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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><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>05/01/2014</u> and ending <u>04/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____<br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).<br><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/><br><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;<br><input type="checkbox"/> special extension (enter description) |

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MILLWRIGHTS &amp; MACHINERY ERECTORS LOCAL UNION NO. 1090 ANNUITY PLAN</u><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>BOARD OF TRUSTEES FOR MILLWRIGHTS &amp; MACHINERY ERECTORS 1090</u><br><br><u>333 WEST VINE STREET, STE 500</u><br><u>LEXINGTON, KY 40507</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/1994</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>61-1273074</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>888-999-7741</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>238900</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>06/01/1994</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>61-1273074</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>888-999-7741</u> |  | <b>2d</b> Business code (see instructions)<br><u>238900</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                             | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/1994</u>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>61-1273074</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>888-999-7741</u>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>238900</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>                                                                                           | Filed with authorized/valid electronic signature. | 02/15/2016 | GARY PIATT                                                   |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 02/15/2016 | ROBERT ELLIOTT                                               |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <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> 244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 141<br><b>6a(2)</b> 139<br><b>6b</b> 116<br><b>6c</b> 17<br><b>6d</b> 272<br><b>6e</b> 12<br><b>6f</b> 284<br><b>6g</b> 284<br><b>6h</b>                                                                                                                                                                                                                                                                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b> 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2C 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<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 checked="" 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) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning **05/01/2014** and ending **04/30/2015**

|                                                                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>MILLWRIGHTS &amp; MACHINERY ERECTORS LOCAL UNION NO. 1090 ANNUITY PLAN</b>                                  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES FOR MILLWRIGHTS &amp; MACHINERY ERECTORS 1090</b> | <b>D</b> Employer Identification Number (EIN)<br><b>61-1273074</b> |

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

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

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

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

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

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

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

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

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

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

UMR 333 WEST VINE STREET  
LEXINGTON, KY 40507

31-1558779

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 13000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CENTRAL BANK & TRUST COMPANY 300 W. VINE STREET  
LEXINGTON, KY 40507

61-0153605

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | NONE                                                                                              | 38120                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE 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>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                         |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2014 or fiscal plan year beginning <b>05/01/2014</b> and ending <b>04/30/2015</b>                                |                                                                    |            |
| <b>A</b> Name of plan<br><b>MILLWRIGHTS &amp; MACHINERY ERECTORS LOCAL UNION NO. 1090 ANNUITY PLAN</b>                                  | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                                         |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES FOR MILLWRIGHTS &amp; MACHINERY ERECTORS 1090</b> | <b>D</b> Employer Identification Number (EIN)<br><b>61-1273074</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 2609                  | 71391           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 89117                 | 139048          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  | 43795                 | 43278           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  | 30175                 | 8382            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 3087222               | 2659194         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               | 2527584               | 2825299         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 655023                | 1485633         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

**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>    | 6435525               | 7232225         |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 14065 | 32557 |
| <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> | 14065 | 32557 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6421460 | 7199668 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 632902     |           |
| <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>    |            | 632902    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 12         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 140624     |           |
| <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> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 140636    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 40710      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 72164      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 112874    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1558687    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1477355    |           |
| <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> |            | 81332     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 271951     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 271951    |

|                                                                                                |        | (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) |            | 28134     |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1267829   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 417603 |        |
| (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) |        | 417603 |
| 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) | 7666   |        |
| (2) Contract administrator fees.....                                                | 2i(2) | 13000  |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 38120  |        |
| (4) Other.....                                                                      | 2i(4) | 13232  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 72018  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 489621 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 778208 |
| 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: FRANK N HESTAND CPA PSC

(2) EIN: 61-1336870

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <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>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |        |
| For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| A Name of plan<br>MILLWRIGHTS & MACHINERY ERECTORS LOCAL UNION NO. 1090 ANNUITY PLAN                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001    |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES FOR MILLWRIGHTS & MACHINERY ERECTORS 1090                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>61-1273074                                            |        |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               |        |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               | 32     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              | 632902 |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              | 632902 |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              | 0      |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |        |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

Millwright Local Union No. 1090  
Annuity Plan

Financial Statements and Supplemental Information

April 30, 2015 and 2014

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**Frank N. Hestand, CPA, PSC**

