 %	97.44	
20-75-653-***9811	14		459.4500		281.87				
FLOOR & DECOR HOLDINGS INC (FND)	6,474.21		5,391.49	0.09 %	5,178.07	213.42			
20-75-534-***9811	67		80.4700		77.28				

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
FLOOR & DECOR HOLDINGS INC (FND) 20-75-653-***9811	2,271.22 25	2,011.75 80.4700	0.04 %	2,346.14 93.85	- 334.39			
HILTON WORLDWIDE HLDGS - W/I (HLT) 20-75-653-***9811	17,752.32 67	15,245.85 227.5500	0.24 %	6,631.13 98.97	8,614.72	0.27 %	40.20	
HYATT HOTELS CORP (H) CL A 20-75-653-***9811	3,332.16 24	2,940.00 122.5000	0.05 %	1,952.52 81.36	987.48	0.49 %	14.40	
KERING S A ADR (PPRUY) 20-75-544-***9811	15,820.42 590	12,230.70 20.7300	0.20 %	18,184.14 30.82	- 5,953.44	4.53 %	552.83	
KINGFISHER PLC (KGFHY) SPONSORED ADR 20-75-544-***9811	2,505.02 406	2,675.54 6.5900	0.05 %	2,439.69 6.01	235.85	4.28 %	114.49	
LENNAR CORP (LEN) CLASS A 20-75-653-***9811	5,861.87 49	5,624.22 114.7800	0.09 %	3,568.97 72.84	2,055.25	1.75 %	98.00	
LI NING CO LTD-UNSPON ADR (LNNGY) SEDOL B3F9P07 ISIN US52989T1025 20-75-544-***9811	818.10 15	773.85 51.5900	0.02 %	733.69 48.91	40.16	3.56 %	27.50	
LITHIA MTRS INC (LAD) CL A 20-75-534-***9811	6,199.92 18	5,283.72 293.5400	0.09 %	5,558.40 308.80	- 274.68	0.73 %	38.16	
MEITUAN UNSP ADR (MPNGY) 20-75-708-***9811	8,033.28 192	7,745.28 40.3400	0.13 %	8,596.86 44.78	- 851.58			
MERCADOLIBRE INC (MELI) 20-75-708-***9811	6,296.64 3	5,852.61 1,950.8700	0.10 %	4,967.07 1,655.69	885.54	0.04 %	1.80	
O REILLY AUTOMOTIVE INC (ORLY) 20-75-653-***9811	16,483.68 12	17,190.96 1,432.5800	0.27 %	3,471.10 289.26	13,719.86			
ROSS STORES INC (ROST) 20-75-534-***9811	14,032.00 100	12,779.00 127.7900	0.21 %	9,205.36 92.05	3,573.64	1.27 %	162.00	40.50

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Equities

Stocks

*Consumer discretionary*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
ROSS STORES INC (ROST)	1,964.48	14	1,789.06	0.03 %	1,513.36	108.10	275.70	1.27 %	22.68	5.67
20-75-653-***9811			127.7900							
SODEXHO SA (SDXAY)	1,286.50	83	1,060.74	0.02 %	1,372.72	16.54	- 311.98	12.36 %	131.06	61.56
SPON ADR			12.7800							
20-75-544-***9811										
THOR INDUSTRIES INC (THO)	6,857.91	69	5,230.89	0.09 %	6,663.62	96.57	- 1,432.73	2.64 %	138.00	
20-75-534-***9811			75.8100							
VAIL RESORTS INC (MTN)	2,384.85	15	2,400.30	0.04 %	3,795.00	253.00	- 1,394.70	5.55 %	133.20	33.30
20-75-653-***9811			160.0200							
<b>Total consumer discretionary</b>			<b>\$151,274.19</b>	<b>2.37 %</b>	<b>\$122,831.67</b>		<b>\$28,442.52</b>	<b>1.26 %</b>	<b>\$1,902.71</b>	<b>\$156.55</b>

*Consumer staples*

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit					
ANHEUSER BUSCH INBEV (BUD)	\$6,223.36	104	\$6,402.24	0.11 %	\$6,286.47	\$60.45	\$115.77	1.27 %	\$81.02	
SPONSORED ADR			\$61.5600							
20-75-544-***9811										
BRITISH AMERICAN TOBACCO PLC (BTI)	3,542.63	91	3,764.67	0.06 %	2,628.74	28.89	1,135.93	7.15 %	269.00	67.25
SPONSORED ADR			41.3700							
20-75-544-***9811										
BROWN FORMAN CORP CLASS B (BFB)	3,973.20	120	4,072.80	0.07 %	6,520.88	54.34	- 2,448.08	2.67 %	108.72	27.18
20-75-534-***9811			33.9400							
DIAGEO PLC (DEO)	5,549.82	51	5,344.29	0.09 %	6,884.93	135.00	- 1,540.64	3.92 %	209.05	81.09
SPONSORED ADR			104.7900							
20-75-544-***9811										
DOLLAR TREE INC (DLTR)	7,358.86	101	7,582.07	0.12 %	10,274.78	101.73	- 2,692.71			
20-75-534-***9811			75.0700							

