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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                |                                                                                            |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                            |                                            |
| For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>05/31/2009</u> |                                                                |                                                                                            |                                            |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan;      | <input type="checkbox"/> a multiple-employer plan; or                                      |                                            |
|                                                                                                          | <input type="checkbox"/> a single-employer plan;               | <input type="checkbox"/> a DFE (specify) ____                                              |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input checked="" type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> an amended return/report;  | <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                            |                                                                                            |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                              | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                            |                                            |

|                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information      |                                                             |                                                             |
| <b>1a</b> Name of plan<br><u>CENTRAL INDIANA MILLWRIGHTS, CARPENTERS &amp; AFFILIATED TRADES MONEY PURCHASE PENSION PLAN</u>                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ►                            | <u>002</u>                                                  |                                                             |
|                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan                                    | <u>10/01/1996</u>                                           |                                                             |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>INDIANA CARPENTERS PENSION TRUST</u><br><br><u>ZENITH ADMINSTRATORS</u><br><br><u>5420 W. SOUTHERN AVE 407</u><br><u>INDIANAPOLIS, IN 46241</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>35-6057648</u> | <b>2c</b> Sponsor's telephone number<br><u>317-248-3278</u> | <b>2d</b> Business code (see instructions)<br><u>525100</u> |

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

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>07/10/2012</u> | <u>MICHAEL BAUMAN</u>                                        |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>INDIANA CARPENTERS PENSION TRUST<br>ZENITH ADMINSTRATORS<br>5420 W. SOUTHERN AVE., SUITE 407<br>INDIANAPOLIS, IN 46241                                                                                                                                                                                               |           | <b>3b</b> Administrator's EIN<br>35-6057648                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |           | <b>3c</b> Administrator's telephone number<br>317-248-3278                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                           |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                         | <b>5</b>  | 9750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                               | <b>6a</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                              | <b>6b</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                               | <b>6c</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        | <b>6d</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                       | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                         | <b>6f</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                  | <b>6g</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                      | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>7</b>  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2C                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>05/31/2009</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>CENTRAL INDIANA MILLWRIGHTS, CARPENTERS &amp; AFFILIATED TRADES MONEY PURCHASE PENSION PLAN</u>                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INDIANA CARPENTERS PENSION TRUST</u>                                                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br><br><u>35-6057648</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 1430717               | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 38436                 | 0               |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 22734544              | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 24203697              | 0               |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 77958 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 77958 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 24125739 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4179469    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4179469   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 21806 |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 21806 |

|                                                                                           |                 |         |        |
|-------------------------------------------------------------------------------------------|-----------------|---------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |         |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 54848   |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |         |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |         | 54848  |
| (3) Rents .....                                                                           | <b>2b(3)</b>    |         |        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 2574604 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 2034903 |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |         | 539701 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -1091148  |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3704676   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 438362 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 438362 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 27373  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 88399  |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 152296 |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 10764  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 278832 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 717194 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2987482  |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 27113221 |

**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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

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

(2) EIN: 20-5520612

**d** The opinion of an independent qualified public accountant is **not attached** because:

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

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 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)

INDIANA/KENTUCKY REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 35-1833932   | 001         |
|              |             |
|              |             |
|              |             |
|              |             |

**INDIANA MILLWRIGHTS, CARPENTERS AND**  
**AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Financial Statements  
For the Eight Months Ended May 31, 2009  
and Year Ended September 30, 2008

Certified Public Accountants

450 E. 96th Street - Suite 200

Indianapolis, IN 46240

William J. Blaser  
James J. Cline, Jr.  
Michael A. Rasor  
Michelle L. Zimmerman  
Robert A. Zurfance

Telephone 317-566-1000

Fax 317-566-1700

Independent Auditors' Report

Board of Trustees  
Indiana Millwrights, Carpenters and  
Affiliated Trades Money Purchase Pension Plan  
Indianapolis, Indiana

We have audited the accompanying statements of net assets available for benefits of the Indiana Millwrights, Carpenters and Affiliated Trades Money Purchase Pension Plan (an Indiana benefit plan) as of May 31, 2009 and September 30, 2008, and the related statements of changes in net assets available for benefits for the eight months and year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Indiana Millwrights, Carpenters and Affiliated Trades Money Purchase Pension Plan as of May 31, 2009 and September 30, 2008 and changes in net assets available for benefits for the eight months and year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of Indiana Millwrights, Carpenters and Affiliated Trades Money Purchase Pension Plan are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects, in relation to the basic financial statements taken as a whole.

