

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE 700 TOWER DRIVE SUITE 300 TROY, MI 48098	2b Employer Identification Number (EIN) 51-6123713 2c Plan Sponsor's telephone number 248-813-9800 2d Business code (see instructions) 238100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/02/2026	MATT MCGRIFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/02/2026	DOUG ROBINSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 13382
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5712 6a(2) 6194 6b 4058 6c 2840 6d 13092 6e 768 6f 13860 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 385

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan	B Three-digit plan number (PN)	001
INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	51-6123713	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	335180	13860	10/01/2023	09/30/2024

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) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 768972**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 758218**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 8586
(3) Interest credited during the year **7c(3)** 27440
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 36026**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 794244**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 5758(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 5758**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 788486

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	D Employer Identification Number (EIN) 51-6123713

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 1619254738
(2) Actuarial value of assets for funding standard account	1b(2) 1597692993
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1679399191
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 1679399191
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 2841930199
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 84853929
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 107682680
(3) Expected plan disbursements for the plan year	1d(3) 111501309

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

SIGN HERE	04/09/2026
Signature of actuary MICHAEL J. NOBLE	Date 26-06711
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 877-243-4766
Firm name 230 WEST MONROE STREET, SUITE 650 CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1619254738
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4945	1428310521
(2) For terminated vested participants	2886	352736114
(3) For active participants:		
(a) Non-vested benefits		205984279
(b) Vested benefits		854899285
(c) Total active	5712	1060883564
(4) Total	13543	2841930199
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.98 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	94727335				
Totals ►			3(b)	94727335	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.69 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1931218		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	13745884	1429503

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	38739794

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	298844973	40432659
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5740003**e** Total charges. Add lines 9a through 9d.....**9e** 84912456**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 150205281**g** Employer contributions. Total from column (b) of line 3.....**9g** 94727335**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 15178373**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	66933494	12616609
9j(1)	290273490	
9j(2)	1032760441	

9j(3) 0**k** (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 272727598**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 187815142**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	D Employer Identification Number (EIN) 51-6123713	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PARAMETRIC PORTFOLIO ASSOCIATES
20-0292745

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK
22-1146430

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PROLOAN BOND FUND LLC
26-3436991

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

WILMINGTON TRUST, N.A.

1100 N. MARKET STREET
WILMINGTON, DE 19890

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

HARBOURVEST PARTNERS LP

74-3130888

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

WELLINGTON TRUST COMPANY

04-2755549

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

PORTFOLIO ADVISORS, LLC

06-1487853

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

BLACKSTONE

345 PARK AVENUE
NEW YORK, NY 10154

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

RCP ADVISORS

36-4465125

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)

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36 49 50	NONE	695135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	401814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	283320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MIDWEST INSTITUTIONAL TRUST CO

93-1799133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 31 49 51 62	NONE	273075	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	210548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 55	NONE	208847	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES

36-3485298

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

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

REINHART BOERNER VAN DEUREN S.C.

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	133105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES, INC.

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	118205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L.M. HENDERSON & COMPANY, LLP

20-5520612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	115465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON & KROL, LLC

36-4342024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	105900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	72250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN GRAPHICS PRINTING CO.

38-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	29735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL FINANCIAL GROUP

711 HIGH STREET
DES MOINES, IA 50392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	5835	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND				B Three-digit plan number (PN) 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE				D Employer Identification Number (EIN) 51-6123713	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND					
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY					
c EIN-PN 52-6257033-006		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32171819	
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT/CREDIT BOND INDEX					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-064		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111358566	
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC					
c EIN-PN 52-6328901-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29491666	
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC					
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, INC.					
c EIN-PN 20-0005644-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64675498	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II CORE BOND SERIES 1					
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA					
c EIN-PN 04-6913417-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71159021	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREDIT SUISSE FLOATING RATE TRUST					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC					
c EIN-PN 46-3073254-179		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66197683	
a Name of MTIA, CCT, PSA, or 103-12 IE: UBC RUSSELL 3000 INDEX TRUST					
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY					
c EIN-PN 20-2583973-306		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 786726505	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2024 v. 240311					

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

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

c EIN-PN 26-3436991-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6223144
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a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND

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

c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118004131
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	D Employer Identification Number (EIN) 51-6123713

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	14763318	13980887
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12375494	11136384
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1271604	1205361
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12423627	12848322
(2) U.S. Government securities	1c(2)	44132598	46944943
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	53196811	62583709
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	254422591	271363387
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1050549206	1161780758
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	113391379	124227275
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	61550443	72832514
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	744247	784796
(15) Other.....	1c(15)	3984382	3556379

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1622805700	1783244715
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	491658	414586
i Acquisition indebtedness	1i		
j Other liabilities	1j	3059304	2310341
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3550962	2724927
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1619254738	1780519788

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	94727335	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		94727335
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	614747	
(B) U.S. Government securities	2b(1)(B)	1486272	
(C) Corporate debt instruments	2b(1)(C)	2419805	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4849994	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9370818
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2011980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2011980
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	83202142	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	84550950	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1348808
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	21342924	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		124695339
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		10835897
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9270091
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		270905576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	106094819	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		106094819
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	607944	
(3) Recordkeeping fees	2i(3)	115465	
(4) IQPA audit fees	2i(4)	72250	
(5) Investment advisory and investment management fees	2i(5)	1479051	
(6) Bank or trust company trustee/custodial fees	2i(6)	32354	
(7) Actuarial fees	2i(7)	212569	
(8) Legal fees	2i(8)	239005	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1287	
(11) Other expenses	2i(11)	785782	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3545707
j Total expenses. Add all expense amounts in column (b) and enter total	2j		109640526

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		161265050
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571578.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE				D Employer Identification Number (EIN) 51-6123713	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 2	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SOLID PLATFORMS, INC.**

b EIN **35-1586338**

c Dollar amount contributed by employer **15499531**

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

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

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

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

a Name of contributing employer **LESCO DESIGN & MFG CO.**

b EIN **61-0600006**

c Dollar amount contributed by employer **4499302**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

a Name of contributing employer **PERFORMANCE CONTRACTING INC**

b EIN **34-1467168**

c Dollar amount contributed by employer **2347740**

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

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

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

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

a Name of contributing employer **THALLE CONSTRUCTION**

b EIN **13-1734206**

c Dollar amount contributed by employer **2166530**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **8.94**

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

a Name of contributing employer **KLECKNER INTERIOR SYSTEMS INC**

b EIN **35-1767232**

c Dollar amount contributed by employer **1931878**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

a Name of contributing employer **BLACK & VEATCH CONSTRUCTION**

b EIN **43-1581878**

c Dollar amount contributed by employer **1716162**

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **TONN & BLANK CONSTRUCTION**

b EIN **35-2040956**

c Dollar amount contributed by employer **1655079**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

a Name of contributing employer **AMEX NOOTER, LLC**

b EIN **45-1741638**

c Dollar amount contributed by employer **1585813**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

a Name of contributing employer **GLOBAL SCAFFOLD CONSTRUCTION**

b EIN **61-0674234**

c Dollar amount contributed by employer **1491673**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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

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

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

a Name of contributing employer **ABEL CONSTRUCTION**

b EIN **61-0674234**

c Dollar amount contributed by employer **1360816**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

99.95

b The corresponding number for the second preceding plan year.....

15b

100.67

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 48.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.0 %

High-Yield Debt: 4.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 0.0 % Other: 21.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund**

Financial Statements

June 30, 2025

**Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund**

Financial Statements with Supplementary Information

June 30, 2025 and 2024

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Report of Independent Auditors

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

Opinion

We have audited the financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements (continued)

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

Legacy Professionals LLP

Schererville, Indiana

March 20, 2026

**Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund**

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 46,944,943	\$ 44,132,598
Corporate bonds and notes	62,583,709	53,196,811
Municipal obligations	3,556,379	3,984,382
Mutual fund	72,832,514	61,550,443
Common collective trusts	1,168,003,902	1,056,402,192
Partnerships	389,367,518	361,960,984
Insurance contract	784,796	744,247
Short-term investments	<u>12,848,322</u>	<u>12,423,627</u>
Total investments	<u>1,756,922,083</u>	<u>1,594,395,284</u>
Receivables		
Employer contributions	11,136,384	12,375,494
Accrued interest and dividends	1,050,862	881,354
Due from broker	<u>10,076</u>	<u>325,467</u>
Total receivables	<u>12,197,322</u>	<u>13,582,315</u>
Prepaid expenses		
Pension benefits	57,961	-
Other	<u>86,462</u>	<u>64,783</u>
Total prepaid expenses	<u>144,423</u>	<u>64,783</u>
Cash	<u>13,980,887</u>	<u>14,763,318</u>
Total assets	<u>1,783,244,715</u>	<u>1,622,805,700</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	414,586	491,658
Amounts due under reciprocity agreements	1,743,189	2,887,730
Due to broker	<u>567,152</u>	<u>171,574</u>
Total liabilities	<u>2,724,927</u>	<u>3,550,962</u>
Net assets available for benefits	<u>\$ 1,780,519,788</u>	<u>\$ 1,619,254,738</u>

See accompanying notes to financial statements.

**Indiana/Kentucky/Ohio Regional
Council of Carpenters Pension Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 161,858,274	\$ 162,987,596
Dividends	4,949,149	4,487,934
Interest	9,370,818	7,323,439
	<u>176,178,241</u>	<u>174,798,969</u>
Less investment expenses	(1,479,051)	(1,425,409)
Investment income - net	174,699,190	173,373,560
Employer contributions	94,727,335	99,382,950
Total additions	<u>269,426,525</u>	<u>272,756,510</u>
Deductions		
Benefits paid	106,094,819	102,180,504
Administrative expenses	2,066,656	1,931,663
Total deductions	<u>108,161,475</u>	<u>104,112,167</u>
Net increase	161,265,050	168,644,343
Net assets available for benefits		
Beginning of year	<u>1,619,254,738</u>	<u>1,450,610,395</u>
End of year	<u>\$ 1,780,519,788</u>	<u>\$ 1,619,254,738</u>

See accompanying notes to financial statements.

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund

Notes to Financial Statements

June 30, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

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

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

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

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

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

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

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

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the regional council. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the regional council, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$19,451,881 and \$13,701,204 for the years ended June 30, 2025 and 2024, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$10,714,040 and \$14,496,346 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended June 30, 2025 and 2024, respectively.

Payment of Benefits - Benefits paid to participants are recorded upon distribution. Pension benefit checks issued before the corresponding benefit month are recorded as prepaid benefits.

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

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

Subsequent Events - Subsequent events have been evaluated through March 20, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

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

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

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

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

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

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

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

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

Note 5. Funding Policy

Participating employers contribute such amounts as specified in their collective bargaining agreements, which vary depending on the geographic area as well as the type of work performed. Generally, hourly contribution rates ranged from \$1.97 to \$15.05 during the years ended June 30, 2025 and 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of July 1, 2024.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron, Inc. as of June 30, 2024. Information in the report included the following:

Actuarial present value of accumulated	
plan benefits:	
Vested benefits	
Participants currently receiving payments	\$ 992,967,433
Other vested benefits	584,819,313
Total vested benefits	1,577,786,746
Nonvested benefits	131,001,931
Total actuarial present value	
of accumulated plan benefits	<u>\$ 1,708,788,677</u>

Note 6. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended June 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits		
at beginning of year		\$ 1,641,440,070
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gain or loss	\$ 53,857,298	
Interest	117,603,476	
Benefits paid	(102,180,504)	
Administrative expenses paid	<u>(1,931,663)</u>	
Net increase		<u>67,348,607</u>
Actuarial present value of accumulated plan benefits		
at end of year		<u>\$ 1,708,788,677</u>

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

- Mortality rates:

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

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

- Retirement rates:

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

Note 6. Actuarial Information (continued)

- Net investment rate of return - 7.25%
- Annual administrative expenses - \$2,000,000

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

Since information on the accumulated plan benefits at June 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2025. The complete financial status is presented as of June 30, 2024.

