

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1991</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 35-1833932</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 317-248-3273</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 333200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1991		2b Employer Identification Number (EIN) 35-1833932		2c Sponsor's telephone number 317-248-3273		2d Business code (see instructions) 333200	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 07/01/1991											
2b Employer Identification Number (EIN) 35-1833932											
2c Sponsor's telephone number 317-248-3273											
2d Business code (see instructions) 333200											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP ANNUITY TRUST FUND 5420 WEST SOUTHERN AVENUE, STE 407 INDIANAPOLIS, 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 HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	02/19/2015 Date	MARK MCGRUFF Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	02/19/2015 Date	MARK MCGRUFF Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) MICHELLE L. ZIMMERMAN L. M. HENDERSON & COMPANY, LLP 450 E 96TH ST STE 200 INDIANAPOLIS, IN 46240			Preparer's telephone number (optional) 317-566-1000

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 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: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	20213
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	18970
b Retired or separated participants receiving benefits		6b	31
c Other retired or separated participants entitled to future benefits.....		6c	1504
d Subtotal. Add lines 6a , 6b , and 6c		6d	20505
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	18
f Total. Add lines 6d and 6e		6f	20523
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	20523
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	673
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2E 2F 2G			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP	D Employer Identification Number (EIN) 35-1833932	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BMO HARRIS BANK NA

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	490153	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 13	NONE	249782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L.M. HENDERSON & COMPANY, LLP

20-5520612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	96250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 27	NONE	95000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL BERKOWITZ & ASSOCIATES, LTD

36-3780998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	45408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S.C. MILLER & CO., INC.

35-1820020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	11752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FILLENWARTH DENNERLINE GROTH & TOWE

35-1091323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	5940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>		
A Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP	D Employer Identification Number (EIN) 35-1833932	

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	1823208 1902383
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	8458786 6903568
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	167821 255506
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	20089938 19629945
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	48963067 46889564
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	317162754 394434928
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	396665574	470015894

Liabilities

g Benefit claims payable	1g	534427	181095
h Operating payables	1h	45248	59754
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	579675	240849

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	396085899	469775045
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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: (A) Employers	2a(1)(A)	38296025	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38296025

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	85052	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		85052

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5279137	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5279137

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	309731275	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	309444353	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		286922

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	52346100	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		52346100

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2287
d Total income. Add all income amounts in column (b) and enter total	2d		96295523

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21565943	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21565943
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	159470	
(2) Contract administrator fees	2i(2)	249782	
(3) Investment advisory and management fees	2i(3)	585153	
(4) Other	2i(4)	46029	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1040434
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22606377

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		73689146
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

Financial Statements
For the Years Ended June 30, 2014
and June 30, 2013

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

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June 30, 2014 and June 30, 2013

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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

William J. Blaser
James J. Cline, Jr.
Jason L. Confer
Michael A. Rasor
Michelle L. Zimmerman

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Indianapolis, IN 46240
Telephone: 317.566.1000
Fax: 317.566.1700

Independent Auditor's Report

Board of Trustees
Indiana/Kentucky/Ohio Regional Council of Carpenters
Defined Contribution Pension Trust Fund

Report on the Financial Statements

We have audited the accompanying financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (an Indiana multiemployer benefit plan), which comprise the statements of net assets available for benefits as of June 30, 2014 and June 30, 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund as of June 30, 2014 and June 30, 2013, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule as listed in the accompanying index, referred to as "supplementary information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

L.M. Henderson & Company, LLP

Certified Public Accountants
Indianapolis, Indiana

December 1, 2014

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

Statements of Net Assets Available for Benefits
at June 30, 2014 and June 30, 2013