*L.M. Henderson & Company, LLP*

Certified Public Accountants

September 9, 2009

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

**Statements of Net Assets Available for Benefits  
at May 31, 2009 and September 30, 2008**

|                                                             | <u>May 31,<br/>2009</u> | <u>September 30,<br/>2008</u> |
|-------------------------------------------------------------|-------------------------|-------------------------------|
| <b><u>ASSETS:</u></b>                                       |                         |                               |
| Investments at fair value - Note 3                          | \$ -                    | \$ 22,734,544                 |
| Contributions receivable - Note 1                           | -                       | 1,430,717                     |
| Interest receivable                                         | -                       | 28,484                        |
| Due from broker                                             | -                       | 9,952                         |
| Total assets                                                | <u>-</u>                | <u>24,203,697</u>             |
| <b><u>LIABILITIES:</u></b>                                  |                         |                               |
| Accounts payable                                            | -                       | 77,958                        |
| Total liabilities                                           | <u>-</u>                | <u>77,958</u>                 |
| <b><u>NET ASSETS AVAILABLE FOR BENEFITS - Exhibit B</u></b> | <b><u>\$ -</u></b>      | <b><u>\$ 24,125,739</u></b>   |

See Notes to Financial Statements.

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits  
For the Eight Months Ended May 31, 2009 and Year Ended September 30, 2008

|                                                                                                                               | Eight Months<br>Ended<br>May 31,<br>2009 | Year<br>Ended<br>September 30,<br>2008 |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|
| <u>ADDITIONS:</u>                                                                                                             |                                          |                                        |
| Investment income:                                                                                                            |                                          |                                        |
| Net change in unrealized depreciation in fair value<br>of investments - Note 3                                                | \$ (186,376)                             | \$ (1,278,624)                         |
| Net realized loss on sale of investments - Note 3                                                                             | (365,071)                                | (116,473)                              |
|                                                                                                                               | (551,447)                                | (1,395,097)                            |
| Interest                                                                                                                      | 21,806                                   | 454,266                                |
| Dividends                                                                                                                     | 54,848                                   | 311,875                                |
|                                                                                                                               | (474,793)                                | (628,956)                              |
| Less: Investment expenses                                                                                                     | 152,296                                  | 207,638                                |
|                                                                                                                               | (627,089)                                | (836,594)                              |
| Employer contributions - Note 2                                                                                               | 4,179,469                                | 7,495,264                              |
| Total additions                                                                                                               | 3,552,380                                | 6,658,670                              |
| <u>DEDUCTIONS:</u>                                                                                                            |                                          |                                        |
| Benefits paid to participants                                                                                                 | 438,362                                  | 666,428                                |
| Administrative fees                                                                                                           | 88,399                                   | 127,907                                |
| Audit and tax preparation fees                                                                                                | 15,000                                   | 12,000                                 |
| Legal fees                                                                                                                    | 12,373                                   | 12,767                                 |
| Printing and postage                                                                                                          | 10,764                                   | 10,033                                 |
| Total deductions                                                                                                              | 564,898                                  | 829,135                                |
| <u>NET INCREASE</u>                                                                                                           | 2,987,482                                | 5,829,535                              |
| <u>NET ASSETS AVAILABLE FOR BENEFITS:</u>                                                                                     |                                          |                                        |
| Balance, beginning of period                                                                                                  | 24,125,739                               | 18,296,204                             |
| Net assets transferred to Indiana/Kentucky Regional Council of<br>Carpenters Defined Contribution Pension Trust Fund - Note 9 | (27,113,221)                             | -                                      |
| Balance, end of period - Exhibit A                                                                                            | \$ -                                     | \$ 24,125,739                          |

See Notes to Financial Statements.