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Consumer staples</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
HEINEKEN NV (HEINY)	3,630.92	3,505.36	0.06 %	3,657.82	- 152.46	1.80 %	62.95	
ADR	86	40.7600		42.53				
20-75-544-***9811								
RECKITT BENCKISER-SPON ADR (RBGLY)	9,849.40	10,049.20	0.16 %	9,598.51	450.69	3.58 %	359.64	
ADR SEDOL B93K0B0	740	13.5800		12.97				
ISIN US7562552049								
20-75-544-***9811								
<b>Total consumer staples</b>		<b>\$40,720.63</b>	<b>0.64 %</b>	<b>\$45,852.13</b>	<b>- \$5,131.50</b>	<b>2.68 %</b>	<b>\$1,090.38</b>	<b>\$175.52</b>
<b>Energy</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
BP PLC (BP)	\$7,783.20	\$7,940.65	0.13 %	\$8,190.47	- \$249.82	5.63 %	\$446.50	
SPONSORED ADR	235	\$33.7900		\$34.85				
20-75-544-***9811								
CANADIAN NATURAL RESOURCES (CNQ)	3,844.72	4,188.80	0.07 %	4,372.10	- 183.30	5.30 %	221.95	55.49
SEDOL 2171573	136	30.8000		32.15				
ISIN CA1363851017								
20-75-708-***9811								
<b>Total energy</b>		<b>\$12,129.45</b>	<b>0.19 %</b>	<b>\$12,562.57</b>	<b>- \$433.12</b>	<b>5.51 %</b>	<b>\$668.45</b>	<b>\$55.49</b>
<b>Financial</b>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
AON PLC/IRELAND-A (AON)	\$4,909.44	\$4,789.08	0.08 %	\$2,795.90	\$1,993.18	0.68 %	\$32.40	
SEDOL BLP1HW5	12	\$399.0900		\$232.99				
ISIN IE00BLP1HW54								
20-75-708-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	% of total portfolio	Total original	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		market value		value at PNC				
	Quantity	Current price per unit		Avg. original value at PNC per unit				
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-534-***9811	19,604.01 211	20,293.98 96.1800	0.32 %	7,515.16 35.62	12,778.82			
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-653-***9811	6,503.70 70	6,732.60 96.1800	0.11 %	3,120.83 44.58	3,611.77			
ARCH CAPITAL GROUP LTD (ACGL) SEDOL 2740542 ISIN BMG0450A1053 20-75-708-***9811	7,154.07 77	7,405.86 96.1800	0.12 %	5,366.68 69.70	2,039.18			
NU HOLDINGS LTD/CAYMAN ISL-A (NU) SEDOL BN6NP19 ISIN KYG6683N1034 20-75-708-***9811	4,267.75 397	4,065.28 10.2400	0.07 %	4,474.03 11.27	- 408.75			
UBS GROUP AG (UBS) SEDOL BRJL176 ISIN CH0244767585 20-75-708-***9811	5,760.72 168	5,145.84 30.6300	0.09 %	5,246.51 31.23	- 100.67	1.47 %	75.60	
ADYEN NV-UNSPON ADR (ADYEY) SEDOL BJXK4M9 ISIN US00783V1044 20-75-708-***9811	7,153.94 397	6,062.19 15.2700	0.10 %	6,120.56 15.42	- 58.37			
ALLIANZ SE - UNSP ADR (ALIZY) SEDOL BJXKF26 ISIN US0188201000 20-75-544-***9811	1,436.40 42	1,606.08 38.2400	0.03 %	1,088.85 25.93	517.23	2.69 %	43.05	
ARES MANAGEMENT CORP - A (ARES) 20-75-653-***9811	5,128.20 30	4,398.30 146.6100	0.07 %	3,063.28 102.11	1,335.02	3.06 %	134.40	
AXA [AXAHY] SPONSORED ADR 20-75-544-***9811	3,521.70 91	3,888.43 42.7300	0.07 %	2,923.92 32.13	964.51	4.11 %	159.80	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

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Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
<b>Financial</b>								
BNP PARIBAS (BNPQY) SPONSORED ADR 20-75-544-***9811	5,907.91 157	6,556.32 41.7600	0.11 %	5,260.09 33.50	1,296.23	4.99 %	326.56	
BANCO BRADESCO (BBD) SPONSORED ADR 20-75-544-***9811	269.10 138	307.74 2.2300	0.01 %	467.12 3.38	- 159.38	7.63 %	23.46	
BARCLAYS PLC ADR (BCS) 20-75-544-***9811	10,137.60 640	9,830.40 15.3600	0.16 %	4,725.38 7.38	5,105.02	2.78 %	272.64	170.62
WR BERKLEY CORP (WRB) 20-75-534-***9811	7,254.20 115	8,183.40 71.1600	0.13 %	3,163.78 27.51	5,019.62	0.45 %	36.80	
WR BERKLEY CORP (WRB) 20-75-653-***9811	2,523.20 40	2,846.40 71.1600	0.05 %	2,217.47 55.44	628.93	0.45 %	12.80	
BROOKFIELD CORP (BN) SEDOL BP95GG8 ISIN CA11271J1075 20-75-653-***9811	18,494.30 321	16,823.61 52.4100	0.27 %	8,810.86 27.45	8,012.75	0.69 %	115.56	
BROOKFIELD ASSET MGMT-A-W/I (BAM) SEDOL BP95GD5 ISIN CA1130041058 20-75-534-***9811	6,789.60 120	5,814.00 48.4500	0.10 %	4,279.10 35.66	1,534.90	3.62 %	210.00	
BROOKFIELD ASSET MGMT-A-W/I (BAM) SEDOL BP95GD5 ISIN CA1130041058 20-75-653-***9811	3,507.96 62	3,003.90 48.4500	0.05 %	1,395.67 22.51	1,608.23	3.62 %	108.50	
BROWN & BROWN INC (BRO) 20-75-534-***9811	16,002.90 135	16,794.00 124.4000	0.27 %	4,297.05 31.83	12,496.95	0.49 %	81.00	
BROWN & BROWN INC (BRO) 20-75-653-***9811	13,987.72 118	14,679.20 124.4000	0.23 %	4,511.84 38.24	10,167.36	0.49 %	70.80	
CULLEN FROST BANKERS INC (CFR) 20-75-534-***9811	3,151.69 23	2,879.60 125.2000	0.05 %	2,378.72 103.42	500.88	3.04 %	87.40	
GALLAGHER ARTHUR J & CO (AJG) 20-75-653-***9811	4,728.36 14	4,833.36 345.2400	0.08 %	3,931.34 280.81	902.02	0.76 %	36.40	

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Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