	<u>June 30,</u> <u>2014</u>	<u>June 30,</u> <u>2013</u>
<u>ASSETS:</u>		
Investments at fair value - Note 3:		
Cash equivalents	\$ 19,629,945	\$ 20,089,938
Mutual funds	394,434,928	317,162,754
Common collective trust fund	<u>46,972,355</u>	<u>49,332,780</u>
Total investments	<u>461,037,228</u>	<u>386,585,472</u>
Receivables:		
Contributions receivable - Note 1	6,903,568	8,458,786
Interest receivable	58,478	55,205
Cash receivable - pending trades and overpayments	<u>164,055</u>	<u>71,018</u>
Total receivables	<u>7,126,101</u>	<u>8,585,009</u>
Other assets:		
Cash accounts	1,902,383	1,823,208
Prepaid expenses	<u>32,973</u>	<u>41,598</u>
Total other assets	<u>1,935,356</u>	<u>1,864,806</u>
Total assets	<u>470,098,685</u>	<u>397,035,287</u>
<u>LIABILITIES:</u>		
Accounts payable	<u>59,754</u>	<u>45,248</u>
Other payables:		
Reciprocities payable	90,278	466,400
Due to other funds	-	16,981
Benefits payable	<u>90,817</u>	<u>51,046</u>
Total other payables	<u>181,095</u>	<u>534,427</u>
Total liabilities	<u>240,849</u>	<u>579,675</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE</u>	469,857,836	396,455,612
Adjustment from fair value to contract value for interest in common collective trust fund relating to fully benefit-responsive investment contracts - Note 6	<u>(82,791)</u>	<u>(369,713)</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS - Exhibit B</u>	<u>\$ 469,775,045</u>	<u>\$ 396,085,899</u>

See Notes to Financial Statements.

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

Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2014 and June 30, 2013

	Year Ended	
	June 30, 2014	June 30, 2013
<u>ADDITIONS:</u>		
Investment income:		
Net change in unrealized appreciation (depreciation)		
of investments - Note 3	\$ (15,268,992)	\$ 22,620,236
Net realized gain on sale of investments - Note 3	67,902,014	6,431,279
	52,633,022	29,051,515
Interest and dividends	5,364,189	5,910,362
	57,997,211	34,961,877
Less: Investment expense	585,153	534,719
Net investment income	57,412,058	34,427,158
Employer contributions - Note 2	38,296,025	45,017,777
Litigation settlement	2,287	1,365
Total additions	95,710,370	79,446,300
<u>DEDUCTIONS:</u>		
Benefits paid to participants	21,565,943	18,923,402
Administrative expenses:		
Administrative fees	249,782	241,647
Financial audit, tax preparation and payroll audit fees	108,002	36,531
Insurance	34,605	36,246
Legal fees	51,468	47,178
Miscellaneous	1,785	4,776
Printing, postage, telephone, and storage	7,344	5,671
Trustee expenses	2,295	2,200
Total administrative expenses	455,281	374,249
Total deductions	22,021,224	19,297,651
<u>NET INCREASE</u>	73,689,146	60,148,649
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Balance, beginning of year	396,085,899	335,937,250
Balance, end of year - Exhibit A	\$ 469,775,045	\$ 396,085,899

See Notes to Financial Statements.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Significant accounting policies followed by Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (Fund) are listed below:

(a) Basis of Accounting

The financial statements are presented using the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Fully benefit-responsive investment contracts included in the underlying investments of the Fischer, Francis, Tree and Watts Income Plus Fund, a common collective trust fund in which the Fund holds an interest, is to be presented at fair value. The difference between fair value of this investment and its contract value is presented in a separate adjustment in the Statements of Net Assets Available for Benefits because contract value remains the relevant measurement attribute for that portion of net assets available for benefits attributable to fully benefit-responsive investment contracts.

(c) Contributions Receivable

Contributions from employers are accrued based upon either hours worked or hours paid during the year by covered employees, depending on the applicable collective bargaining agreement. Contributions receivable represents the total of employer contributions received by the depository after June 30, 2014 and June 30, 2013, which were applicable to the plan period. This amount does not reflect amounts due from employers who are contractually liable to the Fund but have failed to make contributions, or from employers who have filed inaccurate reports, if any. At June 30, 2014, \$3,678,027 and \$3,225,541 was due from employer contributions and the third party administrator, respectively. At June 30, 2013, \$4,055,174 and \$4,403,612 was due from employer contributions and the 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 Fund are paid by the Fund.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

- (f) Reclassification
Certain reclassifications were made to the 2013 financial statements in order to conform to the 2014 financial statement presentation.
- (g) Subsequent Events
Management has evaluated subsequent events through December 1, 2014 the date that the financial statements were available to be issued.