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

**Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

Significant accounting policies followed by Indiana Millwrights, Carpenters and Affiliated Trades Money Purchase Pension Plan are listed below:

- (a) Basis of Accounting  
Assets and liabilities and income and expense are recognized on the accrual basis of accounting.
- (b) Valuation of Investments and Income Recognition  
Marketable securities are carried at aggregate fair value as determined by quoted market prices. Purchases and sales of securities are reflected on a trade-date basis. The difference between cost and market value from one period to the next is recognized as net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits. Dividends are recorded on the ex-dividend date.

At certain times during the year, the Plan may maintain cash balances with Wachovia Bank, Indianapolis, Indiana, which are insured by the Federal Deposit Insurance Corporation up to \$250,000, which also provides for unlimited coverage on non-interest bearing transaction accounts, until December 31, 2013. Also, the Plan maintains accounts which contain cash and securities. Balances are protected up to \$500,000 (with a limit of \$100,000 for cash) by the Securities Investor Protection Corporation against missing or stolen investments.

- (c) Contributions Receivable  
Contributions from employers are accrued based upon hours worked during the year by covered employees. Contributions receivable represents the total of employer contributions received by the depository after May 31, and September 30, which were applicable to the Plan period. This amount does not reflect amounts due from employers who are contractually liable to the Plan but have failed to make contributions, or from employers who have filed inaccurate reports, if any. At May 31, 2009, \$-0- is due from employer contributions and Zenith Administrators, a third party administrator. At September 30, 2008, \$687,168 and \$743,549 is due from employer contributions and Zenith Administrators, a third party administrator, respectively.
- (d) Use of Estimates  
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- (e) Administrative Expenses  
Substantially all of the administrative expenses of the Plan are paid by the Plan.
- (f) Reclassification  
Certain reclassifications were made to the 2008 financial statements in order to conform with the 2009 financial statement presentation.

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

Note 2: DESCRIPTION OF THE PLAN:

(a) General

The Indiana Millwrights, Carpenters and Affiliated Trades Money Purchase Pension Plan is a multi-employer plan established pursuant to certain collective bargaining agreements between the Indiana/Kentucky Regional Council of Carpenters and its affiliated Local Unions and the Indiana Construction Association and the employers signatory to the agreements with the Union. The joint-management operated pension trust plan was created for the purpose of receiving and using employer contributions to pay retirement and termination benefits to participants. Its affairs are administered by a Board of Trustees composed of representatives from both the Union and the employers (generally commercial construction contractors).

(b) Funding Policy

The Plan is funded through contributions required by the collective bargaining agreement. The participating central employers contribute to the Plan monthly based on the hours worked by participants at the current rate of \$3.06 per hour for Journeymen and the same percentage as their apprenticeship wage rate per hour for Apprentices effective June 1, 2008. The participating northeast employers contribute to the Plan monthly based on the hours worked by participants at the current rates of \$3.89 per hour for Journeymen and the same percentage as their apprenticeship wage rate per hour for Apprentices effective June 1, 2008. Effective June 1, 2009, the journeymen contribution rates will be \$3.15 and \$3.89 for the central and northeast regions. Effective October 1, 2009, all annuity fund contributions will be made on hours paid instead of hours worked.

(c) Vesting

Participants are fully vested in employer contributions and the earnings upon completion of one hour of service and participants are entitled to receive those contributions and earnings in the event of termination of employment, if there have been no Employer Contributions made for the participant for one plan year. There is no account balance limitation on lump sum distributions for married participants who have spousal consent. Upon a participant's death, 100% of the participant's account balance will be paid to beneficiaries. Contributions left in the Plan will continue to be invested at the participant's direction and will be used to provide retirement, disability or death benefits.

(d) Normal Retirement Benefits

During the year ended September 30, 2008, the Plan was amended and the normal retirement age became 65. Prior to the year ended September 30, 2008, the normal retirement age was 55. The normal retirement date is the date the participants reach normal retirement age.