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Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
GLACIER BANCORP INC (GBCI) 20-75-534-***9811	3,174.60 65	2,874.30 44.2200	0.05 %	2,624.75 40.38	249.55	2.99 %	85.80	
ICICI BANK LTD (IBN) SPON ADR 20-75-708-***9811	5,325.08 191	6,020.32 31.5200	0.10 %	4,254.75 22.28	1,765.57	0.65 %	38.58	
ING GROEP N V (ING) SPONSORED ADR 20-75-544-***9811	3,599.19 203	3,976.77 19.5900	0.07 %	2,925.37 14.41	1,051.40	4.99 %	198.33	
JULIS BAER GROUP LTD (JBAXY) UN SPON ADR 20-75-544-***9811	1,882.35 141	1,940.16 13.7600	0.04 %	1,546.50 10.97	393.66	2.32 %	44.98	
KKR & CO INC (KKR) CLASS A 20-75-653-***9811	14,643.72 108	12,485.88 115.6100	0.20 %	3,095.94 28.67	9,389.94	0.61 %	75.60	
KINSALE CAPITAL GROUP INC (KNSL) 20-75-534-***9811	4,318.50 10	4,867.10 486.7100	0.08 %	4,788.80 478.88	78.30	0.14 %	6.80	
LPL FINANCIAL HOLDINGS INC (LPLA) 20-75-653-***9811	3,717.40 10	3,271.40 327.1400	0.06 %	3,634.08 363.41	-362.68	0.37 %	12.00	
LEGAL & GEN GROUP (LGGNY) SPON ADR 20-75-544-***9811	2,717.88 174	2,799.66 16.0900	0.05 %	2,631.75 15.13	167.91	8.21 %	229.85	
MSCI INC (MSCI) 20-75-653-***9811	7,086.12 12	6,786.00 565.5000	0.11 %	4,689.13 390.76	2,096.87	1.28 %	86.40	
MARKEL GROUP INC (MKL) 20-75-653-***9811	9,667.20 5	9,348.05 1,869.6100	0.15 %	5,927.37 1,185.47	3,420.68			
MOELIS & CO (MC) 20-75-534-***9811	5,368.64 76	4,435.36 58.3600	0.07 %	3,009.18 39.59	1,426.18	4.46 %	197.60	
MOODY'S CORP (MCO) 20-75-653-***9811	2,519.70 5	2,328.45 465.6900	0.04 %	1,014.62 202.92	1,313.83	0.81 %	18.80	

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Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period Quantity	Current market value	%	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
NATWEST GROUP PLC-SPN ADR-WI (NWG) SEDOL BP0WTS1 ISIN US6390572070 20-75-544-***9811	1,320.84 108	1,287.36 11.9200	0.03 %	604.26 5.60	683.10	4.50 %	57.89	41.12
PROGRESSIVE CORP OHIO (PGR) 20-75-653-***9811	4,230.00 15	4,245.15 283.0100	0.07 %	1,226.89 81.79	3,018.26	0.15 %	6.00	
PRUDENTIAL PLC (PUK) SPON ADR 20-75-544-***9811	6,418.11 349	7,503.50 21.5000	0.12 %	7,228.80 20.71	274.70	2.16 %	161.59	113.70
RYAN SPECIALTY HOLDINGS INC (RYAN) CL A 20-75-653-***9811	1,749.75 25	1,846.75 73.8700	0.03 %	1,651.09 66.04	195.66	0.61 %	11.25	
SHINHAN FINANCIAL GRP (SHG) ADR 20-75-544-***9811	1,597.50 50	1,604.00 32.0800	0.03 %	1,929.86 38.60	- 325.86	3.80 %	60.90	
SOCIÉTÉ GÉNÉRALE FRANCE (SCGLY) SPONSORED ADR 20-75-544-***9811	2,496.96 306	2,769.30 9.0500	0.05 %	1,797.59 5.87	971.71	1.56 %	43.15	
SOMPO HOLDINGS INC-UN ADR (SMPNY) SEDOL BYZJHK8 ISIN US83540J1016 20-75-544-***9811	2,421.90 162	2,475.04 15.2780	0.04 %	2,282.48 14.09	192.56	1.52 %	37.42	
STANDARD CHARTERED- UNSP ADR (SCBFY) ADR SEDOL BG0BNH2 ISIN US8532541005 20-75-544-***9811	3,575.04 112	3,339.84 29.8200	0.06 %	2,110.25 18.84	1,229.59	2.19 %	72.91	57.12
3I GROUP PLC-UNSPON ADR (TGOPY) ADR SEDOL B3DZ1X2 ISIN US88579N1054 20-75-708-***9811	8,364.96 333	7,928.73 23.8100	0.13 %	6,659.17 20.00	1,269.56	1.45 %	114.22	
TOAST INC-CLASS A (TOST) 20-75-653-***9811	1,814.20 47	1,558.99 33.1700	0.03 %	1,843.24 39.22	- 284.25			

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Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

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Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
UNICREDIT SPA-ADR (UNCRY) SEDOL BD72XP5 ISIN US9046784065 20-75-544-***9811	5,368.36 206	5,780.36 28.0600	0.10 %	2,845.38 13.81	2,934.98	3.47 %	200.23	
UNITED OVERSEAS BK LTD (UOVEY) SPONSORED ADR 20-75-544-***9811	3,194.24 56	3,152.52 56.2950	0.05 %	2,293.99 40.96	858.53	4.61 %	145.21	
<b>Total financial</b>		<b>\$261,564.56</b>	<b>4.10 %</b>	<b>\$159,769.38</b>	<b>\$101,795.18</b>	<b>1.43 %</b>	<b>\$3,732.68</b>	<b>\$382.56</b>

Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
ICON PLC (ICLR) SEDOL B94G471 ISIN IE0005711209 20-75-708-***9811	\$6,840.72 36	\$6,299.64 \$174.9900	0.10 %	\$7,264.60 \$201.79	-\$964.96			
STERIS PLC (STE) SEDOL BFY8C75 ISIN IE00BFY8C754 20-75-708-***9811	5,920.02 27	6,119.55 226.6500	0.10 %	3,723.43 137.90	2,396.12	1.01 %	61.56	
ELEVANCE HEALTH INC (ELV) 20-75-080-***9837	29,766.00 75	32,622.00 434.9600	0.52 %	0.07	32,621.93	1.58 %	513.00	
ASTRAZENECA PLC (AZN) SPONS ADR 20-75-544-***9811	9,577.62 126	9,261.00 73.5000	0.15 %	8,320.80 66.04	940.20	2.07 %	191.52	
ASTRAZENECA PLC (AZN) SPONS ADR 20-75-708-***9811	9,450.04 124	9,114.00 73.5000	0.15 %	8,661.83 69.85	452.17	2.07 %	188.48	

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Description (Symbol)	Market value last period Quantity	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
<b>Health care</b>								
GSK PLC-SPON ADR (GSK) ADR SEDOL BMTZ571 ISIN US37733W2044 20-75-544-***9811	6,202.35 165	6,392.10 38.7400	0.11 %	6,088.19 36.90	303.91	3.94 %	251.63	64.86
IDEXX LABS INC (IDXX) 20-75-653-***9811	3,496.88 8	3,359.60 419.9500	0.06 %	2,541.59 317.70	818.01			
KONINKLIJKE PHILLIPS NV (PHG) SPON ADR 20-75-544-***9811	5,570.42 214	5,435.60 25.4000	0.09 %	4,287.36 20.03	1,148.24	2.97 %	161.14	
LABCORP HOLDINGS INC (LH) 20-75-534-***9811	8,786.40 35	8,145.90 232.7400	0.13 %	5,395.49 154.16	2,750.41	1.24 %	100.80	
NOVO NORDISK AS (NVO) ADR 20-75-708-***9811	10,696.70 118	8,193.92 69.4400	0.13 %	6,203.73 52.57	1,990.19	1.71 %	139.36	92.91
ROCHE HOLDING LTD SPONSORED ADR (RHHBY) 20-75-544-***9811	8,222.78 197	8,106.55 41.1500	0.13 %	6,962.80 35.34	1,143.75	2.09 %	168.63	168.61
SANOFI SPONSORED ADR (SNY) 20-75-544-***9811	5,447.00 100	5,546.00 55.4600	0.09 %	4,697.15 46.97	848.85	2.67 %	147.80	
SMITH & NEPHEW P/C (SNN) SPON ADR 20-75-544-***9811	2,681.52 93	2,638.41 28.3700	0.05 %	2,603.39 27.99	35.02	2.54 %	66.96	41.57
VEEVA SYSTEMS INC-CLASS A (VEEV) 20-75-653-***9811	6,724.20 30	6,948.90 231.6300	0.11 %	5,702.57 190.09	1,246.33			
WATERS CORP (WAT) 20-75-534-***9811	7,169.46 19	7,002.83 368.5700	0.11 %	5,201.98 273.79	1,800.85			
WATERS CORP (WAT) 20-75-653-***9811	2,641.38 7	2,579.99 368.5700	0.05 %	2,060.67 294.38	519.32			
<b>Total health care</b>		<b>\$127,765.99</b>	<b>2.00 %</b>	<b>\$79,715.65</b>	<b>\$48,050.34</b>	<b>1.56 %</b>	<b>\$1,990.88</b>	<b>\$367.95</b>

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Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Industrials</b>								
ALSTOM SA UNSPON ADR (ALSMY) 20-75-544-***9811	\$10,946.07 5,139	\$11,100.24 \$2.1600	0.18 %	\$7,044.04 \$1.37	\$4,056.20	0.86 %	\$94.97	
AMETEK INC NEW (AME) 20-75-653-***9811	2,650.20 14	2,409.96 172.1400	0.04 %	2,346.06 167.58	63.90	0.73 %	17.36	
BAE SYSTEEMS PLC (BAESY) SPONSORED ADR 20-75-708-***9811	9,978.90 131	10,772.13 82.2300	0.17 %	7,969.51 60.84	2,802.62	1.96 %	211.04	
CANADIAN PACIFIC KANSAS CITY (CP) SEDOL BMBQR09 ISIN CA13646K1084 20-75-544-***9811	9,066.11 117	8,214.57 70.2100	0.13 %	8,889.40 75.98	- 674.83	0.77 %	62.83	15.39
CANADIAN PACIFIC KANSAS CITY (CP) SEDOL BMBQR09 ISIN CA13646K1084 20-75-708-***9811	7,246.56 93	6,529.53 70.2100	0.11 %	4,761.55 51.20	1,767.98	0.77 %	49.94	12.23
CARLISLE COMPANIES INC (CSL) 20-75-534-***9811	10,183.12 30	10,215.00 340.5000	0.17 %	5,308.49 176.95	4,906.51	1.18 %	120.00	
COMPAGNIE DE SAINT-UNSP ADR (CODYY) ADR SEDOL B3K9YH2 ISIN US2042803096 20-75-544-***9811	5,857.52 292	5,863.36 20.0800	0.10 %	4,834.97 16.56	1,028.39	1.64 %	95.78	
COPART INC (CPRT) 20-75-534-***9811	11,398.40 208	11,770.72 56.5900	0.19 %	3,692.88 17.75	8,077.84			
COPART INC (CPRT) 20-75-653-***9811	15,892.00 290	16,411.10 56.5900	0.26 %	5,502.17 18.97	10,908.93			
COSTAR GROUP INC (CSGP) 20-75-653-***9811	9,988.75 131	10,379.13 79.2300	0.17 %	10,037.42 76.62	341.71			
EXPEDITORS INTERNATIONAL (EXPD) WASHINGTON INC 20-75-534-***9811	4,107.60 35	4,208.75 120.2500	0.07 %	2,507.72 71.65	1,701.03	1.22 %	51.10	