As of July 1, 2025, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

Note 7. Fair Value Measurements

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

Basis of Fair Value Measurement

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

Note 7. Fair Value Measurements (continued)

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 6/30/25 Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	<u>Total</u>				
U.S. Government and Government Agency obligations	\$ 46,944,943	\$ 27,618,315	\$ 19,326,628	\$ -	
Corporate bonds and notes	62,583,709	-	62,583,709	-	
Municipal obligations	3,556,379	-	3,556,379	-	
Mutual fund	72,832,514	72,832,514	-	-	
Insurance contract	784,796	-	784,796	-	
Short-term investments	<u>12,848,322</u>	<u>-</u>	<u>12,848,322</u>	<u>-</u>	
	199,550,663	<u>\$ 100,450,829</u>	<u>\$ 99,099,834</u>	<u>\$ -</u>	
Investments measured at net asset value:					
Common collective trusts	1,168,003,902				
Partnerships	<u>389,367,518</u>				
Total	<u>\$ 1,756,922,083</u>				

Note 7. Fair Value Measurements (continued)

		Fair Value Measurements at 6/30/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. Government and Government Agency obligations	\$ 44,132,598	\$ 27,282,500	\$ 16,850,098	\$ -
Corporate bonds and notes	53,196,811	-	53,196,811	-
Municipal obligations	3,984,382	-	3,984,382	-
Mutual fund	61,550,443	61,550,443	-	-
Insurance contract	744,247	-	744,247	-
Short-term investments	12,423,627	-	12,423,627	-
	176,032,108	<u>\$ 88,832,943</u>	<u>\$ 87,199,165</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	1,056,402,192			
Partnerships	361,960,984			
Total	<u>\$ 1,594,395,284</u>			

Level 1 Measurements

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

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

Level 2 Measurements

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

The insurance contract is a general account for which premiums and other guaranteed amounts are credited. The contract is carried at cost, which approximates fair value. This account is subject to minimum balance requirements to cover the cost of the guaranteed payments.

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

Note 7. Fair Value Measurements (continued)Measurements Using Net Asset Value as a Practical Expedient

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

The common collective trusts and one partnership are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. In May 2023, all redemptions from one common collective trust with a fair value of \$29,491,666 and \$28,391,557 at June 30, 2025 and 2024, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the fund's net asset value was not considered necessary as of either June 30, 2025 or 2024. No other significant redemption restrictions exist for the remaining DFE investments.

The following tables summarize information regarding the remaining partnerships, as of June 30, 2025 and 2024:

June 30, 2025				
Fair Value	Underlying Assets		Redemptions	
	Type	Concentration	Frequency	Notice Period
\$ 41,965,684	Real estate properties	91%	Quarterly	Up to 90 days
	Unconsolidated joint ventures - real estate	7%		
	Other	2%		
\$ 72,560,869	Master-feeder structure - portfolio funds	98%	Quarterly	70 days
	Other	2%		
\$ 26,235,102	Investments in limited partnerships:		Not available	N/A
	Buyout	43%		
	Venture capital	30%		
	Special situation	21%		
	Secondaries	5%		
	Other	1%		
\$ 56,315,068	Master-feeder structure - infrastructure investments	100%	Not available	N/A
\$ 30,919,374	Global feeder fund - global private equity investments	100%	Not available	N/A
\$ 22,491,131	Infrastructure investments	100%	Not available	N/A
\$ 5,805,405	Private equity investments	100%	Not available	N/A
\$ 15,070,754	Private equity investments	100%	Not available	N/A

Note 7. Fair Value Measurements (continued)Measurements Using Net Asset Value as a Practical Expedient (continued)

June 30, 2024				
Fair Value	Underlying Assets		Redemptions	
	Type	Concentration	Frequency	Notice Period
\$ 42,156,036	Real estate properties	90%	Quarterly	Up to 90 days
	Unconsolidated joint ventures - real estate	5%		
	Other	5%		
\$ 64,901,908	Master-feeder structure - portfolio funds	97%	Quarterly	70 days
	Other	3%		
\$ 31,488,279	Investments in limited partnerships:		Not available	N/A
	Buyout	43%		
	Venture capital	25%		
	Special situation	22%		
	Secondaries	7%		
	Other	3%		
\$ 49,732,055	Master-feeder structure - infrastructure investments	100%	Not available	N/A
\$ 31,660,775	Global feeder fund - global private equity investments	100%	Not available	N/A
\$ 20,447,335	Infrastructure investments	100%	Not available	N/A
\$ 2,626,007	Private equity investments	100%	Not available	N/A
\$ 11,410,196	Private equity investments	100%	Not available	N/A

Note 8. Commitments

The Plan participates in several partnership investments with outstanding purchase commitments totaling approximately \$26,300,000 at June 30, 2025.

Note 9. Related Organizations

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

Note 10. Major Employer

During the years ended June 30, 2025 and 2024, contributions from one employer accounted for approximately 16% and 14%, respectively, of employer contributions. In the event this employer suspends contributions, the Plan would retain the risk of paying current fixed administrative expenses until the appropriate adjustments were made.

Note 11. Risks and Uncertainties

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

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

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

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

As of both June 30, 2025 and 2024, the Plan held units in a common collective trust that represented approximately 44% of net assets available for benefits. It is reasonably possible that changes in the fair value of the investment fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of the investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 12. Department of Labor Investigation

In November 2024, the Department of Labor (DOL) began conducting a routine investigation of the Plan for the general purpose of determining compliance with the provisions of Title I of ERISA. To date, the Plan has provided to the DOL all requested information. Because the outcome of the investigation is not yet known, no amounts have been accrued in the accompanying financial statements for any liabilities which may arise. The Plan's Trustees and the Plan's legal counsel believe that the investigation is routine in nature and do not expect that it will have a materially adverse effect on the operations or financial condition of the Plan.

Note 13. Party-in-Interest Transactions

The Plan incurs fees and expenses under several arrangements with service providers and receives contributions from employers under the terms of collective bargaining agreements. In addition, certain Plan investments are owned and managed by an affiliate of the Plan's investment custodian. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 14. Subsequent Event

Subsequent to year end, the Plan's Board of Trustees approved terminating the Plan and merging into the Mid-America Carpenters Regional Council Pension Fund. The termination and merger are both effective June 30, 2026.



Report of Independent Auditors on Supplemental Schedules

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

We have audited the financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (the Plan) as of and for the years ended June 30, 2025 and 2024, and our report thereon dated March 20, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Schererville, Indiana

March 20, 2026

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions

Effective Date of Plan: July 1, 2012

Plan Year: July 1 through June 30

Benefit Accrual Period: July 1 through June 30

Eligibility Service:

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

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

Accrued Benefit:

Combination of:

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

Normal Retirement

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

Early Retirement

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

Thirty (30) Year Early Retirement Pension

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

Disability Retirement (all disabilities after January 1, 2013)

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Deferred Vested Retirement

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

Pre-retirement Spouse Death Benefit

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

Normal Form of Benefit

Single Life Annuity

Optional Forms of Benefit

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

Changes since Last Valuation

None.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

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

Effective Date of Plan: July 1, 1962

Benefit Accrual Service:

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

Normal Form of Benefit

Single life annuity

Accrued Benefit:

The sum of Parts A and B:

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

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

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

Normal Retirement

- a. Eligibility Attained age of 65 or the 5th anniversary of the date the employee became a participant.
- b. Benefit Accrued Benefit.

Early Retirement

- a. Eligibility Earliest of the following:
 - Age 60 and 10 or more years of eligibility credit
 - Age 55 and 25 or more years of eligibility credit
 - Age 50 and 30 or more years of eligibility credit
- b. Benefit Accrued Benefit reduced by 3% for each year that retirement precedes age 65. There is no reduction for participants who retire at age 55 with 25 years of eligibility credit or at age 50 with 30 years of eligibility credit.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

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

- a. Eligibility Permanent and Total Disability
Cessation of covered employment due to onset of permanent and total disability after completion of at least 5 years of vesting service. Onset of disability must be prior to age 62.
- Occupational Disability
Same as Permanent and Total Disability except participant is capable of doing work other than as a carpenter.
- b. Benefit Permanent and Total Disability
Accrued Benefit as of the date of disability reduced 10% per year for less than 10 years of vesting service. The monthly pension increases to the Accrued Benefit (without reduction) at the earliest age at which the participant would have been eligible to receive an unreduced retirement benefit.
- Occupational Disability
Same as permanent and Total Disability except the benefit is reduced by 25%. The monthly pension increases to the Accrued Benefit (without reduction) at the earliest age at which the participant would have been eligible to receive an unreduced retirement benefit.

Deferred Vested Retirement

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

Pre-retirement Spouse Death Benefit

- a. Eligibility At least 5 years of vesting service.
- b. Benefit 100% of the early retirement benefit, reduced for the 100% joint and survivor form. The benefit is payable at death. If the value of this benefit is less than the return of employer contributions, the spouse receives the return of contributions.

Death Benefit

- a. Eligibility Death before or after retirement and ineligible for surviving spouse benefit.
- b. Benefit Return of employer contributions, less any benefits paid to the employee.

Vesting Service

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Schedule of Part B Benefits

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Schedule of Part B Benefits (continued)

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Schedule of Part B Benefits (continued)

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

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

Effective Date of Plan: April 1, 1967

Year of Service

Plan Year with at least one hour

Normal Form of Payment

Single life annuity with the first 60 months guaranteed

Accrued Benefit

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

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

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

Normal Retirement

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

Early Retirement

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

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

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

- a. Eligibility 10 years of service
- b. Benefit Normal Retirement Benefit

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Deferred Vested Retirement

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

Pre-Retirement Death Benefit

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Special Supplemental Benefit

- a. Eligibility
- The participant must retire or become a disability recipient on or after April 1, 1998.
 - The participant must be a normal or early retiree between the ages of 55 and 65 or be a disability recipient.
- b. Benefit The benefit is payable 4 times a year on the first day of the 3rd month of each benefit quarter of the Plan year.

This Special Supplement Benefit is based on the following table:

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

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

Effective Date of Plan: July 1, 1966

Year of Service

Plan Year with at least one hour

Normal Form of Payment

Single life annuity with the first 60 months guaranteed

Accrued Benefit

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

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

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

Normal Retirement

- a. Eligibility Earlier of:
- Age 62 and 5 years of service
 - Age 65 and 5 years of participation.
- b. Benefit Accrued Benefit

Early Retirement

- a. Eligibility Earliest of the following:
- Age 57 and 5 or more years of service
 - 30 years of service
- b. Benefit Accrued Benefit reduced by 3% each year under age 62. No reduction if 30 years of service.

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

- a. Eligibility Under age 57. 10 years of service. Disabled while active.
- b. Benefit 70% of vested, minimum \$50. Payable until the earlier of age 57, recovery or death. Early at age 57.

Vested Benefit

- a. Eligibility 5 years of service. Terminated covered employment.
- b. Benefit Accrued Benefit

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Pre-retirement Lump-Sum Death Benefit

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

Pre-retirement Death Benefit

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

Pre-retirement Spouse Death Benefit

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

Supplemental Retirement Benefit

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

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

Effective Date of Plan: April 1, 1969

Year of Service

Beginning April 1, 1997:

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

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

Normal Form of Benefit

Life Annuity with 60 monthly payments guaranteed.

Accrued Benefit

Sum of the following:

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

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

Normal Retirement

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Early Retirement

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

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

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

Termination Benefit

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

Death Benefit

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

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Summary of Attached Schedules for Assets Held for Investment Purposes
June 30, 2025
Plan # 001

EIN: 51-6123713

<u>Investment Type</u>	<u>Cost</u>	<u>Fair Value</u>
Interest Bearing Cash		
BMO Gov't Money Market Fund	\$ 12,838,561	\$ 12,838,561
GS Fin Sq Gov #466	1,846	1,846
Colective Short Term Investment Fund	7,915	7,915
Total Interest-Bearing Cash	<u>\$ 12,848,322</u>	<u>\$ 12,848,322</u>
U.S. Government securities	<u>\$ 48,078,893</u>	<u>\$ 46,944,943</u>
Corporate debt instruments	<u>\$ 62,862,407</u>	<u>\$ 62,583,709</u>
Mutual fund	<u>\$ 57,012,931</u>	<u>\$ 72,832,514</u>
Other (Municipal obligations)	<u>\$ 3,604,266</u>	<u>\$ 3,556,379</u>
Limited Partnerships		
Portfolio Advisors Private Equity Fund VIII (Offshore), L.P.	26,280,487	26,235,102
Grosvenor Institutional Partners, L.P.	32,500,000	72,560,869
RCP Multi-Strategy Fund, LP	8,995,182	15,070,754
Blackstone Infrastructure Partners - V Feeder L.P.	34,627,557	56,315,068
IIF ERISA Hedged LP	15,788,385	22,491,131
American Core Realty Fund, LLC	34,722,657	41,965,684
PEG Global Private Equity	4,828,125	5,805,405
HarbourVest 2018 Global Feeder Fund L.P.	25,950,000	30,919,374
	<u>\$ 183,692,393</u>	<u>\$ 271,363,387</u>
Common and Collective Trusts		
ASB Allegiance Real Estate Fund	17,259,552	32,171,819
Northern Trust Intermediate Gov't Credit Bond Index Fund	91,343,275	111,358,566
AFL-CIO Building Investment Trust	23,639,128	29,491,666
Credit Suisse Floating Rate Trust	40,000,000	66,197,683
UBC Russell 3000 Index Trust	560,218,876	786,726,505
NIS Core Fixed Income Fund	54,700,000	64,675,498
Wellington CIF II Core Bond	74,916,132	71,159,021
	<u>\$ 848,110,047</u>	<u>\$ 1,161,780,758</u>
103-12 Investment Entities		
ProLoan Bond Fund	5,000,000	6,223,144
Parametric Defensive Equity Fund	49,200,000	118,004,131
	<u>\$ 54,200,000</u>	<u>\$ 124,227,275</u>
Insurance Co. General Account		
Principal Life Insurance Company	<u>\$ 776,942</u>	<u>\$ 784,796</u>