At the normal retirement date, the participant will be entitled to 100% of his or her account balance. Payment of benefits will begin on the retirement date.

(e) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's share of the Plan's income and the employer contributions made on behalf of the participant. Investment gains or losses are allocated on the basis of the ratio a participant's account balance bears to the total account balances of all participants.

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

Note 2: DESCRIPTION OF THE PLAN (continued):

(f) Investment Options

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

(g) Plan Termination

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

Note 3: INVESTMENTS:

Effective November 14, 2008, all investments are held at Wachovia Bank, Indianapolis, Indiana in a trust account. Prior to that date, all investments were held at National City Bank, Indianapolis, Indiana. All investments are available for current as well as future obligations. The following represents the cost and fair value of investments at May 31, 2009 and September 30, 2008.

|                                      | <u>May 31, 2009</u> |                   | <u>September 30, 2008</u> |                      |
|--------------------------------------|---------------------|-------------------|---------------------------|----------------------|
|                                      | <u>Cost</u>         | <u>Fair Value</u> | <u>Cost</u>               | <u>Fair Value</u>    |
| Government MM Fund                   | \$ -                | \$ -              | \$ 16,308,774             | \$ 16,308,774        |
| Allegiant Large Cap Growth Fund      | -                   | -                 | 1,159,810                 | 900,430              |
| Allegiant Limited Maturity Bond Fund | -                   | -                 | 731,377                   | 721,641              |
| Allegiant Large Cap Value Fund       | -                   | -                 | 1,516,967                 | 1,193,388            |
| Allegiant Balanced Allocation Fund   | -                   | -                 | 4,056,486                 | 3,610,311            |
| The Growth Fund of America CL R3     | -                   | -                 | -                         | -                    |
| T Rowe Price 2050 Retire ADV         | -                   | -                 | -                         | -                    |
| T Rowe Price Retire 2040 ADV         | -                   | -                 | -                         | -                    |
| T Rowe Price Proce Retire 2030 ADV   | -                   | -                 | -                         | -                    |
| T Rowe Price Proce Retire 2020 ADV   | -                   | -                 | -                         | -                    |
| Pimco Total Return Admin             | -                   | -                 | -                         | -                    |
| T Rowe Price Retire Incm Adv         | -                   | -                 | -                         | -                    |
| Totals                               | <u>\$ -</u>         | <u>\$ -</u>       | <u>\$ 23,773,414</u>      | <u>\$ 22,734,544</u> |

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

Note 3: INVESTMENTS (continued):

During 2009 and 2008, the Plan's investments held during the year appreciated (depreciated) in fair value as follows:

|                                      | <u>May 31, 2009</u> | <u>September 30, 2008</u> |
|--------------------------------------|---------------------|---------------------------|
| Government MM Fund                   | \$ 57,648           | \$ -                      |
| Allegiant Large Cap Growth Fund      | (128,618)           | (340,720)                 |
| Allegiant Limited Maturity Bond Fund | 18,363              | (10,071)                  |
| Allegiant Large Cap Value Fund       | (188,452)           | (464,640)                 |
| Allegiant Balanced Allocation Fund   | 4,941               | (463,193)                 |
| The Growth Fund of America CL R3     | 7,878               | -                         |
| T Rowe Price 2050 Retire ADV         | 250                 | -                         |
| T Rowe Price Retire 2040 ADV         | 3,864               | -                         |
| T Rowe Price Proce Retire 2030 ADV   | 28,625              | -                         |
| T Rowe Price Proce Retire 2020 ADV   | 6,921               | -                         |
| Pimco Total Return Admin             | 1,745               | -                         |
| T Rowe Price Retire Incm Adv         | <u>459</u>          | <u>-</u>                  |
| Totals                               | <u>\$ (186,376)</u> | <u>\$ (1,278,624)</u>     |