Note 2: DESCRIPTION OF THE PLAN:

- (a) General
The Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund is a multiemployer plan established pursuant to certain collective bargaining agreements between the Indiana/Kentucky/Ohio 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) Profit Sharing
Effective October 1, 2009, the Plan became a profit sharing plan under the Internal Revenue Code Section 401(a).
- (c) Funding Policy
The Plan is funded through contributions required by the collective bargaining agreement. The participating employers contribute monthly to the Plan. Contributions are calculated based on hours worked by participant and rates established by the various collective bargaining agreements.
- (d) Vesting
Participants are fully vested in employer contributions and the earnings upon receipt of contributions received on their behalf. 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 two plan years, there is less than \$5,000 in the participant's account, and the participant applies to receive the contributions and earnings. There are no mandatory cash out requirements. 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.
- (e) Participant Accounts
Individual accounts are maintained for each of the Plan's participants. The participant account includes two sub-accounts for record-keeping purposes: one account holds the assets which may have been accrued when the plan was a money purchase or annuity plan and one account holds all assets accrued after the plan became a profit-sharing plan. Both accounts continue to accrue earnings until the benefit is paid. Contributions, withdrawals and net investment gains or losses and administrative expenses are accounted for separately. Participant accounts are intermingled with other accounts for investment purposes.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

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 Fund 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:

All investments are held in a single trust account. All investments are available for current as well as future obligations. The following represents the fair value of investments at June 30, 2014 and June 30, 2013.

	<u>June 30, 2014</u>	<u>June 30, 2013</u>
	<u>Fair Value</u>	<u>Fair Value</u>
Cash equivalents	\$ 19,629,945	\$ 20,089,938
Mutual funds:		
Equity	359,589,797	280,808,571
Fixed income	<u>34,845,131</u>	<u>36,354,183</u>
	<u>394,434,928</u>	<u>317,162,754</u>
Common collective trust fund:		
Fixed income	<u>46,972,355</u>	<u>49,332,780</u>
Totals	<u>\$ 461,037,228</u>	<u>\$ 386,585,472</u>

During 2014 and 2013, the Plan's investments held during the year appreciated (depreciated) as follows:

	<u>June 30, 2014</u>	<u>June 30, 2013</u>
<u>Investments at fair value as determined by</u>		
<u>quoted market prices:</u>		
Mutual funds:		
Equity	\$ 51,196,450	\$ 29,915,595
Fixed income	<u>909,942</u>	<u>(970,962)</u>
	<u>52,106,392</u>	<u>28,944,633</u>
<u>Investments at estimated fair value:</u>		
Common collective trust fund:		
Fixed income	<u>526,630</u>	<u>106,882</u>
Totals	<u>\$ 52,633,022</u>	<u>\$ 29,051,515</u>

Unrealized and realized gains and losses are computed differently for Employee Retirement Income Security Act of 1974 (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 year ended June 30, 2014, unrealized losses and realized gains for book purposes were \$(15,268,992) and \$67,902,014, respectively. For ERISA purposes, unrealized and realized gains were \$52,346,100 and \$286,922, respectively. During the year ended June 30, 2013, unrealized and realized gains for book purposes were \$22,620,236 and \$6,431,279, respectively. For ERISA purposes, unrealized gains and realized losses were \$29,319,354 and \$(267,839), respectively.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 3: INVESTMENTS (continued):

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

	<u>June 30, 2014</u>	<u>June 30, 2013</u>
Vanguard Target Retirement 2015 Fund	\$ 72,138,881	\$ 59,404,174
Vanguard Target Retirement 2025 Fund	24,102,920	19,835,864
Vanguard Target Retirement 2030 Fund	25,332,936	21,175,030
Vanguard Target Retirement 2035 Fund	29,779,256	22,602,169
Vanguard Target Retirement 2040 Fund	28,985,768	21,241,953
Vanguard Target Retirement 2045 Fund**	25,043,127	-
Pimco Funds Total Return	34,845,131	36,354,183
BMO Prime Money Market*/***	-	20,089,938
Fischer, Frances, Tree and Watts Income Plus Fund Class D (at contract value)	46,889,563	48,963,067

* Denotes party-in-interest.