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / <i>Unit Price</i>	Total Market / <i>Unit Price</i>	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Equity										
Equity Funds										
International										
AL	- Vanguard Total International Stock Index Fund #1869 921909784 / VTSNX	490,884.372	39.54	57,012,931.47 116.143	72,832,514.27 148.370	15,819,582.80	4.15		2,054,841.00 4.18600	2.82%
Total International			39.54	57,012,931.47	72,832,514.27	15,819,582.80	4.15	0.00	2,054,841.00	2.82%
Fixed Income										
Treasury and Federal Agencies										
Short (Less Than 5 Years)										
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G15144 2.500% Dtd 07/01/2014 Due 07/01/2029 IPD14 3128MD5D1	72,868.046	.06	73,824.42 101.312	71,219.04 97.737	- 2,605.38	.00	151.80	1,821.00 0.02500	2.56%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18527 3.000% Dtd 10/01/2014 Due 10/01/2029 IPD14 3128MMSR5	73,933.625	.06	76,809.30 103.890	72,488.96 98.046	- 4,320.34	.00	184.83	2,218.00 0.03000	3.06%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Federal Home Ln Mtg Corp Partn Gold Group #V60358 3.000% Dtd 11/01/2013 Due 12/01/2028 IPD14 3132KEMF9	43,731.250	.04	44,933.85 102.750	42,958.96 98.234	- 1,974.89	.00	109.32	1,311.00 0.03000	3.05%
AD	- Federal Natl Mtg Assn 0.375% Dtd 08/27/2020 Due 08/25/2025 Non-Callable 3135G05X7	295,000.000	.26	294,503.35 99.832	293,197.55 99.389	- 1,305.80	.02	387.19	1,106.00 0.00375	.38%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 2.995% Dtd 03/01/2016 Due 12/25/2025 IPD24 3137BN6G4	464,617.010	.41	456,341.02 98.219	461,022.50 99.226	4,681.48	.03	1,159.60	13,915.00 0.02995	3.02%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd 2.673% Dtd 06/01/2016 Due 03/25/2026 IPD24 3137BPW21	515,921.180	.45	526,430.12 102.037	509,268.32 98.710	- 17,161.80	.03	1,149.21	13,790.00 0.02673	2.71%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctfs Gtd Ser K 733 Cl A 2 Fltg Rate Dtd 11/01/2018 Due 08/25/2025 IPD24 3137FJXQ7	312,415.990	.28	334,940.79 107.210	311,406.57 99.676	- 23,534.22	.02	976.30	11,715.00 0.03750	3.76%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #252804 6.500% Dtd 09/01/1999 Due 10/01/2029 IPD24 31371HX94	336.470	.00	320.48 95.248	349.16 103.771	28.68	.00	1.82	21.00 0.06500	6.26%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AX8309 3.000% Dtd 11/01/2014 Due 11/01/2029 IPD24 3138YAGT6	62,378.860	.05	64,786.28 103.859	61,081.38 97.920	- 3,704.90	.00	155.94	1,871.00 0.03000	3.06%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- GNMA Gtd Passthr CTF Pool #434220 7.00% Dtd 03/01/1999 Due 02/15/2029 IPD14 36207KK90	541.250	.00	548.95 101.423	544.48 100.597	- 4.47	.00	3.15	37.00 0.07000	6.96%
AD	- US Treasury Note 2.00% Dtd 11/15/2016 Due 11/15/2026 912828U24	1,655,000.000	1.43	1,652,451.80 99.846	1,613,956.00 97.520	- 38,495.80	.09	4,227.44	33,100.00 0.02000	2.05%
AD	- US Treasury Note 1.50% Dtd 02/15/2020 Due 02/15/2030 912828Z94	1,410,000.000	1.13	1,372,574.21 97.346	1,276,219.20 90.512	- 96,355.01	.07	7,945.85	21,150.00 0.01500	1.66%
AD	- US Treasury Note 1.50% Dtd 08/15/2016 Due 08/15/2026 912828A7	1,155,000.000	.99	1,125,918.84 97.482	1,124,184.60 97.332	- 1,734.24	.06	6,508.84	17,325.00 0.01500	1.54%
AD	- US Treasury Note 2.75% Dtd 02/15/2018 Due 02/15/2028 9128283W8	1,680,000.000	1.45	1,788,597.11 106.464	1,640,301.60 97.637	- 148,295.51	.09	17,356.91	46,200.00 0.02750	2.82%
AD	- US Treasury Note 3.125% Dtd 11/15/2018 Due 11/15/2028 9128285M8	585,000.000	.51	565,034.69 96.587	574,195.05 98.153	9,160.36	.03	2,334.83	18,281.00 0.03125	3.18%
AD	- US Treasury Note 2.375% Dtd 05/15/2019 Due 05/15/2029 9128286T2	1,570,000.000	1.32	1,691,419.61 107.734	1,493,776.50 95.145	- 197,643.11	.09	4,762.26	37,287.00 0.02375	2.50%
Total Short (Less Than 5 Years)			8.44	10,069,434.82	9,546,169.87	- 523,264.95	.54	47,415.29	221,148.00	2.32%
Intermediate (5-10 Years)										
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G15922 3.000% Dtd 08/01/2016 Due 08/01/2031 IPD14 3128MEYT2	76,634.230	.07	80,908.97 105.578	74,741.36 97.530	- 6,167.61	.00	191.58	2,299.00 0.03000	3.08%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18569 3.000% Dtd 09/01/2015 Due 09/01/2030 IPD14 3128MMT37	37,327.730	.03	38,698.35 103.672	36,497.56 97.776	- 2,200.79	.00	93.31	1,119.00 0.03000	3.07%
AD	- Federal Home Ln Mtg Corp Partn Gold Group #G18578 3.000% Dtd 12/01/2015 Due 12/01/2030 IPD14 3128MMUC5	79,057.098	.07	82,305.88 104.109	77,220.60 97.677	- 5,085.28	.00	197.64	2,371.00 0.03000	3.07%
AD	- Federal Home Ln Mtg Corp Deb 6.25% Dtd 02/20/2002 Due 07/15/2032 3134A4KX1	795,000.000	.80	902,001.45 113.459	901,378.95 113.381	- 622.50	.05	22,911.45	49,687.00 0.06250	5.51%
AD	- Federal Natl Mtg Assn 0.875% Dtd 08/05/2020 Due 08/05/2030 Non-Callable 3135G05Q2	1,590,000.000	1.22	1,495,858.60 94.079	1,374,396.00 86.440	- 121,462.60	.08	5,642.29	13,912.00 0.00875	1.01%
AD	- Federal Natl Mtg Assn Nts 6.625% Dtd 11/03/2000 Due 11/15/2030 31359MGK3	1,160,000.000	1.16	1,406,522.80 121.252	1,313,050.40 113.194	- 93,472.40	.07	9,819.72	76,850.00 0.06625	5.85%
AD	- Federal Home Ln Mtg Corp Multiclass Mtg Partn Ctf Gtd Ser K 146 Cl A 2 Fltg Rate Dtd 06/01/2022 Due 06/25/2032 IPD24 3137H7ZB2	790,000.000	.64	710,914.06 89.989	721,979.10 91.389	11,065.04	.04	1,922.33	23,068.00 0.02920	3.20%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #582386 6.500% Dtd 05/01/2001 Due 05/01/2031 IPD24 31387E6X0	454.640	.00	450.16 99.015	473.32 104.108	23.16	.00	2.46	29.00 0.06500	6.24%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #890790 3.000% Dtd 08/01/2017 Due 08/01/2032 IPD24 31410LUP5	98,193.420	.08	101,630.20 103.500	95,346.79 97.101	- 6,283.41	.01	245.48	2,945.00 0.03000	3.09%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- US Treasury Note 0.625% Dtd 08/15/2020 Due 08/15/2030 91282CAE1	2,605,000.000	1.97	2,451,746.94 94.117	2,222,247.35 85.307	- 229,499.59	.13	6,116.70	16,281.00 0.00625	.73%
AD	- US Treasury Note 1.125% Dtd 02/15/2021 Due 02/15/2031 91282CBL4	900,000.000	.69	849,383.28 94.376	778,923.00 86.547	- 70,460.28	.04	3,803.87	10,125.00 0.01125	1.30%
AD	- US Treasury Note 1.25% Dtd 08/15/2021 Due 08/15/2031 91282CCS8	2,920,000.000	2.21	2,647,838.03 90.679	2,498,556.40 85.567	- 149,281.63	.14	13,712.70	36,500.00 0.01250	1.46%
AD	- US Treasury Note 2.75% Dtd 08/15/2022 Due 08/15/2032 91282CFF3	1,970,000.000	1.61	1,775,547.73 90.129	1,817,719.00 92.270	42,171.27	.10	20,353.04	54,175.00 0.02750	2.98%
AD	- US Treasury Note 4.125% Dtd 11/15/2022 Due 11/15/2032 91282CFV8	2,240,000.000	1.99	2,282,022.44 101.876	2,255,926.40 100.711	- 26,096.04	.13	11,801.08	92,400.00 0.04125	4.10%
AD	- US Treasury Note 3.375% Dtd 05/15/2023 Due 05/15/2033 91282CHC8	2,690,000.000	2.27	2,591,340.06 96.332	2,565,076.40 95.356	- 26,263.66	.15	11,595.14	90,787.00 0.03375	3.54%
AD	- US Treasury Note 4.375% Dtd 11/30/2023 Due 11/30/2030 91282CJM4	1,610,000.000	1.46	1,634,512.30 101.523	1,651,956.60 102.606	17,444.30	.09	5,966.01	70,437.00 0.04375	4.26%
AD	- US Treasury Note 4.00% Dtd 02/15/2024 Due 02/15/2034 91282CJZ5	2,290,000.000	2.00	2,228,840.99 97.329	2,266,848.10 98.989	38,007.11	.13	34,413.26	91,600.00 0.04000	4.04%
AD	- US Treasury Note 4.125% Dtd 07/31/2024 Due 07/31/2031 91282CLD1	1,560,000.000	1.40	1,600,932.22 102.624	1,578,283.20 101.172	- 22,649.02	.09	26,842.12	64,350.00 0.04125	4.08%
AD	- US Treasury Note 4.625% Dtd 02/15/2025 Due 02/15/2035 91282CMM0	2,190,000.000	2.00	2,253,156.60 102.884	2,260,145.70 103.203	6,989.10	.13	38,052.75	101,287.00 0.04625	4.48%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Intermediate (5-10 Years)			21.66	25,134,611.06	24,490,766.23	- 643,844.83	1.40	213,682.93	800,222.00	3.27%
Long (Over 10 Years)										
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB0661 2.500% Dtd 04/01/2022 Due 04/01/2037 IPD24 3132CWWW0	606,096.152	.50	561,491.28 92.641	570,003.13 94.045	8,511.85	.03	1,262.70	15,152.00 0.02500	2.66%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB1302 5.500% Dtd 10/01/2024 Due 10/01/2039 IPD24 3132CXNT5	543,576.940	.49	553,004.60 101.734	555,807.42 102.250	2,802.82	.03	2,491.39	29,896.00 0.05500	5.38%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8184 4.000% Dtd 09/01/2022 Due 10/01/2037 IPD24 3132D6CV0	439,855.320	.38	439,546.04 99.930	430,314.86 97.831	- 9,231.18	.02	1,466.18	17,594.00 0.04000	4.09%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8186 4.500% Dtd 08/01/2022 Due 09/01/2037 IPD24 3132D6CX6	599,429.640	.53	602,517.64 100.515	595,851.05 99.403	- 6,666.59	.03	2,247.86	26,974.00 0.04500	4.53%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8191 4.500% Dtd 09/01/2022 Due 10/01/2037 IPD24 3132D6C40	866,909.740	.76	865,369.30 99.822	862,497.17 99.491	- 2,872.13	.05	3,250.91	39,010.00 0.04500	4.52%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8216 4.500% Dtd 02/01/2023 Due 03/01/2038 IPD24 3132D6DV9	124,944.840	.11	122,738.79 98.234	124,310.12 99.492	1,571.33	.01	468.54	5,622.00 0.04500	4.52%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8217 5.000% Dtd 02/01/2023 Due 03/01/2038 IPD24 3132D6DW7	874,315.500	.78	872,741.91 99.820	881,773.41 100.853	9,031.50	.05	3,642.98	43,715.00 0.05000	4.96%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8220 5.500% Dtd 01/01/2023 Due 02/01/2038 IPD24 3132D6DZ0	781,179.910	.70	776,381.07 99.386	796,123.88 101.913	19,742.81	.05	3,580.40	42,964.00 0.05500	5.40%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8243 5.000% Dtd 06/01/2023 Due 07/01/2038 IPD24 3132D6EQ9	261,879.122	.23	264,334.23 100.937	264,112.95 100.853	- 221.28	.02	1,091.16	13,093.00 0.05000	4.96%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8293 5.000% Dtd 03/01/2024 Due 04/01/2039 IPD24 3132D6GA2	349,668.140	.31	347,318.82 99.328	352,503.95 100.811	5,185.13	.02	1,456.95	17,483.00 0.05000	4.96%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8303 5.000% Dtd 04/01/2024 Due 05/01/2039 IPD24 3132D6GL8	915,041.022	.82	921,416.62 100.697	921,720.82 100.730	304.20	.05	3,812.67	45,752.00 0.05000	4.96%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8346 4.000% Dtd 11/01/2024 Due 12/01/2039 IPD24 3132D6HX1	866,370.206	.75	844,721.13 97.501	847,422.69 97.813	2,701.56	.05	2,887.90	34,654.00 0.04000	4.09%
AD	- Federal Home Ln Mtg Corp Partn CTF Group #SB8350 5.000% Dtd 11/01/2024 Due 12/01/2039 IPD24 3132D6H37	569,521.712	.51	574,238.06 100.828	573,679.22 100.730	- 558.84	.03	2,373.00	28,476.00 0.05000	4.96%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4667 3.500% Dtd 06/01/2022 Due 07/01/2037 IPD24 31418EFH8	309,099.430	.26	311,200.35 100.680	298,373.68 96.530	- 12,826.67	.02	901.53	10,818.00 0.03500	3.63%