Unrealized and realized gains and losses are computed differently for ERISA purposes than in the financial statements. Gains and losses for ERISA purposes are to be determined on the "revalued cost" which is the market value of assets at the beginning of the year or historical cost of assets purchased during the year. This differs from generally accepted accounting principles in that gains and losses are computed by comparing historical cost to market value. During the eight months ended May 31, 2009, unrealized and realized losses for book purposes were \$186,376 and \$365,071, respectively. For ERISA purposes, unrealized and realized gains (losses) were \$(1,091,148) and \$537,842, respectively. During the year ended September 30, 2008, unrealized and realized losses for book purposes were \$1,278,624 and \$116,473, respectively. For ERISA purposes, unrealized and realized gains (losses) were \$(2,016,925) and \$621,828, respectively.

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

|                                        | <u>May 31, 2009</u> | <u>September 30, 2008</u> |
|----------------------------------------|---------------------|---------------------------|
| Allegiant Government Money Market Fund | \$ -                | \$ 16,206,146             |
| Allegiant Balanced Allocation Fund     | <u>-</u>            | <u>3,610,311</u>          |
| Totals                                 | <u>\$ -</u>         | <u>\$ 19,816,457</u>      |

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

Note 4: FAIR VALUE MEASUREMENTS:

|                           | <u>Fair Value Measurements at Reporting Date Using</u>                     |                                                           |                                                    |                      |
|---------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------|
|                           | Quoted Prices in<br>Active Markets<br>For Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total<br>Fair Value  |
| <u>May 31, 2009</u>       |                                                                            |                                                           |                                                    |                      |
| Equity                    | \$ -                                                                       | \$ -                                                      | \$ -                                               | \$ -                 |
| Bonds                     | -                                                                          | -                                                         | -                                                  | -                    |
| Money Market              | -                                                                          | -                                                         | -                                                  | -                    |
| Mutual Funds              | -                                                                          | -                                                         | -                                                  | -                    |
|                           | <u>\$ -</u>                                                                | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ -</u>          |
| <u>September 30, 2008</u> |                                                                            |                                                           |                                                    |                      |
| Equity                    | \$ 5,704,129                                                               | \$ -                                                      | \$ -                                               | \$ 5,704,129         |
| Bonds                     | 721,641                                                                    | -                                                         | -                                                  | 721,641              |
| Money Market              | 16,308,774                                                                 | -                                                         | -                                                  | 16,308,774           |
|                           | <u>\$ 22,734,544</u>                                                       | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ 22,734,544</u> |

In September 2006, FASB issued SFAS No. 157, *Fair Value Measurement*. SFAS No. 157 established a common definition for fair value to be applied requiring use of fair value, establishes a framework for measuring fair value and expands disclosure about such fair value measurement. SFAS No. 157 defines fair value as the price that would be received for an asset or liability in an orderly transaction between market participants on the measurement date.

Note 5: PARTY-IN-INTEREST TRANSACTIONS:

There were no loans nor fixed income obligations in default or uncollectible, nor were there leases in default or classified as uncollectible. There were no non-exempt prohibited transactions with parties-in-interest for the eight months ended May 31, 2009 and year ended September 30, 2008, respectively.

The following transactions with fiduciaries and service providers qualify as exempt party-in-interest transactions:

| <u>Party-in Interest</u>            | <u>Amount Paid</u>      |                               | <u>Purpose</u>                 |
|-------------------------------------|-------------------------|-------------------------------|--------------------------------|
|                                     | <u>May 31,<br/>2009</u> | <u>September 30,<br/>2008</u> |                                |
| National City Bank                  | \$ 53,207               | \$ 207,638                    | Investment consultant fees     |
| Zenith Administrators               | 88,399                  | 127,907                       | Administration fees            |
| L. M. Henderson & Company, LLP      | 15,000                  | 12,000                        | Audit and tax preparation fees |
| Fillenwarth Dennerline Groth & Towe | 8,384                   | 2,548                         | Legal fees                     |
| Paul Berkowitz and Associates, LTD  | 3,989                   | 10,219                        | Legal fees                     |
| Wachovia Bank                       | 99,089                  | -                             | Investment consultant fees     |