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Description (Symbol)	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Market value last period	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Industrials</b>								
EXPERIAN PLC (EXPGY) SPON ADR 20-75-708-***9811	4,402.62 93	4,315.20 46.4000	0.07 %	2,768.61 29.77	1,546.59	1.21 %	52.08	
FANUC CORP ADR (FANUY) 20-75-544-***9811	6,062.40 421	5,738.23 13.6300	0.09 %	5,881.54 13.97	- 143.31	1.49 %	85.04	
FASTENAL CO (FAST) 20-75-653-***9811	4,089.42 54	4,187.70 77.5500	0.07 %	1,769.62 32.77	2,418.08	2.22 %	92.88	
GRACO INC (GGG) 20-75-534-***9811	2,699.17 31	2,588.81 83.5100	0.05 %	2,535.49 81.79	53.32	1.32 %	34.10	
GRACO INC (GGG) 20-75-653-***9811	1,480.19 17	1,419.67 83.5100	0.03 %	1,417.97 83.41	1.70	1.32 %	18.70	
HEICO CORP NEW (HEIA) CL A 20-75-653-***9811	17,905.44 84	17,721.48 210.9700	0.28 %	9,540.01 113.57	8,181.47	0.11 %	18.48	
mitsubishi Heavy Industries ADR (MHVIY) SEDOL BSY13M7 ISIN US6067934041 20-75-708-***9811	7,370.00 275	9,405.00 34.2000	0.15 %	6,606.52 24.02	2,798.48	0.29 %	26.71	
PACCAR INC (PCAR) 20-75-534-***9811	11,367.44 106	10,321.22 97.3700	0.17 %	6,115.97 57.70	4,205.25	1.36 %	139.92	
RELX PLC ADR (RELX) SEDOL BYRY2M8 ISIN US7595301083 20-75-544-***9811	3,144.05 65	3,276.65 50.4100	0.06 %	2,529.32 38.91	747.33	1.59 %	51.87	
ROLLS-ROYCE HOLDINGS PLC (RYCEY) SPONSORED ADR 20-75-544-***9811	11,730.12 1,227	12,036.87 9.8100	0.19 %	4,496.34 3.66	7,540.53	1.55 %	186.50	
ROLLS-ROYCE HOLDINGS PLC (RYCEY) SPONSORED ADR 20-75-708-***9811	10,248.32 1,072	10,516.32 9.8100	0.17 %	7,881.73 7.35	2,634.59	1.55 %	162.94	

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Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
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<b>Industrials</b>									
SMC CORP-SPONSORED ADR (SMCAY)	5,355.91		5,360.56	0.09 %	6,106.81	- 746.25	1.34 %	71.34	
ADR SEDOL BKKNKD1	296		18.1100		20.63				
ISIN US78445W3060									
20-75-544-***9811									
SAFRAN SA (SAFRY)	9,796.12		9,800.56	0.16 %	6,882.38	2,918.18	0.58 %	56.09	
UNSPON ADR	148		66.2200		46.50				
20-75-708-***9811									
SIEMENS ENERGY AG-UNSP ADR (SMNEY)	8,816.40		9,101.60	0.15 %	7,431.43	1,670.17	0.11 %	9.24	
SEDOL BNOT955	155		58.7200		47.94				
ISIN US82621A1043									
20-75-708-***9811									
TRANSDIGM GROUP INC (TDG)	17,773.60		17,982.77	0.29 %	6,415.24	11,567.53			
20-75-653-***9811	13		1,383.2900		493.48				
TREX COMPANY INC (TREX)	6,705.50		6,797.70	0.11 %	6,705.50	92.20			
20-75-534-***9811	117		58.1000		57.31				
VERALTO CORP-W/I (VLTO)	698.32		682.15	0.02 %	723.36	- 41.21	0.42 %	2.80	0.77
20-75-653-***9811	7		97.4500		103.34				
VERISK ANALYTICS INC (VRSK)	2,672.19		2,678.58	0.05 %	946.62	1,731.96	0.61 %	16.20	
20-75-653-***9811	9		297.6200		105.18				
WASTE CONNECTIONS INC (WCN)	3,415.68		3,513.42	0.06 %	3,253.12	260.30	0.65 %	22.68	
SEDOL BYVG1F6	18		195.1900		180.73				
ISIN CA94106B1013									
20-75-653-***9811									
WASTE CONNECTIONS INC (WCN)	4,364.48		4,489.37	0.08 %	3,111.53	1,377.84	0.65 %	28.98	
SEDOL BYVG1F6	23		195.1900		135.28				
ISIN CA94106B1013									
20-75-708-***9811									
<b>Total industrials</b>			<b>\$239,808.35</b>	<b>3.76 %</b>	<b>\$156,013.32</b>	<b>\$83,795.03</b>	<b>0.74 %</b>	<b>\$1,779.57</b>	<b>\$28.39</b>