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA4713 4.000% Dtd 06/01/2022 Due 07/01/2037 IPD24 31418EGX2	830,696.070	.72	828,610.15 99.749	813,583.73 97.940	- 15,026.42	.05	2,768.98	33,227.00 0.04000	4.08%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA4776 4.000% Dtd 09/01/2022 Due 10/01/2037 IPD24 31418EJW1	315,869.700	.27	308,503.53 97.668	309,362.78 97.940	859.25	.02	1,052.89	12,634.00 0.04000	4.08%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA4797 4.000% Dtd 10/01/2022 Due 11/01/2037 IPD24 31418EKK5	352,942.873	.31	347,581.38 98.481	345,566.37 97.910	- 2,015.01	.02	1,176.47	14,117.00 0.04000	4.09%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA4825 5.000% Dtd 09/01/2022 Due 10/01/2037 IPD24 31418ELF5	409,276.746	.36	410,078.59 100.196	412,325.86 100.745	2,247.27	.02	1,705.31	20,463.00 0.05000	4.96%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA4991 5.500% Dtd 03/01/2023 Due 04/01/2038 IPD24 31418ERM4	556,621.559	.50	560,304.52 100.662	567,269.73 101.913	6,965.21	.03	2,551.18	30,614.00 0.05500	5.40%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA5013 4.500% Dtd 04/01/2023 Due 05/01/2038 IPD24 31418ESB7	271,346.010	.24	269,862.09 99.453	269,758.64 99.415	- 103.45	.02	1,017.54	12,210.00 0.04500	4.53%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA5014 5.000% Dtd 04/01/2023 Due 05/01/2038 IPD24 31418ESC5	282,223.500	.25	283,987.38 100.625	284,512.33 100.811	524.95	.02	1,175.93	14,111.00 0.05000	4.96%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA5145 6.000% Dtd 08/01/2023 Due 09/01/2038 IPD24 31418EWF3	810,677.740	.74	816,924.50 100.771	833,749.63 102.846	16,825.13	.05	4,053.38	48,640.00 0.06000	5.83%
AD	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #MA5149 5.500% Dtd 08/01/2023 Due 09/01/2038 IPD24 31418EWK2	280,088.440	.25	284,377.29 101.531	285,188.85 101.821	811.56	.02	1,283.73	15,404.00 0.05500	5.40%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #MA5589 4.500% Dtd 12/01/2024 Due 01/01/2040 IPD24 31418FF77	716,724.541	.63	707,597.50 98.727	712,194.84 99.368	4,597.34	.04	2,687.71	32,252.00 0.04500	4.53%
Total Long (Over 10 Years)			11.41	12,874,846.77	12,908,007.11	33,160.34	.74	50,407.29	604,875.00	4.69%
Total Treasury and Federal Agencies			41.51	48,078,892.65	46,944,943.21	- 1,133,949.44	2.67	311,505.51	1,626,245.00	3.46%
State and Municipal Short (Less Than 5 Years)										
AD	- Colorado Hsg & Fin Auth Taxable Single Family MT 2023 F Taxable 4.465% Dtd 05/10/2023 Due 05/01/2027 Non-Callable 1964802Y2	500,000.000	.44	500,000.00 100.000	502,425.00 100.485	2,425.00	.03	3,720.83	22,325.00 0.04465	4.44%
AD	- Dallas Fort Worth Tex Intl Arp Taxable JT Ref Bds 2019a Taxable 2.256% Dtd 08/01/2019 Due 11/01/2026 Callable 2350364M9	505,000.000	.44	505,000.00 100.000	492,647.70 97.554	- 12,352.30	.03	1,898.80	11,392.00 0.02256	2.31%
AD	- Honolulu Hawaii City & Cnty WA Taxable Ref Jr Second RE 2019 B Taxable 2.316% Dtd 11/06/2019 Due 07/01/2025 Callable 438701Y32	455,000.000	.40	455,000.00 100.000	455,000.00 100.000	0.00	.03	5,268.90	10,537.00 0.02316	2.32%
AD	- Metro Wastewtr Reclamation Dis Taxable Ref Bds 2019 B Taxable 2.363% Dtd 12/10/2019 Due 04/01/2027 Callable 59164GEQ1	510,000.000	.44	510,000.00 100.000	497,316.30 97.513	- 12,683.70	.03	3,012.82	12,051.00 0.02363	2.42%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Nebraska Pub Pwr Dist Rev Taxable Gen Bds 2019 B Taxable 2.421% Dtd 10/29/2019 Due 01/01/2026 Callable 63968A2C8	245,000.000	.21	245,000.00 100.000	242,929.75 99.155	- 2,070.25	.01	2,965.72	5,931.00 0.02421	2.44%
AD	- New York ST Urban Dev Corp Rev Taxable Personal Income 2017d Taxable 3.27% Dtd 12/21/2017 Due 03/15/2028 Callable 6500355X2	505,000.000	.44	494,266.15 97.874	496,647.30 98.346	2,381.15	.03	4,862.30	16,513.00 0.03270	3.32%
AD	- Raleigh N C Comb Enterprise Sy Ref Bds Taxable 2.275% Dtd 11/26/2019 Due 03/01/2026 Callable 751100MH8	420,000.000	.37	420,000.00 100.000	415,023.00 98.815	- 4,977.00	.02	3,185.00	9,555.00 0.02275	2.30%
AD	- Virginia ST Res Auth Infrastru Taxable Bds 2019 C Taxable 2.53% Dtd 11/20/2019 Due 11/01/2028 Non-Callable 92818NHP6	475,000.000	.40	475,000.00 100.000	454,389.75 95.661	- 20,610.25	.03	2,002.91	12,017.00 0.02530	2.64%
Total Short (Less Than 5 Years)			3.14	3,604,266.15	3,556,378.80	- 47,887.35	.20	26,917.28	100,321.00	2.82%
Total State and Municipal			3.14	3,604,266.15	3,556,378.80	- 47,887.35	.20	26,917.28	100,321.00	2.82%
Non-Government Obligations Short (Less Than 5 Years)										
AD	- AT&T Inc Gbl NT 2.30% Dtd 05/28/2020 Due 06/01/2027 Callable 00206RJX1	875,000.000	.75	819,654.60 93.675	843,648.75 96.417	23,994.15	.05	1,677.08	20,125.00 0.02300	2.39%
AD	- Abbott Laboratories Sr NT 3.75% Dtd 11/22/2016 Due 11/30/2026 Callable 002824BF6	950,000.000	.84	1,062,519.75 111.844	946,874.50 99.671	- 115,645.25	.05	3,067.70	35,625.00 0.03750	3.76%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Adobe Inc Sr Gbl 4.80% Dtd 04/04/2024 Due 04/04/2029 Callable 00724PAF6	438,000.000	.40	436,268.53 99.605	449,006.94 102.513	12,738.41	.03	5,354.13	21,024.00 0.04800	4.68%
AD	- Allstate Corp Sr Gbl NT 0.75% Dtd 11/24/2020 Due 12/15/2025 Callable 020002BH3	400,000.000	.35	391,878.95 97.970	393,152.00 98.288	1,273.05	.02	133.33	3,000.00 0.00750	.76%
AD	- Amazon Com Inc 3.15% Dtd 02/22/2018 Due 08/22/2027 Callable 023135BC9	745,000.000	.65	779,684.80 104.656	732,863.95 98.371	- 46,820.85	.04	8,409.18	23,467.00 0.03150	3.20%
AD	- Amer Airlines PT Tr Ser 2016 1 Cl AA 3.575% Dtd 01/19/2016 Due 07/15/2029 02376UAA3	357,403.000	.31	345,116.98 96.562	346,161.10 96.854	1,044.12	.02	5,891.68	12,777.00 0.03575	3.69%
AD	- Amphenol Corp NT 4.75% Dtd 03/30/2023 Due 03/30/2026 Callable 032095AM3	895,000.000	.79	892,515.90 99.722	896,969.00 100.220	4,453.10	.05	10,746.21	42,512.00 0.04750	4.74%
AD	- Anheuser Busch Inbev Wldw Inc 4.75% Dtd 01/23/2019 Due 01/23/2029 Callable 035240AQ3	675,000.000	.61	731,953.50 108.438	687,163.50 101.802	- 44,790.00	.04	14,071.87	32,062.00 0.04750	4.67%
AD	- Applied Matls Inc Sr Gbl 4.80% Dtd 06/11/2024 Due 06/15/2029 Callable 038222AS4	385,000.000	.35	384,322.95 99.824	393,704.85 102.261	9,381.90	.02	821.33	18,480.00 0.04800	4.69%
AD	- Automatic Data Processing Inc Sr NT 1.70% Dtd 05/14/2021 Due 05/15/2028 Callable 053015AG8	365,000.000	.30	355,438.45 97.380	343,227.75 94.035	- 12,210.70	.02	792.86	6,205.00 0.01700	1.81%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Avery Dennison Corp Sr Gbl NT 4.875% Dtd 12/06/2018 Due 12/06/2028 Callable 053611AJ8	890,000.000	.80	940,441.80 105.668	903,207.60 101.484	- 37,234.20	.05	3,013.02	43,387.00 0.04875	4.80%
AD	- Ba Credit Card Trust A Ser 2023 2 Cl A 4.98% Dtd 12/14/2023 Due 11/15/2028 05522RDH8	245,000.000	.22	244,967.10 99.987	247,591.59 101.057	2,624.49	.01	542.26	12,201.00 0.04980	4.93%
AD	- Bank Amer Corp Sr NT M Flt Var Rate Dtd 01/20/2017 Due 01/20/2028 Non-Callable 06051GGF0	705,000.000	.62	747,951.25 106.092	698,859.45 99.129	- 49,091.80	.04	12,063.65	26,959.00 0.03824	3.86%
AD	- Cnh Industrial Capital LLC Sr NT 5.50% Dtd 09/13/2023 Due 01/12/2029 Callable 12592BAR5	435,000.000	.40	433,745.85 99.712	448,872.15 103.189	15,126.30	.03	11,231.45	23,925.00 0.05500	5.33%
AD	- Caterpillar Finl Svcs Mtns Fr 4.35% Dtd 05/15/2023 Due 05/15/2026 Callable 14913UAA8	850,000.000	.75	842,748.85 99.147	850,484.50 100.057	7,735.65	.05	4,724.58	36,975.00 0.04350	4.35%
AD	- Chevron USA Inc Sr Gbl NT 4.475% Dtd 02/26/2025 Due 02/26/2028 Callable 166756BB1	833,000.000	.75	834,770.55 100.213	842,937.69 101.193	8,167.14	.05	12,943.30	37,276.00 0.04475	4.42%
AD	- Cintas Corp No 2 Sr NT 3.70% Dtd 03/14/2017 Due 04/01/2027 Callable 17252MAN0	1,065,000.000	.93	1,113,992.90 104.600	1,057,289.40 99.276	- 56,703.50	.06	9,851.24	39,405.00 0.03700	3.73%
AD	- Citigroup Inc Sr NT 3.20% Dtd 10/21/2016 Due 10/21/2026 Callable 172967KY6	516,000.000	.45	497,537.90 96.422	508,626.36 98.571	11,088.46	.03	3,210.66	16,512.00 0.03200	3.25%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Connecticut LT & Pwr Co 1m A Bd 0.75% Dtd 12/01/2020 Due 12/01/2025 Callable 207597EM3	355,000.000	.31	335,540.95 94.519	349,547.20 98.464	14,006.25	.02	221.87	2,662.00 0.00750	.76%
AD	- Conocophillips Sr Gbl 4.70% Dtd 12/05/2024 Due 01/15/2030 Callable 20826FBJ4	693,000.000	.62	690,736.38 99.673	702,688.14 101.398	11,951.76	.04	18,637.85	32,571.00 0.04700	4.64%
AD	- Consumers Energy Co 1st Mtg 4.90% Dtd 08/04/2023 Due 02/15/2029 Callable 210518DV5	465,000.000	.42	465,968.40 100.208	474,695.25 102.085	8,726.85	.03	8,607.66	22,785.00 0.04900	4.80%
AD	- Daimler Trucks Retail Ser 2023 1 Cl A 3 5.90% Dtd 09/27/2023 Due 03/15/2027 233868AC2	823,143.660	.73	825,421.15 100.277	828,182.62 100.612	2,761.47	.05	2,170.31	48,565.00 0.05900	5.86%
AD	- Darden Restaurants Inc Sr NT 3.85% Dtd 04/18/2017 Due 05/01/2027 Callable 237194AL9	580,000.000	.51	567,211.00 97.795	575,186.00 99.170	7,975.00	.03	3,721.66	22,330.00 0.03850	3.88%
AD	- Disney Walt Co Sr Gbl 7.30% Dtd 10/30/2019 Due 04/30/2028 Non-Callable 254687DP8	350,000.000	.33	376,821.25 107.663	376,316.50 107.519	- 504.75	.02	4,329.30	25,550.00 0.07300	6.79%
AD	- Ecolab Inc Sr NT 5.25% Dtd 11/17/2022 Due 01/15/2028 Callable 278865BP4	627,000.000	.57	634,726.02 101.232	645,847.62 103.006	11,121.60	.04	15,178.62	32,917.00 0.05250	5.10%
AD	- Ecolab Inc Sr Gbl 4.30% Dtd 06/05/2025 Due 06/15/2028 Callable 278865BQ2	232,000.000	.21	231,832.46 99.928	233,617.04 100.697	1,784.58	.01	720.48	9,976.00 0.04300	4.27%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Emerson Elec Co Sr NT 1.80% Dtd 04/29/2020 Due 10/15/2027 Callable 291011BL7	590,000.000	.50	596,946.75 101.177	561,756.70 95.213	- 35,190.05	.03	2,242.00	10,620.00 0.01800	1.89%
AD	- Exxon Mobil Corp Sr Gbl NT 2.44% Dtd 08/16/2019 Due 08/16/2029 Callable 30231GBE1	397,000.000	.33	367,701.11 92.620	374,025.61 94.213	6,324.50	.02	3,632.54	9,686.00 0.02440	2.59%
AD	- Fiserv Inc Sr NT 4.75% Dtd 08/12/2024 Due 03/15/2030 Callable 337738BM9	560,000.000	.50	557,203.80 99.501	563,796.80 100.678	6,593.00	.03	7,787.36	26,600.00 0.04750	4.72%
AD	- Florida Pwr & LT Co 1m Bd 5.05% Dtd 03/03/2023 Due 04/01/2028 Callable 341081GK7	1,025,000.000	.93	1,029,241.50 100.414	1,049,784.50 102.418	20,543.00	.06	12,940.62	51,762.00 0.05050	4.93%
AD	- General Mtrs Finl Co Inc Sr NT 1.25% Dtd 01/08/2021 Due 01/08/2026 Callable 37045XDD5	275,000.000	.24	270,089.05 98.214	269,945.50 98.162	- 143.55	.02	1,651.90	3,437.00 0.01250	1.27%
AD	- General Mtrs Finl Co Inc Sr NT 5.40% Dtd 02/08/2024 Due 05/08/2027 Callable 37045XEQ5	655,000.000	.59	661,468.55 100.988	664,510.60 101.452	3,042.05	.04	5,207.25	35,370.00 0.05400	5.32%
AD	- Georgia Pac Corp 7.75% Dtd 11/10/1999 Due 11/15/2029 373298BR8	935,000.000	.94	1,054,495.40 112.780	1,063,384.85 113.731	8,889.45	.06	9,259.10	72,462.00 0.07750	6.81%
AD	- Georgia Pwr Co Sr 2023a NT 4.65% Dtd 05/04/2023 Due 05/16/2028 Callable 373334KS9	825,000.000	.74	825,901.75 100.109	836,335.50 101.374	10,433.75	.05	4,795.31	38,362.00 0.04650	4.59%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- HCA Sr Gbl NT 5.875% Dtd 11/13/2015 Due 02/15/2026 Callable 404119BS7	705,000.000	.62	706,914.25 100.272	705,768.45 100.109	- 1,145.80	.04	15,647.08	41,418.00 0.05875	5.87%
AD	- Hershey Co Sr Gbl 3.20% Dtd 08/21/2015 Due 08/21/2025 Callable 427866AU2	955,000.000	.84	1,008,900.30 105.644	953,175.95 99.809	- 55,724.35	.05	11,035.55	30,560.00 0.03200	3.21%
AD	- Home Depot Inc NT 4.95% Dtd 12/04/2023 Due 09/30/2026 Callable 437076CV2	640,000.000	.57	640,109.40 100.017	646,323.20 100.988	6,213.80	.04	8,008.00	31,680.00 0.04950	4.90%
AD	- Home Depot Inc Sr Gbl NT 5.15% Dtd 06/25/2024 Due 06/25/2026 Callable 437076CZ3	325,000.000	.29	324,892.65 99.967	328,032.25 100.933	3,139.60	.02	278.95	16,737.00 0.05150	5.10%
AD	- Illinois Tool Wks Inc Sr Gbl NT 2.65% Dtd 11/07/2016 Due 11/15/2026 Callable 452308AX7	1,060,000.000	.92	1,031,909.90 97.350	1,041,365.20 98.242	9,455.30	.06	3,589.27	28,090.00 0.02650	2.70%
AD	- Intel Corp Sr NT 3.75% Dtd 08/05/2022 Due 08/05/2027 Callable 458140BY5	545,000.000	.48	539,250.75 98.945	537,844.15 98.687	- 1,406.60	.03	8,288.54	20,437.00 0.03750	3.80%