Amounts due to party-in-interest at May 31, 2009 and September 30, 2008 are as follows:

| <u>Party-in Interest</u>            | <u>May 31,<br/>2009</u> | <u>September 30,<br/>2008</u> |
|-------------------------------------|-------------------------|-------------------------------|
| National City Bank                  | \$ -                    | \$ 53,977                     |
| Zenith Administrators               | -                       | 21,843                        |
| Fillenwarth Dennerline Groth & Towe | -                       | -                             |
| Wachovia Bank                       | -                       | -                             |

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Notes to Financial Statements  
May 31, 2009 and September 30, 2008

Note 6: TAX STATUS:

The Internal Revenue Service has determined that the Trust constitutes a qualified trust under Sections 401(a)(4) and 410(b) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under provisions of Section 501(c)(9). The Plan obtained its latest determination letter on August 26, 2003 in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code.

Note 7: RISKS AND UNCERTAINTIES:

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

Note 8: PLAN AMENDMENTS:

During the year ended September 30, 2008, the Plan was amended to change the types of distributions allowed for death benefits, the minimum required annual distributions, and the normal and early retirement ages.

Note 9: SUBSEQUENT EVENT - PLAN MERGER:

During the eight months ended May 31, 2009, the Board of Trustees of the Plan, the Trustees of the Indiana Carpenters Pension Fund, the Northwest Indiana Regional Council of Carpenters Defined Contribution Plan and the Indiana Regional Council of Carpenters and Millwrights Multi-Employer Annuity Trust Fund ("Regional Fund"), agreed to merge the Funds into the Regional Fund [EIN: 35-1833932]. The participants of the Plan are entitled to receive from the Regional Fund the benefits prescribed under the current Plan, and as such benefits may be amended from time to time. The effective date of the merger and the date of the separate existence of the Merging Funds was May 31, 2009.

**INDIANA MILLWRIGHTS, CARPENTERS AND**  
**AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

Supplementary Information  
For the Eight Months Ended May 31, 2009  
and Year Ended September 30, 2008

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

**EIN 35-6057648 PN 002**

Assets Held for Investment Purposes  
at May 31, 2009

1. Schedule H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AT MAY 31, 2009

At May 31, 2009, all assets held for investment purposes were transferred to the Regional Fund [EIN: 35-1833932].

2. INVESTMENTS IN LOANS AND FIXED INCOME OBLIGATIONS IN DEFAULT OR CLASSIFIED AS  
UNCOLLECTIBLE AT MAY 31, 2009

The fund had no investments in loans or fixed income obligations in default or classified as uncollectible at May 31, 2009.

3. LEASES IN DEFAULT OR CLASSIFIED DURING THE PERIOD AS UNCOLLECTIBLE

At May 31, 2009, there were no leases in default or classified as uncollectible during the plan period.

4. Schedule H, line 4j - REPORTABLE TRANSACTIONS

There were no reportable transactions for the eight months ended May 31, 2009.

5. TRANSACTIONS WITH PARTIES-IN-INTEREST

There were no non-exempt prohibited transactions with parties-in-interest for the eight months ended May 31, 2009.

**INDIANA MILLWRIGHTS, CARPENTERS AND  
AFFILIATED TRADES MONEY PURCHASE PENSION PLAN**

**EIN 35-6057648 PN 002**

Assets Held for Investment Purposes  
at September 30, 2008

1. Schedule H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AT SEPTEMBER 30, 2008

| <u>Description</u>                   | <u>Shares</u>  | <u>Cost</u>          | <u>Fair<br/>Value</u> |
|--------------------------------------|----------------|----------------------|-----------------------|
| Government MM Fund                   | 16,308,774.290 | \$ 16,308,774        | \$ 16,308,774         |
| Allegiant Large Cap Growth Fund      | 59,948.736     | 1,159,810            | 900,430               |
| Allegiant Limited Maturity Bond Fund | 73,412.140     | 731,377              | 721,641               |
| Allegiant Large Cap Value Fund       | 85,302.910     | 1,516,967            | 1,193,388             |
| Allegiant Balanced Allocation Fund   | 389,461.823    | <u>4,056,486</u>     | <u>3,610,311</u>      |
| Totals                               |                | <u>\$ 23,773,414</u> | <u>\$ 22,734,544</u>  |

2. INVESTMENTS IN LOANS AND FIXED INCOME OBLIGATIONS IN DEFAULT OR CLASSIFIED AS  
UNCOLLECTIBLE AT SEPTEMBER 30, 2008

The fund had no investments in loans or fixed income obligations in default or classified as uncollectible at September 30, 2008.