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
<b>Information technology</b>									
MONDAY.COM LTD (MNDY)	\$6,528.94		\$5,349.52	0.09 %	\$5,035.91	\$313.61			
SEDOL BMHRYX8		22	\$243.1600		\$228.91				
ISIN IL0011762130									
20-75-708-***9811									
WIX.COM LTD (WIX)	1,605.52		1,307.04	0.03 %	1,017.25	289.79			
SEDOL BFZCHN7		8	163.3800		127.16				
ISIN IL0011301780									
20-75-653-***9811									
ASM INTERNATIONAL N V (ASMIY)	4,246.88		3,641.52	0.06 %	2,540.34	1,101.18	0.59 %	21.17	
20-75-708-***9811		8	455.1900		317.54				
ASML HOLDING NV-NY (ASML)	6,381.72		5,963.67	0.10 %	2,303.68	3,659.99	0.87 %	51.82	
SEDOL B908F01		9	662.6300		255.96				
ISIN USN070592100									
20-75-708-***9811									
AMPHENOL CORP NEW (APH)	10,256.40		10,100.86	0.16 %	3,445.35	6,655.51	1.01 %	101.64	25.41
CL A		154	65.5900		22.37				
20-75-534-***9811									
ANSYS INC (ANSS)	1,666.25		1,582.80	0.03 %	1,029.19	553.61			
20-75-653-***9811		5	316.5600		205.84				
APPFOLIO INC - A (APPF)	1,350.29		1,319.40	0.03 %	1,350.29	- 30.89			
20-75-653-***9811		6	219.9000		225.05				
ARISTA NETWORKS INC (ANET)	3,722.00		3,099.20	0.05 %	552.61	2,546.59			
20-75-534-***9811		40	77.4800		13.82				
ATLASSIAN CORP CL A (TEAM)	4,548.16		3,395.36	0.06 %	4,168.81	- 773.45			
SEDOL BQ1PC76		16	212.2100		260.55				
ISIN US0494681010									
20-75-708-***9811									
CCC INTELLIGENT SOLUTIONS HO (CCCS)	2,944.91		2,609.67	0.05 %	3,465.40	- 855.73			
20-75-653-***9811		289	9.0300		11.99				
CDW CORP/DE (CDW)	9,266.40		8,333.52	0.14 %	6,526.50	1,807.02	1.56 %	130.00	
20-75-534-***9811		52	160.2600		125.51				

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current	%	Total original	Unrealized gain/loss	Current	Estimated	Accrued
		market value		value at PNC				
	Quantity	Current price per unit	of total portfolio	Avg. original value at PNC per unit		yield	annual income	income
<b>Information technology</b>								
CAPGEMINI SE - UNSPONSOR ADR (CGEMY)	1,917.48	1,797.00	0.03 %	1,917.48	- 120.48	1.91 %	34.20	
SEDOL BF0ZJQ8	60	29.9500		31.96				
ISIN US13961R1005								
20-75-544-***9811								
ENTEGRIS, INC (ENTG)	3,947.58	3,411.72	0.06 %	4,125.44	- 713.72	0.46 %	15.60	
20-75-653-***9811	39	87.4800		105.78				
FAIR ISAAC CORPORATION (FICO)	9,431.75	9,220.80	0.15 %	6,766.41	2,454.39	0.01 %	0.40	
20-75-653-***9811	5	1,844.1600		1,353.28				
FUJITSU LTD (FJTSY)	4,059.80	4,208.20	0.07 %	3,375.98	832.22	0.58 %	24.17	
ADR 5 COM	212	19.8500		15.92				
20-75-544-***9811								
GARTNER INC (IT)	17,441.20	14,690.90	0.24 %	5,098.93	9,591.97			
20-75-534-***9811	35	419.7400		145.68				
GARTNER INC (IT)	7,973.12	6,715.84	0.11 %	3,475.88	3,239.96			
20-75-653-***9811	16	419.7400		217.24				
INFINEON TECHNOLOGIES (IFNYY)	6,507.68	5,895.36	0.10 %	6,561.77	- 666.41	0.74 %	43.61	
ADR	178	33.1200		36.86				
20-75-544-***9811								
MKS INSTRS INC (MKSI)	7,564.04	6,652.45	0.11 %	9,553.61	- 2,901.16	1.10 %	73.04	
20-75-534-***9811	83	80.1500		115.10				
MICROCHIP TECHNOLOGY INC (MCHP)	5,238.54	4,308.49	0.07 %	5,904.96	- 1,596.47	3.76 %	161.98	
20-75-534-***9811	89	48.4100		66.35				
MURATA MFG CO LTD ADR (MRAAY)	4,077.34	3,690.16	0.06 %	4,347.63	- 657.47	1.40 %	51.62	
UNSPON ADR	478	7.7200		9.10				
ISIN US6264251025 SEDOL B3K81D4								
20-75-544-***9811								
PROCORE TECHNOLOGIES INC (PCOR)	2,064.69	1,782.54	0.03 %	2,269.27	- 486.73			
20-75-653-***9811	27	66.0200		84.05				
RENESAS ELECTRO-UNSPON ADR (RNECY)	10,608.00	8,555.25	0.14 %	10,307.59	- 1,752.34	1.73 %	147.90	
SEDOL 2500337	1,275	6.7100		8.08				
ISIN US75972B1017								
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Information technology</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
ROPER TECHNOLOGIES INC (ROP)	9,352.00	9,433.28	0.15 %	5,898.67	3,534.61	0.56 %	52.80	
20-75-653-***9811	16	589.5800		368.67				
SAP SE SPONSORED ADR (SAP)	6,050.00	5,905.68	0.10 %	3,495.47	2,410.21	0.65 %	38.08	
20-75-544-***9811	22	268.4400		158.89				
SAP SE SPONSORED ADR (SAP)	10,450.00	10,200.72	0.16 %	9,351.92	848.80	0.65 %	65.78	
20-75-708-***9811	38	268.4400		246.10				
TAIWAN SEMICONDUCTOR MTG CO (TSM)	11,734.45	10,790.00	0.17 %	9,029.46	1,760.54	1.24 %	133.32	35.11
ADR	65	166.0000		138.91				
20-75-708-***9811								
TELEDYNE TECHNOLOGIES INC (TDY)	7,210.28	6,967.94	0.11 %	5,668.19	1,299.75			
20-75-534-***9811	14	497.7100		404.87				
TYLER TECHNOLOGIES INC (TYL)	7,301.16	6,976.68	0.11 %	4,798.40	2,178.28			
20-75-653-***9811	12	581.3900		399.87				
<b>Total information technology</b>		<b>\$167,905.57</b>	<b>2.63 %</b>	<b>\$133,382.39</b>	<b>\$34,523.18</b>	<b>0.68 %</b>	<b>\$1,147.13</b>	<b>\$60.52</b>