AD	- Jacobs Solutions Inc Sr NT 6.35% Dtd 08/18/2023 Due 08/18/2028 Callable 469814AB3	295,000.000	.27	296,394.20 100.473	309,986.00 105.080	13,591.80	.02	6,920.61	18,732.00 0.06350	6.04%
AD	- John Deere Owner Tr Ser 2024 B Cl A 3 5.20% Dtd 06/18/2024 Due 03/15/2029 47786WAD2	410,000.000	.37	415,557.42 101.355	416,475.50 101.579	918.08	.02	947.55	21,320.00 0.05200	5.12%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- John Deere Owner Tr Ser 2023 B Cl A 3 5.24% Dtd 06/28/2023 Due 03/15/2028 477920AC6	118,171.130	.11	118,341.93 100.145	118,802.40 100.534	460.47	.01	272.96	6,121.00 0.05180	5.15%
AD	- John Deere Owner Trust Ser 2024 Cl A 3 5.06% Dtd 03/19/2024 Due 11/15/2028 47800RAD5	572,000.000	.51	574,988.66 100.522	577,283.91 100.923	2,295.25	.03	1,260.94	28,371.00 0.04960	4.91%
AD	- Kenvue Inc Sr Gbl NT 5.35% Dtd 09/22/2023 Due 03/22/2026 Callable 49177JAD4	590,000.000	.52	590,531.20 100.090	593,581.30 100.607	3,050.10	.03	8,680.37	31,565.00 0.05350	5.32%
AD	- Kimberly Clark Corp Sr Gbl NT 3.95% Dtd 10/29/2018 Due 11/01/2028 Callable 494368BY8	1,005,000.000	.89	1,050,559.45 104.533	1,002,296.55 99.731	- 48,262.90	.06	6,616.24	39,697.00 0.03950	3.96%
AD	- Eli Lilly & Co Sr NT 4.50% Dtd 02/09/2024 Due 02/09/2027 Callable 532457CJ5	554,000.000	.49	553,588.88 99.926	558,470.78 100.807	4,881.90	.03	9,833.49	24,930.00 0.04500	4.46%
AD	- Lockheed Martin Corp Sr NT 4.50% Dtd 01/29/2024 Due 02/15/2029 Non-Callable 539830CC1	835,000.000	.75	832,752.50 99.731	842,982.60 100.956	10,230.10	.05	14,195.00	37,575.00 0.04500	4.46%
AD	- McDonalds Corp Fr 4.60% Dtd 03/03/2025 Due 05/15/2030 Callable 58013MFZ2	1,010,000.000	.90	1,008,525.30 99.854	1,020,867.60 101.076	12,342.30	.06	15,473.89	46,460.00 0.04600	4.55%
AD	- Molson Coors Brewing Co Sr Gbl NT 3.00% Dtd 07/07/2016 Due 07/15/2026 Callable 60871RAG5	855,000.000	.74	829,051.90 96.965	842,277.60 98.512	13,225.70	.05	11,827.50	25,650.00 0.03000	3.05%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Mondelez Intl Inc Sr NT 2.625% Dtd 03/17/2022 Due 03/17/2027 Callable 609207BA2	1,025,000.000	.88	960,788.90 93.736	998,514.00 97.416	37,725.10	.06	7,772.91	26,906.00 0.02625	2.69%
AD	- National Rural Utils Coop Fin Bd 2.40% Dtd 02/05/2020 Due 03/15/2030 Callable 637432NV3	660,000.000	.54	645,139.20 97.748	607,239.60 92.006	- 37,899.60	.03	4,664.00	15,840.00 0.02400	2.61%
AD	- Oge Energy Corp Sr NT 5.45% Dtd 05/09/2024 Due 05/15/2029 Callable 670837AD5	485,000.000	.44	489,752.40 100.980	502,076.85 103.521	12,324.45	.03	3,377.48	26,432.00 0.05450	5.26%
AD	- Oreilly Automotive Inc Sr Gbl 3.90% Dtd 05/20/2019 Due 06/01/2029 Callable 67103HAH0	940,000.000	.82	900,739.55 95.823	923,512.40 98.246	22,772.85	.05	3,054.99	36,660.00 0.03900	3.97%
AD	- Oracle Corp Sr Gbl NT 6.15% Dtd 11/09/2022 Due 11/09/2029 Callable 68389XCH6	425,000.000	.40	441,828.95 103.960	453,475.00 106.700	11,646.05	.03	3,775.41	26,137.00 0.06150	5.76%
AD	- Paccar Financial Corp Fr 5.20% Dtd 11/09/2023 Due 11/09/2026 Non-Callable 69371RS72	445,000.000	.40	445,392.15 100.088	451,893.05 101.549	6,500.90	.03	3,342.44	23,140.00 0.05200	5.12%
AD	- Paccar Financial Corp Fr 4.45% Dtd 08/06/2024 Due 08/06/2027 Non-Callable 69371RT30	310,000.000	.28	309,633.90 99.882	313,583.60 101.156	3,949.70	.02	5,556.31	13,795.00 0.04450	4.40%
AD	- Pepsico Inc Sr NT 2.75% Dtd 03/19/2020 Due 03/19/2030 Callable 713448ES3	1,035,000.000	.86	1,027,638.65 99.289	970,581.60 93.776	- 57,057.05	.06	8,064.37	28,462.00 0.02750	2.93%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Quanta Svcs Inc Sr Gbl NT 4.75% Dtd 08/09/2024 Due 08/09/2027 Callable 74762EAK8	695,000.000	.62	694,820.45 99.974	700,831.05 100.839	6,010.60	.04	13,021.59	33,012.00 0.04750	4.71%
AD	- Republic Svcs Inc Sr Gbl NT 3.95% Dtd 05/14/2018 Due 05/15/2028 Callable 760759AT7	960,000.000	.85	917,590.85 95.582	955,977.60 99.581	38,386.75	.05	4,845.33	37,920.00 0.03950	3.97%
AD	- Texas Instrs Inc Sr NT 4.60% Dtd 02/08/2024 Due 02/08/2027 Callable 882508CE2	442,000.000	.39	441,021.67 99.779	446,026.62 100.911	5,004.95	.03	8,076.32	20,332.00 0.04600	4.56%
AD	- Transcontinental Gas Pipe Line Sr Gbl NT 4.00% Dtd 09/15/2018 Due 03/15/2028 Callable 893574AK9	785,000.000	.69	793,655.87 101.103	777,675.95 99.067	- 15,979.92	.04	9,245.55	31,400.00 0.04000	4.04%
AD	- Union Pac Rr Co 2014-1 Pass Thru Tr Passthru Tr CTF 3.227% Dtd 05/20/2014 Due 05/14/2026 907825AA1	733,491.392	.64	752,021.63 102.526	724,725.00 98.804	- 27,296.63	.04	3,090.21	23,669.00 0.03227	3.27%
AD	- Ventas Rlty LTD Partnership Sr Gbl NT 4.00% Dtd 02/23/2018 Due 03/01/2028 Callable 92277GAM9	515,000.000	.45	502,854.95 97.642	510,215.65 99.071	7,360.70	.03	6,868.89	20,600.00 0.04000	4.04%
AD	- Visa Inc Sr Gbl NT 3.15% Dtd 12/14/2015 Due 12/14/2025 Callable 92826CAD4	320,000.000	.28	349,742.60 109.295	318,252.80 99.454	- 31,489.80	.02	476.00	10,080.00 0.03150	3.17%
AD	- Vulcan Matls Co Sr NT 4.95% Dtd 11/20/2024 Due 12/01/2029 Callable 929160BB4	448,000.000	.40	448,962.88 100.215	456,816.64 101.968	7,853.76	.03	1,848.00	22,176.00 0.04950	4.85%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Wells Fargo & Co New Sr Gbl NT 3.00% Dtd 04/22/2016 Due 04/22/2026 Non-Callable 949746RW3	179,000.000	.16	174,633.38 97.561	177,025.63 98.897	2,392.25	.01	1,029.24	5,370.00 0.03000	3.03%
AD	- Wisconsin Elec Pwr Co Sr NT 5.00% Dtd 05/14/2024 Due 05/15/2029 Callable 976656CQ9	655,000.000	.59	656,683.70 100.257	671,846.60 102.572	15,162.90	.04	4,184.72	32,750.00 0.05000	4.87%
Total Short (Less Than 5 Years)			37.68	42,821,986.50	42,616,064.59	- 205,921.91	2.43	424,819.06	1,781,596.00	4.18%
Intermediate (5-10 Years)										
AD	- Abbvie Inc Sr NT 4.95% Dtd 02/26/2024 Due 03/15/2031 Callable 00287YDT3	443,000.000	.40	443,557.23 100.126	454,797.09 102.663	11,239.86	.03	6,456.72	21,928.00 0.04950	4.82%
AD	- Air Products and Chemicals Inc Sr Gbl NT 4.85% Dtd 02/08/2024 Due 02/08/2034 Callable 009158BK1	505,000.000	.45	501,718.30 99.350	506,252.40 100.248	4,534.10	.03	9,728.96	24,492.00 0.04850	4.84%
AD	- American Express Co Sr NT Var Rate Dtd 04/25/2025 Due 04/25/2031 Callable 025816EF2	838,000.000	.76	843,649.60 100.674	855,690.18 102.111	12,040.58	.05	7,706.24	42,034.00 0.05016	4.91%
AD	- American Wtr Cap Corp Sr Gbl NT 5.25% Dtd 02/27/2025 Due 03/01/2035 Callable 03040WBF1	505,000.000	.45	504,032.50 99.808	511,731.65 101.333	7,699.15	.03	9,132.08	26,512.00 0.05250	5.18%
AD	- Apple Inc Sr Gbl 4.50% Dtd 05/12/2025 Due 05/12/2032 Callable 037833FA3	797,000.000	.71	790,253.64 99.154	807,097.99 101.267	16,844.35	.05	4,881.63	35,865.00 0.04500	4.44%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Automatic Data Processing Inc Sr Gbl NT 4.45% Dtd 09/09/2024 Due 09/09/2034 Callable <i>053015AH6</i>	408,000.000	.35	403,203.52 <i>98.824</i>	400,105.20 <i>98.065</i>	- 3,098.32	.02	5,648.52	18,156.00 <i>0.04450</i>	4.54%
AD	- Bristol Myers Squibb Co Sr NT 5.75% Dtd 11/13/2023 Due 02/01/2031 Callable <i>110122DY1</i>	634,000.000	.60	649,472.70 <i>102.440</i>	675,431.90 <i>106.535</i>	25,959.20	.04	15,189.57	36,455.00 <i>0.05750</i>	5.40%
AD	- Brown Forman Corp Sr Gbl NT 4.75% Dtd 03/23/2023 Due 04/15/2033 Callable <i>115637AU4</i>	505,000.000	.45	506,448.40 <i>100.287</i>	504,671.75 <i>99.935</i>	- 1,776.65	.03	5,064.02	23,987.00 <i>0.04750</i>	4.75%
AD	- Cboe Global Mkts Inc Sr NT 1.625% Dtd 12/15/2020 Due 12/15/2030 Callable <i>12503MAC2</i>	660,000.000	.50	644,439.45 <i>97.642</i>	568,471.20 <i>86.132</i>	- 75,968.25	.03	476.66	10,725.00 <i>0.01625</i>	1.89%
AD	- Comcast Corp New Sr NT 4.25% Dtd 10/05/2018 Due 10/15/2030 Callable <i>20030NCU3</i>	900,000.000	.79	877,364.60 <i>97.485</i>	895,446.00 <i>99.494</i>	18,081.40	.05	8,075.00	38,250.00 <i>0.04250</i>	4.27%
AD	- Cummins Inc Sr Gbl NT 5.15% Dtd 02/20/2024 Due 02/20/2034 Callable <i>231021AW6</i>	480,000.000	.43	482,297.55 <i>100.479</i>	489,523.20 <i>101.984</i>	7,225.65	.03	8,995.33	24,720.00 <i>0.05150</i>	5.05%
AD	- Dicks Sporting Goods Inc Sr NT 3.15% Dtd 01/14/2022 Due 01/15/2032 Callable <i>253393AF9</i>	305,000.000	.24	301,332.45 <i>98.798</i>	273,402.00 <i>89.640</i>	- 27,930.45	.02	4,430.12	9,607.00 <i>0.03150</i>	3.51%
AD	- Dominion Energy South Carolina 1m Gbl A Bd 5.30% Dtd 01/08/2025 Due 01/15/2035 Callable <i>25731VAC8</i>	450,000.000	.41	451,808.25 <i>100.402</i>	460,048.50 <i>102.233</i>	8,240.25	.03	11,461.25	23,850.00 <i>0.05300</i>	5.18%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Duke Energy Carolinas LLC 1m Bd 4.85% Dtd 01/05/2024 Due 01/15/2034 Callable 26442CBM5	530,000.000	.47	523,175.45 98.712	529,167.90 99.843	5,992.45	.03	12,176.19	25,705.00 0.04850	4.86%
AD	- Eog Res Inc Sr NT 5.00% Dtd 07/01/2025 Due 07/15/2032 Callable 26875PAY7	567,000.000	.51	567,152.20 100.027	573,894.72 101.216	6,742.52	.03		28,350.00 0.05000	4.94%
AD	- Eaton Corp Ohio Sr NT 4.15% Dtd 08/23/2022 Due 03/15/2033 Callable 278062AH7	750,000.000	.64	712,994.45 95.066	727,230.00 96.964	14,235.55	.04	9,164.58	31,125.00 0.04150	4.28%
AD	- Grainger W W Inc Sr NT 4.45% Dtd 09/12/2024 Due 09/15/2034 Callable 384802AF1	450,000.000	.39	450,015.25 100.003	438,952.50 97.545	- 11,062.75	.03	5,896.24	20,025.00 0.04450	4.56%
AD	- Host Hotels & Resorts LP Sr Gbl M NT 5.70% Dtd 05/20/2025 Due 06/15/2032 Callable 44107TBD7	321,000.000	.29	317,366.28 98.868	325,564.62 101.422	8,198.34	.02	2,083.82	18,297.00 0.05700	5.62%
AD	- JPMorgan Chase & Co Sr NT Var Rate Dtd 04/22/2025 Due 04/22/2031 Callable 46647PEY8	652,000.000	.59	659,759.95 101.190	668,169.60 102.480	8,409.65	.04	6,377.04	33,271.00 0.05103	4.98%
AD	- Keurig Dr Pepper Inc Sr NT 5.20% Dtd 03/07/2024 Due 03/15/2031 Callable 49271VAU4	760,000.000	.69	753,444.20 99.137	784,244.00 103.190	30,799.80	.04	11,636.44	39,520.00 0.05200	5.04%
AD	- Mastercard Incorporated Sr NT 4.875% Dtd 05/09/2024 Due 05/09/2034 Callable 57636QAZ7	397,000.000	.36	407,289.34 102.592	401,756.06 101.198	- 5,533.28	.02	2,795.54	19,353.00 0.04875	4.82%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Pacific Gas & Elec Co 1st Mtg 5.90% Dtd 06/08/2022 Due 06/15/2032 Callable 694308KG1	273,000.000	.25	279,300.14 102.308	278,626.53 102.061	- 673.61	.02	715.86	16,107.00 0.05900	5.78%
AD	- PG&E Recovery Fdg LLC Sr SEC Amrtz 1.46% Dtd 11/12/2021 Due 07/15/2033 Non-Callable 71710TAA6	417,067.030	.34	417,061.85 99.999	381,933.30 91.576	- 35,128.55	.02	2,807.78	6,089.00 0.01460	1.59%
AD	- Progressive Corp Sr NT 3.00% Dtd 03/09/2022 Due 03/15/2032 Callable 743315AZ6	595,000.000	.48	519,679.50 87.341	542,663.80 91.204	22,984.30	.03	5,255.83	17,850.00 0.03000	3.29%
AD	- Public Svc Elec & Gas Co Fr 5.20% Dtd 03/01/2024 Due 03/01/2034 Callable 74456QCQ7	595,000.000	.54	597,685.80 100.451	609,452.55 102.429	11,766.75	.03	10,313.33	30,940.00 0.05200	5.08%
AD	- Public Storage Gbl NT 5.10% Dtd 07/26/2023 Due 08/01/2033 Callable 74460WAG2	616,000.000	.56	618,388.84 100.388	632,046.80 102.605	13,657.96	.04	13,090.00	31,416.00 0.05100	4.97%
AD	- Roper Technologies Inc Sr NT 4.75% Dtd 08/21/2024 Due 02/15/2032 Callable 776696AH9	678,000.000	.60	678,866.74 100.128	679,186.50 100.175	319.76	.04	12,166.32	32,205.00 0.04750	4.74%
AD	- United Parcel Svcs Inc Sr NT 4.875% Dtd 02/27/2023 Due 03/03/2033 Callable 911312BZ8	640,000.000	.58	645,131.40 100.802	651,001.60 101.719	5,870.20	.04	10,226.66	31,200.00 0.04875	4.79%
AD	- Verizon MA Tr Ser 2024 6 Cl A 1a 4.17% Dtd 09/18/2024 Due 08/20/2030 92348KDE0	855,000.000	.76	852,868.30 99.751	856,118.94 100.130	3,250.64	.05	1,089.41	35,653.00 0.04170	4.16%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