**5% or more at June 30, 2014, but not June 30, 2013.

***5% or more at June 30, 2013, but not June 30, 2014.

Note 4: CONCENTRATION OF CREDIT RISK:

At certain times during the year, the Fund maintained cash deposits in excess of the Federal Deposit Insurance Corporation insured limits of \$250,000. In addition, the bank maintains accounts with stock brokerage firms which contain cash and securities. Balances are protected up to \$500,000 (with a limit of \$250,000 for cash) by the Securities Investor Protection Corporation (SIPC). The SIPC limits apply to each participant of the Fund. This coverage does not protect against losses from the rise or fall in market value of investments.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 5: FAIR VALUE MEASUREMENTS:

Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820-10 *Fair Value Measurements* establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access at the measurement date.

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. Transfers between levels of the fair value hierarchy are deemed to have occurred at the beginning of the reporting period. There have been no changes in the fair value methodology used at June 30, 2014 and June 30, 2013.

Mutual funds and cash equivalents: Valued at the closing price reported in the active market in which the individual security is traded, or valued at the net asset value of the shares held by the Plan at year-end.

Common collective trust fund: Valued at Accumulated Net Asset Value (NAV) of underlying investments of participant units held by the Fund as of the last trading day of the period, as reported by the managers of the fund.

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

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 5: FAIR VALUE MEASUREMENTS (continued):

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of June 30, 2014 and June 30, 2013:

Assets at Fair Value as of June 30, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Cash equivalents	\$ 19,629,945	\$ -	\$ -	\$ 19,629,945
Mutual funds:				
Equity small cap	24,607,305	-	-	24,607,305
Equity mid cap	16,785,080	-	-	16,785,080
Equity large cap	49,738,547	-	-	49,738,547
Equity retirement fund	268,458,865	-	-	268,458,865
Fixed income	34,845,131	-	-	34,845,131
Common collective trust fund				
Fixed income	-	46,972,355	-	46,972,355
	<u>\$ 414,064,873</u>	<u>\$ 46,972,355</u>	<u>\$ -</u>	<u>\$ 461,037,228</u>

Assets at Fair Value as of June 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Money market	\$ 20,089,938	\$ -	\$ -	\$ 20,089,938
Mutual funds:				
Equity small cap	19,370,952	-	-	19,370,952
Equity mid cap	13,509,792	-	-	13,509,792
Equity large cap	38,214,752	-	-	38,214,752
Equity retirement fund	209,713,075	-	-	209,713,075
Fixed income	36,354,183	-	-	36,354,183
Common collective trust fund				
Fixed income	-	49,332,780	-	49,332,780
	<u>\$ 337,252,692</u>	<u>\$ 49,332,780</u>	<u>\$ -</u>	<u>\$ 386,585,472</u>

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of June 30, 2014 and June 30, 2013:

<u>June 30, 2014</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trust fund	\$ 46,972,355	\$ -	See (a)	See (a)
<u>June 30, 2013</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trust fund	\$ 49,332,780	\$ -	See (a)	See (a)

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 5: FAIR VALUE MEASUREMENTS (continued):

- (a) *Common collective trust fund:* The net asset value of the Income Plus Fund's share classes is determined on a daily basis. Units can be issued and redeemed on any business day at that day's unit value. All earnings, expenses, and gains and losses of the Income Plus Fund are reflected in the calculation of the daily unit value. Although it is intended to permit daily withdrawals, some of the assets of the Income Plus Fund, especially investment contracts, may require an adjustment in the value of the investment if a withdrawal is made. In any event, the withdrawal may be deferred over such period of time, not to exceed one year, as may be deemed necessary for fair and orderly management of the Income Plus Fund.