<b>Materials</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
NEW LINDE PLC (LIN)	\$6,538.70	\$6,518.96	0.11 %	\$4,701.77	\$1,817.19	1.29 %	\$84.00	
SEDOL BNZHB81	14	\$465.6400		\$335.84				
ISIN IE000S9YS762								
20-75-708-***9811								
AIR PRODUCTS & CHEMICALS INC (APD)	2,845.35	2,654.28	0.05 %	2,834.82	- 180.54	2.43 %	64.44	
20-75-653-***9811	9	294.9200		314.98				
AKZO NOBEL NV-SPON ADR (AKZOY)	6,716.58	6,693.69	0.11 %	8,025.50	- 1,331.81	2.70 %	180.50	
ADR SEDOL BFYVZC0	327	20.4700		24.54				
ISIN US0101995035								
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
ARCELORMITTAL CLASS REG ADR (MT)	2,801.74	101	2,913.85	0.05 %	2,310.86	602.99	1.63 %	47.27	
SEDOL BD4H9V1			28.8500		22.88				
ISIN US03938L2034									
20-75-544-***9811									
BARRICK GOLD CORP (GOLD)	1,686.25	95	1,846.80	0.03 %	1,796.02	50.78	2.06 %	38.00	
SEDOL 2024677			19.4400		18.91				
ISIN CA0679011084									
20-75-544-***9811									
HEIDELBERG MATERIALS AG ADR (HDLMY)	1,639.00	55	1,902.45	0.03 %	1,382.40	520.05			
SEDOL BTH1FW5			34.5900		25.13				
ISIN US42281P3047									
20-75-544-***9811									
MARTIN MARIETTA MATLS INC (MLM)	8,197.61	17	8,128.21	0.13 %	6,425.07	1,703.14	0.67 %	53.72	
20-75-653-***9811			478.1300		377.95				
PERIMETER SOLUTIONS INC (PRM)	1,333.08	126	1,268.82	0.02 %	1,484.36	- 215.54			
20-75-653-***9811			10.0700		11.78				
VULCAN MATERIALS CO (VMC)	12,365.50	50	11,665.00	0.19 %	7,174.97	4,490.03	0.85 %	98.00	
20-75-653-***9811			233.3000		143.50				
<b>Total materials</b>			<b>\$43,592.06</b>	<b>0.68 %</b>	<b>\$36,135.77</b>	<b>\$7,456.29</b>	<b>1.30 %</b>	<b>\$565.93</b>	

Description (Symbol)	Market value last period	Current market value		% of total portfolio	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit		Avg. original value at PNC per unit	Unrealized gain/loss			
CBRE GROUP INC (CBRE)	\$9,651.92	68	\$8,893.04	0.14 %	\$3,921.76	\$4,971.28			
20-75-653-***9811			\$130.7800		\$57.67				

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<i>Telecommunication services</i>		Current market value	%	Total original value at PNC		Current	Estimated	Accrued
Description (Symbol)	Market value last period	Current	of total	Avg. original value	Unrealized gain/loss	yield	annual income	income
	Quantity	price per unit	portfolio	at PNC per unit				
SPOTIFY TECHNOLOGY SA (SPOT)	\$ 11,552.19	\$ 10,450.57	0.17 %	\$5,511.28	\$4,939.29			
SEDOL BFZ1K46	19	\$550.0300		\$290.07				
ISIN LU1778762911								
20-75-708-***9811								
DEUTSCHE TELEKOM AG (DTEGY)	5,607.90	5,745.85	0.10 %	3,782.77	1,963.08	2.55 %	146.17	
SPONSORED ADR	155	37.0700		24.40				
20-75-544-***9811								
LIBERTY BROADBAND-C (LBRDK)	6,992.10	7,229.25	0.12 %	8,266.93	- 1,037.68			
20-75-534-***9811	85	85.0500		97.26				
LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)	8,389.41	7,830.87	0.13 %	5,430.99	2,399.88			
20-75-534-***9811	87	90.0100		62.43				
LIBERTY MEDIA CORP-LIB-NEW-C (FWONK)	5,207.22	4,860.54	0.08 %	1,609.96	3,250.58			
20-75-653-***9811	54	90.0100		29.81				
LIBERTY MEDIA CORP-LIB-NEW-A (FWONA)	1,871.52	1,710.87	0.03 %	1,314.45	396.42			
20-75-653-***9811	21	81.4700		62.59				
LIVE NATION ENTERTAINMENT INC (LYV)	9,605.12	8,748.86	0.14 %	4,094.07	4,654.79			
20-75-653-***9811	67	130.5800		61.11				
NINTENDO LTD (NTDOY)	3,437.30	3,176.45	0.05 %	2,444.75	731.70	1.12 %	35.52	
ADR	185	17.1700		13.21				
20-75-544-***9811								
NINTENDO LTD (NTDOY)	5,871.28	5,425.72	0.09 %	6,049.54	- 623.82	1.12 %	60.67	
ADR	316	17.1700		19.14				
20-75-708-***9811								
SEA LTD-ADR (SE)	11,836.11	12,135.57	0.20 %	6,468.47	5,667.10			
ADR SEDOL BYWD7L4	93	130.4900		69.55				
ISIN US81141R1005								
20-75-708-***9811								
TENCENT HOLDINGS LTD (TCEHY)	3,573.38	3,702.72	0.06 %	2,260.01	1,442.71	0.61 %	22.27	
UNSPON ADR	58	63.8400		38.97				
20-75-544-***9811								