Asset and Liability Positions 06/30/25										
Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
AD	- Waste Mgmt Inc Del Sr NT 4.15% Dtd 05/12/2022 Due 04/15/2032 Callable 94106LBS7	871,000.000	.75	858,053.02 98.514	852,517.38 97.878	- 5,535.64	.05	7,630.92	36,146.00 0.04150	4.24%
AD	- Wisconsin Elec Pwr Co Sr Deb 4.60% Dtd 09/13/2024 Due 10/01/2034 Callable 976656CS5	285,000.000	.25	285,551.85 100.194	281,779.50 98.870	- 3,772.35	.02	3,277.50	13,110.00 0.04600	4.65%
AD	- Xylem Inc Sr NT 2.25% Dtd 06/26/2020 Due 01/30/2031 Callable 98419MAL4	711,000.000	.56	612,376.76 86.129	630,201.96 88.636	17,825.20	.04	6,710.06	15,997.00 0.02250	2.54%
Total Intermediate (5-10 Years)			16.14	18,155,739.51	18,247,177.32	91,437.81	1.04	220,659.62	818,940.00	4.49%
Total Non-Government Obligations			53.82	60,977,726.01	60,863,241.91	- 114,484.10	3.47	645,478.68	2,600,536.00	4.27%
Foreign Obligations Short (Less Than 5 Years)										
AD	- Canadian Natl Ry Co NT 6.90% Dtd 07/07/1998 Due 07/15/2028 Callable 136375BD3	785,000.000	.75	982,854.55 125.204	843,812.20 107.492	- 139,042.35	.05	24,976.07	54,165.00 0.06900	6.42%
AD	- Canadian Pac Ry Co New Sr Gbl NT 4.00% Dtd 05/16/2018 Due 06/01/2028 Callable 13645RAY0	585,000.000	.51	574,236.00 98.160	581,841.00 99.460	7,605.00	.03	1,950.00	23,400.00 0.04000	4.02%
AD	- Nvent Fin S A R L CR Sen Sr Gbl Step Cpn Dtd 10/15/2018 Due 04/15/2028 Callable 67078AAD5	295,000.000	.26	327,589.95 111.047	294,814.15 99.937	- 32,775.80	.02	2,833.63	13,422.00 0.04550	4.55%