Note 6: COMMON COLLECTIVE TRUST FUND:

The Plan is invested in the Fischer, Frances, Tree and Watts Income Plus Fund (Income Plus Fund) formerly the ABN AMRO Income Plus Fund, a sub-fund of The BNP Paribas Investment Partners Pooled Trust Fund, (common collective trust fund) formerly the ABN AMRO Pooled Trust Fund for Employee Benefit Plans. The Income Plus Fund seeks to obtain competitive fixed income returns in different interest rate environments. The Income Plus Fund has been developed to preserve principal, maximize income and provide a high degree of liquidity without sacrificing credit quality. The Income Plus Fund is invested and reinvested primarily in guaranteed investment contracts (GICs), money market funds, money market instruments, repurchase agreements, private placements, bank investment contracts, and synthetic GICs. In a traditional GIC, the Income Plus Fund enters into a contract with an issuer (typically a bank or life insurance company), which provides for a stated rate of interest and a fixed maturity. In a synthetic GIC structure, the Income Plus Fund owns fixed-income investments and enters into a wrap contract from high-quality insurance companies, banks, or other financial service companies that serve to substantially offset the price fluctuations in the underlying investments caused by movements in interest rates. Each wrap contract obligates the wrap provider to maintain the "contract value" of the underlying investments. The contract value is generally equal to the principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustments for withdrawals (as specified in the wrap agreement).

In general, if the contract value of the wrap agreement exceeds the market value of the underlying investments (including accrued interest), the wrap provider becomes obligated to pay that difference to the Income Plus Fund in the event that shareholder redemptions result in partial or total contract liquidation. In the event that there are partial shareholder redemptions that would otherwise cause the contract's crediting rate to fall below zero percent, the wrap provider is obligated to contribute to the Income Plus Fund, an amount necessary to maintain the contract's crediting rate to at least zero percent. The circumstances under which payments are made and the timing of payments between the Fund and the wrap provider may vary based on the terms of the wrap contract.

The market value yield to investment and crediting interest rates were approximately 0.96% and 0.97% for the year ended June 30, 2014, and 1.65% and 1.23% for the year ended June 30, 2013. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are adjusted on a daily basis.

In certain circumstances, the amount withdrawn from the wrap contract would be payable at fair value rather than at contract value. These events include premature termination of the contract by the Fund, termination of the Fund, or a material adverse change to the provisions of the Plan. At this time, the Fund administrator believes the occurrence of such events that would limit the Fund's ability to transact at contract value with the plan participants is not probable.

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 7: PARTY-IN-INTEREST TRANSACTIONS:

There were no loans or 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 years ended June 30, 2014 and June 30, 2013, respectively.

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

<u>Party-in-Interest</u>	<u>Amount Incurred</u>		<u>Purpose</u>
	<u>June 30, 2014</u>	<u>June 30, 2013</u>	
BMO Harris Bank	\$ 490,153	\$ 439,719	Custodian fees
Fillenwarth Dennerline Groth & Towe	5,940	12,541	Legal fees
GRM Information Services	1,138	1,084	Storage Fees
L.M. Henderson & Company, LLP	96,250	20,000	Financial audit, tax preparation and payroll audit fees
Marquette Associates	95,000	95,000	Investment advisory fees
Paul Berkowitz and Associates, LTD	45,408	33,550	Legal fees
S.C. Miller & Co., Inc.	11,752	16,531	Payroll audit fees
Sales, Tillman, Wallbaum, Catlett & Satterley	120	1,087	Legal fees
Zenith American Solutions, Inc.	249,782	241,647	Administrative fees

Amounts due to party-in-interest are as follows:

<u>Party-in-Interest</u>	<u>June 30, 2014</u>	<u>June 30, 2013</u>
BMO Harris Bank	\$ 22,090	\$ 17,280
Fillenwarth Dennerline Groth & Towe	2,135	1,474
GRM Information Systems	539	556
L.M. Henderson & Company, LLP	6,000	-
Paul Berkowitz and Associates, LTD	2,988	2,133
S.C. Miller & Co., Inc.	1,275	3,016
Sales, Tillman, Wallbaum, Catlett & Satterley	-	11
Zenith American Solutions, Inc.	24,727	20,578

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

Notes to Financial Statements
June 30, 2014 and June 30, 2013

Note 8: TAX STATUS:

The Internal Revenue Service has determined that the Fund 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 November 2, 2012 in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Fund administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of June 30, 2014 and June 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions. The Fund Administrator believes it is no longer subject to tax examinations for fiscal years prior to June 30, 2011.