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Telecommunication services</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
TENCENT HOLDINGS LTD (TCEHY)	5,916.00	5,554.08	0.09 %	5,916.00	- 361.92	0.61 %	33.41	
UNSPON ADR 20-75-708-***9811	87	63.8400		68.00				
<b>Total telecommunication services</b>		<b>\$76,571.35</b>	<b>1.20 %</b>	<b>\$53,149.22</b>	<b>\$23,422.13</b>	<b>0.39 %</b>	<b>\$298.04</b>	
<b>Utilities</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
BROOKFIELD INFRASTRUCTURE CORP (BIPC)	\$9,569.46	\$8,685.60	0.14 %	\$8,462.29	\$223.31	4.76 %	\$412.80	
SEDOL BSQML28 ISIN CA11276H1064 20-75-653-***9811	240	\$36.1900		\$35.26				
BROOKFIELD RENEWABLE CORP CL A (BEPC)	2,729.30	2,736.16	0.05 %	3,939.22	- 1,203.06	5.35 %	146.22	
SEDOL BSQLLY3 ISIN CA11285B1085 20-75-653-***9811	98	27.9200		40.20				
E.ON SE ADR (EONGY)	2,039.97	2,409.17	0.04 %	1,902.50	506.67	2.82 %	67.73	
20-75-544-***9811	159	15.1520		11.97				
ENEL SPA (ENLAY)	5,989.50	6,649.50	0.11 %	5,762.39	887.11	3.07 %	203.78	
ADR 20-75-544-***9811	825	8.0600		6.98				
<b>Total utilities</b>		<b>\$20,480.43</b>	<b>0.32 %</b>	<b>\$20,066.40</b>	<b>\$414.03</b>	<b>4.06 %</b>	<b>\$830.53</b>	

KENTUCKY CONSTRUCTION INDUSTRY TRUST AND AFFILIATE

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

March 31, 2025

<b>Unclassified</b>		Current market value	%	Total original value at PNC				
Description (Symbol)	Market value last period	Current price per unit	of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
GCI LIBERTY INC (J)	\$0.03	\$0.03	0.01 %		\$0.03			
CLASS A ESCROW	28	\$0.0010						
(MARKET VALUE AS OF 05/22/23)								
20-75-653-***9811								
<b>Total stocks</b>		<b>\$1,150,705.65</b>	<b>18.03 %</b>	<b>\$823,400.26</b>	<b>\$327,305.39</b>	<b>1.22 %</b>	<b>\$14,006.30</b>	<b>\$1,226.98</b>
<b>Etf - equity</b>								
Description (Symbol)	Market value last period	Current price per unit	% of total portfolio	Avg. original value at PNC per unit	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
	Quantity							
ISHARES CORE S&P 500 (IWW) ETF	\$1,917,095.44	\$1,804,260.90	28.27 %	\$1,273,081.70	\$531,179.20	1.38 %	\$24,750.39	
	3,211	\$561.9000		\$396.48				
20-75-080-***9811								
WISDOMTREE U.S. QUALITY DIM (DGRW) ETF	392,201.70	376,140.60	5.90 %	397,036.52	- 20,895.92	1.59 %	5,953.44	
	4,710	79.8600		84.30				
20-75-080-***9811								
<b>Total etf - equity</b>		<b>\$2,180,401.50</b>	<b>34.16 %</b>	<b>\$1,670,118.22</b>	<b>\$510,283.28</b>	<b>1.41 %</b>	<b>\$30,703.83</b>	
<b>Total equities</b>		<b>\$3,331,107.15</b>	<b>52.19 %</b>	<b>\$2,493,518.48</b>	<b>\$837,588.67</b>	<b>1.34 %</b>	<b>\$44,710.13</b>	<b>\$1,226.98</b>
<b>Total portfolio</b>		<b>\$6,383,262.81</b>	<b>100.00 %</b>	<b>\$5,632,502.91</b>	<b>\$750,759.90</b>	<b>3.36 %</b>	<b>\$214,501.97</b>	<b>\$11,546.05</b>
Repurchase agreements		87,214.49						
<b>Total investments</b>		<b>\$6,470,477.30</b>						



**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 **04/01/2024** and ending **03/31/2025**

- 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) **G**  
 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 <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>510</b>
<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) <b>KENTUCKY CONSTRUCTION INDUSTRY TRUST</b>  <b>230 LEXINGTON GREEN CIRCLE</b> <b>SUITE 400</b> <b>LEXINGTON KY 40503</b>	<b>1c</b> Effective date of plan <b>03/01/1975</b>  <b>2b</b> Employer Identification Number (EIN) <b>61-6094900</b>  <b>2c</b> Plan Sponsor's telephone number <b>859-226-1767</b>  <b>2d</b> Business code (see instructions) <b>525920</b>

**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>	<i>S Cooley</i>	01/14/2026	<b>STEPHANIE COOLEY</b>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6 9 2 0
<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>6a(1)</b>	6 9 2 0
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	6 6 1 2
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	6 6 1 2
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<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>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information - Small Plan)
- (3)  **A** (Insurance Information) - Number Attached   9
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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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.

<b>11b</b> Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**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 000164074430

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**KENTUCKY CONSTRUCTION INDUSTRY TRUST**

Schedule H, line 4j - Schedule of Reportable Transactions\*

Year ended March 31, 2025

Plan Sponsor: Kentucky Construction Industry Trust Insurance Trust

Employer identification number: 61-6094900

Three digit plan number: 510

(a)	(b)	(c)	(d)	(g)	(i)	
<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Number of Sales/ Purchases</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Gain (Loss) on Sale</u>
<b>Individual Transactions:</b>						
iShares	MSCI USA Quality Factor ETF	1	\$ -	\$ 675,972	\$ 525,533	\$ 150,439
WisdomTree	U.S. Quality Divident ETF	1	397,037	-	397,037	-
<b>Series of Transactions in Same Security:</b>						
iShares	MSCI USA Quality Factor ETF	1	\$ -	\$ 675,972	\$ 525,533	\$ 150,439
iShares	MSCI USA Quality Factor ETF	1	150,010	-	150,010	-
Federated Hermes	Government Obligations Prem SHS	34	-	286,476	286,476	-
Federated Hermes	Government Obligations Prem SHS	50	224,570	-	224,570	-

\* All individual transactions or series of transactions which, when aggregated, exceed 5% of Excess of Net Assets Available for Benefits over Benefit Obligations as of April 1, 2024