3. LEASES IN DEFAULT OR CLASSIFIED DURING THE YEAR AS UNCOLLECTIBLE

At September 30, 2008, there were no leases in default or classified as uncollectible during the plan period.

4. Schedule H, line 4j - REPORTABLE TRANSACTIONS

There were no reportable transactions for the year ended September 30, 2008.

5. TRANSACTIONS WITH PARTIES-IN-INTEREST

There were no non-exempt prohibited transactions with parties-in-interest for the year ended September 30, 2008.



|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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 6047(e), 6047(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div><br><br>This Form Is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                     |                                       |                                                                                            |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                     |                                       |                                                                                            |
| For calendar plan year 2011 or fiscal plan year beginning <b>10/01/2008</b> and ending <b>05/31/2009</b> |                                     |                                       |                                                                                            |
| A This return/report is for:                                                                             | <input checked="" type="checkbox"/> | a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                                      |
|                                                                                                          | <input type="checkbox"/>            | a single-employer plan;               | <input type="checkbox"/> a DFE (specify) _____                                             |
| B This return/report is:                                                                                 | <input type="checkbox"/>            | the first return/report;              | <input checked="" type="checkbox"/> the final return/report;                               |
|                                                                                                          | <input checked="" type="checkbox"/> | an amended return/report;             | <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here                                               | <input checked="" type="checkbox"/> |                                       |                                                                                            |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> | Form 5558;                            | <input type="checkbox"/> automatic extension;                                              |
|                                                                                                          | <input type="checkbox"/>            | special extension (enter description) | <input type="checkbox"/> the DFVC program;                                                 |

|                                                                                                                                                                                                                                                                              |                                                                     |                                                             |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> — enter all requested information                                                                                                                                                                                                      |                                                                     |                                                             |                                                             |
| <b>1a Name of plan</b><br><b>CENTRAL INDIANA MILLWRIGHTS, CARPENTERS AND AFFILIATED TRADES MONEY PURCHASE PENSION PLAN</b>                                                                                                                                                   | <b>1b Three-digit plan number (PN) ►</b>                            | 002                                                         |                                                             |
|                                                                                                                                                                                                                                                                              | <b>1c Effective date of plan</b><br><b>10/01/1996</b>               |                                                             |                                                             |
| <b>2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)</b><br><br><b>INDIANA CARPENTERS PENSION FUND</b><br><b>C/O ZENITH ADMINISTRATORS</b><br><br><b>5420 W. SOUTHERN AVE, SUITE 407</b><br><br><b>INDIANAPOLIS</b> | <b>2b Employer Identification Number (EIN)</b><br><b>35-6057648</b> | <b>2c Sponsor's telephone number</b><br><b>317-248-3278</b> | <b>2d Business code (see instructions)</b><br><b>525100</b> |
|                                                                                                                                                                                                                                                                              |                                                                     |                                                             | IN 46241                                                    |