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

**Asset and Liability Positions
06/30/25**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
	Total Short (Less Than 5 Years)		1.52	1,884,680.50	1,720,467.35	- 164,213.15	.10	29,759.70	90,987.00	5.29%
	Total Foreign Obligations		1.52	1,884,680.50	1,720,467.35	- 164,213.15	.10	29,759.70	90,987.00	5.29%
	Total Fixed Income		100.00	114,545,565.31	113,085,031.27	- 1,460,534.04	6.44	1,013,661.17	4,418,089.00	3.91%

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Distribution Of Active Members By Age And Service As Of July 1, 2024																				
Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	0	N/A	548	223	84	722	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	468	256	273	1,049	23	1,872	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	379	265	227	1,033	113	2,193	13	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	303	262	202	1,063	134	2,402	86	3,757	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	0	N/A	263	258	166	1,055	158	2,252	112	3,849	85	4,754	22	4,932	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	182	280	129	1,097	112	2,185	113	3,748	114	4,504	96	5,962	11	N/A	0	N/A	0	N/A
50 to 54	0	N/A	113	272	70	1,110	102	2,280	88	3,660	74	4,516	99	5,971	48	6,467	4	N/A	0	N/A
55 to 59	0	N/A	84	327	56	1,033	73	2,197	68	3,202	43	4,002	55	5,357	24	5,556	10	N/A	0	N/A
60 to 64	0	N/A	40	342	43	1,122	46	1,840	25	2,889	30	3,202	37	4,739	12	N/A	0	N/A	1	N/A
65 to 69	0	N/A	6	N/A	8	N/A	8	N/A	8	N/A	1	N/A	3	N/A	0	N/A	1	N/A	1	N/A
70 & up	0	N/A	4	N/A	2	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total	0	N/A	2,390	257	1,260	1,035	770	2,215	513	3,620	355	4,390	312	5,631	95	5,946	15	N/A	2	N/A

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Schedule of Amortization Charges Required for Minimum Required Contribution As of July 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	7/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. KY State 2008 ENIL	7/1/2012	\$ 10,133,618	26.00	\$ 7,575,750	14.00	\$ 819,843
2. NWI 2008 ENIL	7/1/2012	11,395,241	26.00	8,518,921	14.00	921,912
3. Bifurcated Base	7/1/2012	14,037,064	15.00	4,106,950	3.00	1,465,842
4. KY State 2008 ENIL	7/1/2013	11,792,051	25.00	8,936,210	14.00	967,070
5. NWI 2008 ENIL	7/1/2013	10,505,579	25.00	7,961,305	14.00	861,566
6. Local 215 2008 ENIL	7/1/2013	1,080,320	24.75	813,035	13.75	88,930
7. Plan Change	7/1/2013	1,612,055	15.00	607,582	4.00	168,193
8. KY State 2008 ENIL	7/1/2014	8,111,273	24.00	6,238,631	14.00	675,140
9. NWI 2008 ENIL	7/1/2014	10,043,659	24.00	7,724,890	14.00	835,982
10. Local 215 2008 ENIL	7/1/2014	1,936,734	23.75	1,479,810	13.75	161,861
11. Experience Loss	7/1/2016	61,000,843	15.00	36,377,988	7.00	6,348,717
12. Assumption Change	7/1/2017	33,519,762	15.00	22,109,710	8.00	3,485,888
13. Experience Loss	7/1/2017	28,792,183	15.00	18,991,391	8.00	2,994,243
14. Experience Loss	7/1/2018	20,568,356	15.00	14,788,830	9.00	2,139,006
15. Experience Loss	7/1/2019	25,306,422	15.00	19,597,277	10.00	2,631,742
16. Plan Change	7/1/2020	9,589,726	15.00	7,921,550	11.00	997,284
17. Assumption Change	7/1/2020	65,563,706	15.00	54,158,622	11.00	6,818,298
18. Experience Loss	7/1/2020	26,893,148	15.00	22,214,972	11.00	2,796,753
19. Experience Loss	7/1/2022	8,794,308	15.00	8,082,854	13.00	914,564
20. Experience Loss	7/1/2023	27,985,204	15.00	26,892,811	14.00	2,910,322
21. Experience Loss	7/1/2024	13,745,884	15.00	13,745,884	15.00	1,429,503
Total Charges		\$ 402,407,136		\$ 298,844,973		\$ 40,432,659

Schedule of Amortization Credits Required for Minimum Required Contribution As of July 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	7/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption Change	7/1/2012	\$ 32,254,784	15.00	\$ 9,437,082	3.00	\$ 3,368,256
2. Assumption Change	7/1/2013	11,333,448	15.00	4,271,537	4.00	1,182,472
3. Bifurcation Base	7/1/2013	11,692,881	15.00	4,407,002	4.00	1,219,974
4. Bifurcation Base	7/1/2014	10,753,975	15.00	4,896,977	5.00	1,121,056
5. Experience Gain	7/1/2015	12,106,356	15.00	6,396,883	6.00	1,260,991
6. Experience Gain	7/1/2021	42,923,790	15.00	37,524,013	12.00	4,463,860
Total Credits		\$ 121,065,234		\$ 66,933,494		\$ 12,616,609
Net Charge				\$ 231,911,479		\$ 27,816,050

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

1. The RPA current liability interest rate changed from 2.85% to 3.69% to comply with appropriate guidance.
2. The RPA current liability mortality changed from 2023 Current Liability Mortality Table to the 2024 Current Liability Mortality Table to comply with appropriate guidance.
3. The administrative expense assumption was increased from \$1,900,000 to \$2,000,000 payable mid-year to best reflect recent experience.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

A. Actuarial Cost Method:

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

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

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

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit cost method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

B. Actuarial Value of Assets:

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

C. PRA 2010 Funding Relief

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

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

2014 is the last year funding relief will impact the deferred gains and losses, although the asset smoothing component will remain in place. This has significance in that no benefit increases are permitted until two years following the last year funding relief impacts the minimum funding requirement.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

D. Withdrawal Liability Method

The Plan uses the Presumptive Method with the Unfunded Vested Benefits (UVB) calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits. As of June 30, 2021, there was no UVB for the Plan. As a result, the Trustees elected the fresh start option for Withdrawal Liability (WL) as of June 30, 2021 and all prior unfunded and reallocated bases were eliminated. As of June 30, 2022, there was a UVB and a new unfunded base was established for WL with continued bases through June 30, 2024. The WL does not include the pre-retirement lump-sum death benefits whereas the ASC 960 Vested Benefits does include it.

E. Special Valuation Methodology:

Due to the benefit accrual year differing from the Plan's valuation date, Active and Terminated Vested participant data is provided as of December 31, 2023. The active data is rolled-forward to the valuation date by increasing each participant's eligibility service by one-half to one year (based on hours worked in accordance with the eligibility service table) and adding one-half year of benefit accrual to their accrued liability (based on the assumed contribution rate and hours worked). The data for Retired, Disabled, QDRO and Survivor participants is provided as of July 1, 2024.

F. Changes in Methods since Last Valuation:

The five-year amortization extension under §431(d)(1) was revoked due to a prior benefit increase.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

A. Valuation Date: July 1, 2024

B. Interest Rate:

Rate of Return	
i. Funding	7.25%
ii. RPA '94 Current Liability	3.69%
iii. FAS 35 and Withdrawal Liability:	7.00%

C. Mortality

- i. Funding
 - a. Non-Annuitants

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

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

RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019
- ii. RPA '94 Current Liability

The 2024 Static Mortality Table as prescribed under IRS regulation.

D. Retirement Rates

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

E. Turnover Rates

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

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

F. Post-Termination Retirement Rates

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

G. Disability Rates

Disability rates are provided as sample rates below:

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

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

G. Administrative Expense:

\$2,000,000 per year payable mid-year for funding.

I. Percent Married: 75%

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

K. Disclosures regarding Models Used

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

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

L. Rationale for Assumptions:

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

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

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

M. Summary of Changes since Last Valuation

- i. The RPA current liability interest rate changed from 2.85% to 3.69% to comply with appropriate guidance.
- ii. The RPA current liability mortality changed from 2023 Current Liability Mortality Table to the 2024 Current Liability Mortality Table to comply with appropriate guidance.
- iii. The administrative expense assumption was increased from \$1,900,000 to \$2,000,000 payable mid-year to best reflect recent experience.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
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NAME	SERVICE CODES
BENESYS, INC.	13
BENESYS, INC.	36
BENESYS, INC.	49
BENESYS, INC.	50
MIDWEST INSTITUTIONAL TRUST CO	19
MIDWEST INSTITUTIONAL TRUST CO	31
MIDWEST INSTITUTIONAL TRUST CO	49
MIDWEST INSTITUTIONAL TRUST CO	51
MIDWEST INSTITUTIONAL TRUST CO	62
SEGALL BRYANT & HAMILL	28
SEGALL BRYANT & HAMILL	51
SEGALL BRYANT & HAMILL	52
SEGALL BRYANT & HAMILL	55

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	881,354.	1,050,862.
PREPAID EXPENSES	64,783.	86,462.
DUE FROM BROKER	325,467.	10,076.
PREPAID PENSION BENEFITS	0.	57,961.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,271,604.	1,205,361.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
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DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	3,984,382.	3,556,379.
TOTAL TO SCHEDULE H, LINE 1C(15)	3,984,382.	3,556,379.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	171,574.	567,152.
AMOUNTS DUE UNDER RECIPROCITY AGREEM	2,887,730.	1,743,189.
TOTAL TO SCHEDULE H, LINE 1J	3,059,304.	2,310,341.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 5
DESCRIPTION	AMOUNT	
INSURANCE EXPENSE	149,654.	
MEDICAL EXAM FEES	414.	
PLAN TERMINATION INSURANCE	508,463.	
PRINTING AND POSTAGE EXPENSE	96,659.	
OFFICE EXPENSE	23,880.	
MEETING AND CONFERENCES	6,712.	
TOTAL TO SCHEDULE H, LINE 2I(11)	785,782.	

Schedule R, Line 13d
Collective Bargaining Agreement Expiration Date

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Year Ended: June 30, 2025
EIN 51-6123713 Plan 001

Schedule R, Line 13d

<u>Employer</u>	<u>EIN</u>	<u>CBA Expiration Date</u>
1 Solid Platforms	35-1586338	3/31/2026 5/31/2026
2 Performance Contracting Inc.	34-1467168	5/31/2026 12/31/2026
3 Black & Veatch Construction	43-1581878	3/31/2026 5/31/2026
4 Abel Construction	61-0674234	3/31/2026 5/31/2026

Schedule R, Line 13e
Information on Contribution Rates and Base Units

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Year Ended: June 30, 2025
EIN 51-6123713 Plan 001

Schedule R, Line 13e

<u>Employer</u>	<u>EIN</u>	<u>Contribution Rate (in Dollars)</u>	<u>Base Unit</u>
1 Solid Platforms	35-1586338	\$11.57	Hourly
		\$11.91	Hourly
		\$15.05	Hourly
		\$15.05	Hourly
		\$11.31	Hourly
		\$9.63	Hourly
		\$7.41	Hourly
		\$12.26	Hourly
		\$12.04	Hourly
2 Lesco Design & Mfg Co.	61-0600006	\$9.38	Hourly
		\$12.61	Hourly
		\$14.99	Hourly
		\$10.31	Hourly
3 Performance Contracting Inc.	34-1467168	\$11.57	Hourly
		\$6.16	Hourly
		\$12.26	Hourly
		\$5.65	Hourly
		\$15.05	Hourly
		\$10.39	Hourly
		\$11.31	Hourly
		\$12.04	Hourly
		\$12.34	Hourly
4 Kleckner Interior Systems Inc.	35-1767232	\$7.41	Hourly
		\$12.34	Hourly
		\$15.05	Hourly
		\$10.39	Hourly
		\$6.04	Hourly
		\$11.57	Hourly

Schedule R, Line 13e
Information on Contribution Rates and Base Units

Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
Year Ended: June 30, 2025
EIN 51-6123713 Plan 001

Schedule R, Line 13e

<u>Employer</u>	<u>EIN</u>	<u>Contribution Rate (in Dollars)</u>	<u>Base Unit</u>
5 Black & Veatch Construction	43-1581878	\$15.05	Hourly
		\$10.39	Hourly
		\$11.91	Hourly
6 Tonn & Blank Construction	35-2040956	\$10.39	Hourly
		\$8.84	Hourly
		\$9.79	Hourly
		\$15.05	Hourly
		\$14.99	Hourly
7 Amex Nooter, LLC	45-1741638	\$7.41	Hourly
		\$14.99	Hourly
		\$15.05	Hourly
8 Global Scaffold Construction	61-0674234	\$15.05	Hourly
		\$11.31	Hourly
		\$7.41	Hourly
9 Abel Construction	61-0674234	\$6.16	Hourly
		\$7.41	Hourly
		\$8.94	Hourly
		\$11.57	Hourly
		\$11.91	Hourly
		\$9.63	Hourly
		\$13.91	Hourly
		\$11.91	Hourly
		\$11.31	Hourly
		\$10.25	Hourly

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 8b(3) — Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 97,059,183	\$ 0	\$ 97,059,183
2025	97,059,183	0	97,059,183
2026	97,059,183	0	97,059,183
2027	97,059,183	0	97,059,183
2028	97,059,183	0	97,059,183
2029	97,059,183	0	97,059,183
2030	97,059,183	0	97,059,183
2031	97,059,183	0	97,059,183
2032	97,059,183	0	97,059,183
2033	97,059,183	0	97,059,183

Contributions used in the certification of the status in line 4(b).