Note 9: RISKS AND UNCERTAINTIES:

The Fund 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 10: SUBSEQUENT EVENT:

Effective January 1, 2015, hardship withdrawals will be allowed under the Plan. The only amount subject to the hardship withdrawal is the profit sharing balance for participants. Anything contributed prior to the implementation of the profit sharing plan is not eligible. An estimate of the financial effect of any hardship withdrawals taken cannot be made.

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

Supplementary Information
For the Year Ended June 30, 2014

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

EIN 35-1833932 PN 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) AT JUNE 30, 2014:

Schedule H, line 4i

<u>Issuer/Description</u>	<u>Cost</u>	<u>Current Value</u>
<u>CASH EQUIVALENTS:</u>		
BMO Prime Money Market*	**	\$ <u>19,629,945</u>
<u>MUTUAL FUNDS:</u>		
Aston River Road Small Cap Value Fund	**	13,350,973
FMI Large Cap Fund	**	20,867,214
Goldman Sachs Strategic Growth Fund	**	19,583,460
AMG Times Square Mid Cap Growth	**	16,785,080
BMO Small Cap Growth Fund*	**	11,256,332
Pimco Funds Total Return	**	34,845,131
Vanguard Inst'l Index Fd Plus	**	9,287,873
Vanguard Target Retirement 2010 Trust II	**	5,556,864
Vanguard Target Retirement 2015 Trust II	**	72,138,881
Vanguard Target Retirement 2020 Trust II	**	19,197,620
Vanguard Target Retirement 2025 Trust II	**	24,102,920
Vanguard Target Retirement 2030 Trust II	**	25,332,936
Vanguard Target Retirement 2035 Trust II	**	29,779,256
Vanguard Target Retirement 2040 Trust II	**	28,985,768
Vanguard Target Retirement 2045 Trust II	**	25,043,127
Vanguard Target Retirement 2050 Trust II	**	21,114,956
Vanguard Target Retirement Income Trust II	**	<u>17,206,537</u>
Total mutual funds		<u>394,434,928</u>
<u>COMMON COLLECTIVE TRUST FUND:</u>		
Fischer, Francis, Tree and Watts, Income Plus Fund Class D	**	<u>46,972,355</u>
Total assets held for investment purposes		<u>\$ 461,037,228</u>

* Denotes party-in-interest.

** Cost information is not required for participant-directed investments.

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

EIN 35-1833932 PN 001

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Schedule H, line 4i

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Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014			
A This return/report is for:	☒ a multiemployer plan; ☐ a single-employer plan:	☐ a multiple-employer plan; or ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report,	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	☒		
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information—enter all requested information			
1a Name of plan INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND		1b Three-digit plan number (PN) ►	001
		1c Effective date of plan 07/01/1991	
2a Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan) INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP ANNUITY TRUST FUND 5420 WEST SOUTHERN AVENUE, STE 407 INDIANAPOLIS IN 46241		2b Employer Identification Number (EIN) 35-1833932	
		2c Sponsor's telephone number 317-248-3273	
		2d Business code (see instructions) 333200	

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	2/18/15 Date	MARK MCGRIFF Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) MICHELLE L. ZIMMERMAN L. M. HENDERSON & COMPANY, LLP 450 E 96TH ST STE 200 INDIANAPOLIS IN 46240			Preparer's telephone number (optional) 317-566-1000

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

Form 5500 (2013)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number
4 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. a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 20213
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a, 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a 18970 6b 31 6c 1504 6d 20505 6e 18 6f 20523 6g 20523 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 673

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

2C 2E 2F 2G

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

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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