**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<br>HERE |                                    | 06/12/12 | DAVID C. THARP                                               |
|              | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |          |                                                              |
|              | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |          |                                                              |
|              | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>INDIANA CARPENTERS PENSION TRUST<br>ZENITH ADMINSTRATORS<br>5420 W. SOUTHERN AVE., SUITE 407<br>INDIANAPOLIS, IN 46241                                                                                                                                                                                               |           | <b>3b</b> Administrator's EIN<br>35-6057648                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |           | <b>3c</b> Administrator's telephone number<br>317-248-3278                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                               |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                         | <b>5</b>  | 9750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                               | <b>6a</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                              | <b>6b</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                               | <b>6c</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c.....                                                                                                                                                                                                                                                                                                                                                                | <b>6d</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                       | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                                                                                                                                                        | <b>6f</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                  | <b>6g</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                      | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>7</b>  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2C                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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.► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008****This Form is Open to  
Public Inspection.**For calendar plan year 2008 or fiscal plan year beginning **10/01/2008** and ending **05/31/2009**

|                                                                                                          |                                                              |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>CENTRAL INDIANA MILLWRIGHTS, CARPENTERS AND</b>                              | <b>B</b> Three-digit plan number ► <b>002</b>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>INDIANA CARPENTERS PENSION TRUST</b> | <b>D</b> Employer Identification Number<br><b>35-6057648</b> |

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

**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** **3,989**

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

| (a) Name                           | (b) Employer identification number (see instructions) | (c) Official plan position    | (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|------------------------------------|-------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>ZENITH ADMINISTRATORS, INC.</b> | <b>52-1590516</b>                                     | <b>Contract administrator</b> |                                                                                                |                                             |                                       |                                                  |
| <b>NONE</b>                        |                                                       |                               |                                                                                                |                                             | <b>88,399</b>                         | <b>12</b>                                        |

| (a) Name             | (b) Employer identification number (see instructions) | (c) Official plan position   | (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|----------------------|-------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>WACHOVIA BANK</b> | <b>56-0898180</b>                                     | <b>INVESTMENT CONSULTANT</b> |                                                                                                |                                             |                                       |                                                  |
| <b>NONE</b>          | <b>0</b>                                              |                              |                                                                                                |                                             | <b>99,089</b>                         | <b>20</b>                                        |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



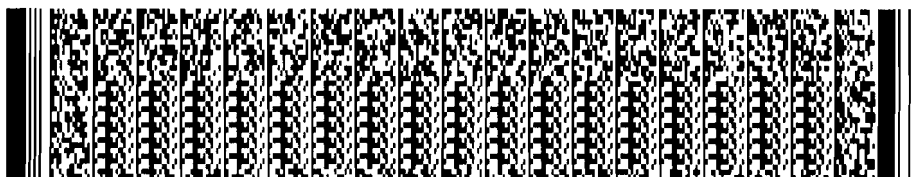
100880010I



| (a) Name                                                                                       | (b) Employer identification number (see instructions) | (c) Official plan position            |                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>NATIONAL CITY BANK</b>                                                                      | <b>35-0508407</b>                                     | <b>INVESTMENT CONSULTANT</b>          |                                                  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE                                                                                           | 0                                                     | 53,207                                | 20                                               |

| (a) Name                                                                                       | (b) Employer identification number (see instructions) | (c) Official plan position            |                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>L.M. HENDERSON &amp; CO., LLP</b>                                                           | <b>20-5520612</b>                                     | <b>ACCOUNTANT</b>                     |                                                  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE                                                                                           | 0                                                     | 15,000                                | 10                                               |

| (a) Name                                                                                       | (b) Employer identification number (see instructions) | (c) Official plan position            |                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>FILLENWARTH DENNERLINE GROTH &amp; TOWE</b>                                                 | <b>35-1091323</b>                                     | <b>LEGAL FEES</b>                     |                                                  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE                                                                                           | 0                                                     | 8,384                                 | 22                                               |



100880020J



**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

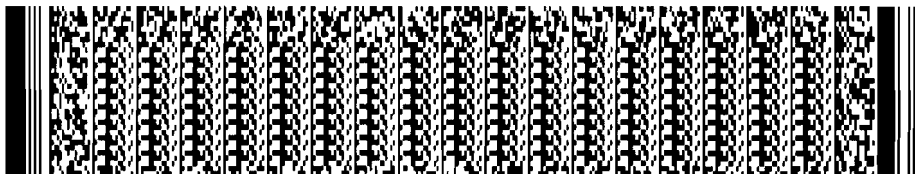
(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



100880030K