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 5,954,733	\$ 2,093,115	\$ 101,453,460	\$ 109,501,308
2025	10,834,846	3,197,407	99,431,131	113,463,384
2026	16,021,392	4,475,542	97,373,106	117,870,040
2027	21,124,834	5,724,886	95,180,758	122,030,478
2028	25,748,861	7,137,957	92,816,876	125,703,694
2029	29,772,348	8,529,310	90,445,403	128,747,061
2030	33,420,464	9,784,082	88,015,303	131,219,849
2031	36,771,576	10,978,128	85,417,283	133,166,987
2032	39,927,850	12,228,175	82,706,401	134,862,426
2033	42,790,989	13,571,878	79,842,912	136,205,779
2034	45,413,537	14,854,106	77,003,208	137,270,851
2035	47,998,168	16,238,495	74,140,593	138,377,256
2036	50,249,787	17,408,423	71,214,467	138,872,677
2037	52,301,324	18,564,956	68,229,949	139,096,229
2038	53,953,184	19,407,074	65,193,047	138,553,305
2039	55,371,513	20,313,480	62,116,393	137,801,386
2040	56,816,029	21,314,256	58,996,975	137,127,260
2041	57,796,198	21,862,738	55,849,884	135,508,820
2042	58,719,319	22,472,986	52,685,618	133,877,923
2043	59,655,419	22,786,270	49,515,832	131,957,521
2044	60,218,564	23,100,021	46,353,482	129,672,067
2045	60,704,368	23,129,192	43,212,637	127,046,197
2046	60,931,610	23,048,246	40,108,232	124,088,088
2047	61,022,831	22,925,823	37,056,007	121,004,661
2048	60,717,037	22,619,478	34,072,326	117,408,841

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$ 60,340,506	\$ 22,373,863	\$ 31,173,698	\$ 113,888,067
2050	59,721,335	21,871,120	28,376,221	109,968,676
2051	58,916,381	21,297,989	25,694,937	105,909,307
2052	57,909,648	20,659,188	23,143,110	101,711,946
2053	56,880,008	19,960,005	20,731,790	97,571,803
2054	55,602,898	19,239,459	18,469,591	93,311,948
2055	54,111,181	18,413,477	16,362,626	88,887,284
2056	52,456,316	17,548,603	14,414,393	84,419,312
2057	50,814,008	16,622,121	12,625,852	80,061,981
2058	48,994,252	15,688,873	10,995,613	75,678,738
2059	47,162,809	14,748,112	9,520,293	71,431,214
2060	45,279,135	13,785,541	8,194,738	67,259,414
2061	43,269,617	12,833,170	7,012,335	63,115,122
2062	41,257,534	11,895,536	5,965,424	59,118,494
2063	39,119,416	10,972,205	5,045,168	55,136,789
2064	36,990,102	10,070,145	4,242,078	51,302,325
2065	34,876,983	9,202,278	3,546,317	47,625,578
2066	32,696,450	8,373,381	2,947,865	44,017,696
2067	30,509,262	7,586,094	2,436,915	40,532,271
2068	28,351,981	6,842,573	2,003,787	37,198,341
2069	26,235,824	6,144,420	1,639,174	34,019,418
2070	24,184,429	5,492,661	1,334,346	31,011,436
2071	22,220,408	4,887,501	1,081,190	28,189,099
2072	20,352,030	4,328,692	872,324	25,553,046
2073	18,584,409	3,815,506	701,101	23,101,016

Notes on the Expected Annual Benefit Payments

- Based on 2024 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 9f — Explanation of Prior Year Credit Balance Discrepancy

The credit balance as of June 30, 2024 was adjusted to reflect the revocation of the five-year automatic extensions under §431(d)(1) due to a prior benefit increase. The **bold** numbers in the tables below show how the information on the filed Schedule MBs would have been different had there been a one-time charge of \$25,517,664 set up for the Plan year ending 2012 due to a benefit increase during the 2012 plan year.

Funding Standard Account Reconciliation						
	2012	2013	2014	2015	2016	2017
1. Charges for Plan Year						
a. Normal Cost Plus Expenses	\$ 27,967,235	\$ 29,827,760	\$ 32,711,212	\$ 23,458,359	\$ 23,802,926	\$ 25,259,989
b. Amortization Charges	\$ 53,451,905	\$ 59,875,966	\$ 61,578,328	\$ 61,578,328	\$ 68,006,809	\$ 74,007,394
c. Interest on a. and b. to Year End	\$ 6,106,436	\$ 6,727,779	\$ 7,071,715	\$ 6,377,752	\$ 6,885,730	\$ 7,196,885
d. Additional Funding Charge	N/A	N/A	N/A	N/A	N/A	N/A
e. Interest Charge due to Late Quarterly Contributions	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
f. Total Charges	\$ 87,525,576	\$ 96,431,505	\$ 101,361,255	\$ 91,414,439	\$ 98,695,465	\$ 106,464,268
2. Credits for Plan Year						
a. Prior Year Credit Balance	\$ 145,797,656	\$ 161,124,939	\$ 186,804,699	\$ 203,207,270	\$ 227,714,683	\$ 237,498,533
b. Employer Contributions (Actual / Expected)	70,136,680	60,306,336	60,333,015	63,033,808	64,513,998	64,314,010
c. Amortization Credits	41,612,366	44,038,960	38,308,925	32,727,622	22,733,624	12,339,522
d. Interest on a., b., and c. to Year End	16,621,477	17,765,969	19,121,886	20,160,422	21,231,693	20,360,154
e. Full Funding Limit Credit	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
f. Total Credits	\$ 274,168,179	\$ 283,236,204	\$ 304,568,525	\$ 319,129,122	\$ 336,193,998	\$ 334,512,219
3. Credit Balance at End of Year [2. – 1.]	\$ 186,642,603	\$ 186,804,699	\$ 203,207,270	\$ 227,714,683	\$ 237,498,533	\$ 228,047,951
4. One-Time Charge (Revoke 431(d) 5-Year Amortization Extensions)	\$ 25,517,664	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Credit Balance after Adjustment for One-Time Charge [3. – 4.]	\$ 161,124,939	\$ 186,804,699	\$ 203,207,270	\$ 227,714,683	\$ 237,498,533	\$ 228,047,951

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund
EIN 51-6123713, Plan No. 001

Schedule MB, line 9f — Explanation of Prior Year Credit Balance Discrepancy (continued)

Funding Standard Account Reconciliation						
	2018	2019	2020	2021	2022	2023
1. Charges for Plan Year						
a. Normal Cost Plus Expenses	\$ 26,434,294	\$ 27,115,639	\$ 30,195,937	\$ 25,947,776	\$ 30,389,372	\$ 33,656,776
b. Amortization Charges	\$ 76,146,400	\$ 78,778,142	\$ 89,390,477	\$ 86,093,796	\$ 80,969,080	\$ 53,035,682
c. Interest on a. and b. to Year End	\$ 7,437,100	\$ 7,677,299	\$ 8,670,015	\$ 8,123,014	\$ 8,073,488	\$ 6,285,203
d. Additional Funding Charge	N/A	N/A	N/A	N/A	N/A	N/A
e. Interest Charge due to Late Quarterly Contributions	N/A	N/A	N/A	N/A	N/A	N/A
f. Total Charges	\$ 110,017,794	\$ 113,571,080	\$ 128,256,429	\$ 120,164,586	\$ 119,431,940	\$ 92,977,661
2. Credits for Plan Year						
a. Prior Year Credit Balance	\$ 228,047,951	\$ 217,240,533	\$ 192,975,346	\$ 151,982,778	\$ 130,146,161	\$ 118,162,312
b. Employer Contributions (Actual / Expected)	68,712,478	59,568,766	59,812,202	71,235,544	81,575,797	99,382,950
c. Amortization Credits	10,772,350	10,772,350	10,641,579	12,616,609	12,616,609	12,616,609
d. Interest on a., b., and c. to Year End	19,725,548	18,964,777	16,810,080	14,475,816	13,255,685	13,021,071
e. Full Funding Limit Credit	0	0	0	0	0	0
f. Total Credits	\$ 327,258,327	\$ 306,546,426	\$ 280,239,207	\$ 250,310,747	\$ 237,594,252	\$ 243,182,942
3. Credit Balance at End of Year [2. – 1.]	\$ 217,240,533	\$ 192,975,346	\$ 151,982,778	\$ 130,146,161	\$ 118,162,312	\$ 150,205,281
4. One-Time Charge (Revoke 431(d) 5-Year Amortization Extensions)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Credit Balance after Adjustment for One-Time Charge [3. – 4.]	\$ 217,240,533	\$ 192,975,346	\$ 151,982,778	\$ 130,146,161	\$ 118,162,312	\$ 150,205,281

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL CO 700 TOWER DRIVE SUITE 300 TROY MI 48098
2b	Employer Identification Number (EIN) 51-6123713
2c	Plan Sponsor's telephone number 248-813-9800
2d	Business code (see instructions) 238100

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

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

SIGN HERE	<i>Matthew McGriff</i>	4/2/2026	MATT MCGRIFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Doug Robinson</i>	4/2/26	DOUG ROBINSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	13,382
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	5,712
a(2) Total number of active participants at the end of the plan year	6a(2)	6,194
b Retired or separated participants receiving benefits	6b	4,058
c Other retired or separated participants entitled to future benefits	6c	2,840
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	13,092
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	768
f Total. Add lines 6d and 6e	6f	13,860
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	385

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

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

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 (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 1
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

INKYOH Pension Fund- Roll-Up Acct

Account Number:
Statement Period: 07/01/24 through 06/30/25

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- GS Fin Sq Gov #466 Purchases	274	.00	.00	1.000	60,571,119.19	60,571,119.19	.00
Sales	110	.00	.00	1.000	60,147,898.21	60,147,898.21	.00

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

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

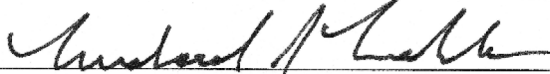
A Name of plan Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Indiana/Kentucky/Ohio Regional Council of Carpenters	D Employer Identification Number (EIN) 51-6123713
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	

1a Enter the valuation date: Month 7 Day 1 Year 2024**b** Assets

(1) Current value of assets	1b(1)	1,619,254,738
(2) Actuarial value of assets for funding standard account	1b(2)	1,597,692,993
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,679,399,191
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	1,679,399,191
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,841,930,199
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	84,853,929
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	107,682,680
(3) Expected plan disbursements for the plan year	1d(3)	111,501,309

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Michael J. Noble

Type or print name of actuary

CHEIRON, INC.

Firm name

230 WEST MONROE STREET
Suite 650
Chicago

Address of the firm

IL 60606

April 9, 2026

Date

26-06711

Most recent enrollment number

(877) 243-4766

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024

v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,619,254,738
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,945	1,428,310,521
(2) For terminated vested participants	2,886	352,736,114
(3) For active participants:		
(a) Non-vested benefits		205,984,279
(b) Vested benefits		854,899,285
(c) Total active	5,712	1,060,883,564
(4) Total	13,543	2,841,930,199
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.98 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	94,727,335				
Totals ▶			3(b)	94,727,335	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

0

0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,931,218
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	13,745,884	1,429,503

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	38,739,794

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	298,844,973	40,432,659
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5,740,003**e** Total charges. Add lines 9a through 9d.....**9e** 84,912,456**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 150,205,281**g** Employer contributions. Total from column (b) of line 3.....**9g** 94,727,335**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	66,933,494	12,616,609

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 15,178,373**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	290,273,490	
9j(2)	1,032,760,441	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 272,727,598**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 187,815,142**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No