261 Regency Circle, First Floor  
Lexington, KY 40503

Ph: (859) 276-3573

Fax: (859) 276-3574



**Report of Independent Auditors**

Board of Trustees  
Millwright Local Union No. 1090  
Annuity Plan

**Report on the Financial Statements**

We have audited the accompanying financial statements of Millwright Local Union No. 1090 Annuity Plan, which comprise the statements of net assets available for benefits as of April 30, 2015 and 2014, 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 Millwright Local Union No. 1090 Annuity Plan, as of April 30, 2015 and 2014, 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 Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Investments and of Reportable Transactions referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 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.

Handwritten signature of Frank N. Hestand in dark ink, followed by the text "CPA PSC" in a similar handwritten style.

Lexington, Kentucky  
Frank N. Hestand, CPA PSC  
December 21, 2015

Millwright Local Union No. 1090  
Annuity Plan  
Statement of Net Assets Available for Benefits  
April 30, 2015 and 2014

| <b>Assets</b>                     | <b><u>2015</u></b>  | <b><u>2014</u></b>  |
|-----------------------------------|---------------------|---------------------|
| Investments, at fair value:       |                     |                     |
| Common Stocks                     | \$ 2,825,299        | \$ 2,527,584        |
| Government and Municipal Bonds    | 2,659,194           | 3,087,222           |
| Mutual funds                      | 1,485,633           | 655,023             |
| Cash equivalents – Money market   | 8,382               | 30,175              |
| Total Investments                 | <u>6,978,508</u>    | <u>6,300,004</u>    |
| Receivables:                      |                     |                     |
| Employers' contributions          | 139,048             | 89,117              |
| Accrued interest & dividends      | 38,409              | 40,343              |
| Other                             | 111                 | 111                 |
| Total Receivables                 | <u>177,568</u>      | <u>129,571</u>      |
| Cash                              | 71,391              | 2,609               |
| Prepaid Insurance                 | <u>4,758</u>        | <u>3,341</u>        |
| Total Assets                      | <u>7,232,225</u>    | <u>6,435,525</u>    |
| <b>Liabilities</b>                |                     |                     |
| Accounts payable                  | <u>32,557</u>       | <u>14,065</u>       |
| Total Liabilities                 | <u>32,557</u>       | <u>14,065</u>       |
| Net assets available for benefits | <u>\$ 7,199,668</u> | <u>\$ 6,421,460</u> |

See accompanying notes.

Millwright Local Union No. 1090  
Annuity Plan  
Statement of Changes in Net Assets Available for Benefits  
For the years ended April 30, 2015 and 2014

|                                                    | <u>2015</u>          | <u>2014</u>         |
|----------------------------------------------------|----------------------|---------------------|
| <b>Additions to net assets attributed to:</b>      |                      |                     |
| Investment income:                                 |                      |                     |
| Net appreciation fair value of investments         | \$ 381,417           | \$ 323,234          |
| Interest and dividends                             | 253,510              | 224,636             |
|                                                    | <u>634,927</u>       | <u>547,870</u>      |
| Less: Investment expenses                          | (38,120)             | (34,135)            |
|                                                    | <u>596,807</u>       | <u>513,735</u>      |
| <br>Employer contributions                         | <br>632,902          | <br>484,132         |
| <br>Total Additions                                | <br><u>1,229,709</u> | <br><u>997,867</u>  |
| <br><b>Deductions to net assets attributed to:</b> |                      |                     |
| Benefits paid to participants                      | 417,603              | 129,351             |
| Administration fees                                | 33,898               | 28,652              |
| Total Deductions                                   | <u>451,501</u>       | <u>158,003</u>      |
| <br>Net increase in assets available for benefits  | <br><u>778,208</u>   | <br><u>839,864</u>  |
| <br>Net assets available for benefits              |                      |                     |
| Beginning of year                                  | 6,421,460            | 5,581,596           |
| End of year                                        | <u>\$ 7,199,668</u>  | <u>\$ 6,421,460</u> |

See accompanying notes.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements

**1. Description of Plan**

The following description of the Millwright Local Union No. 1090 Annuity Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more detailed explanation.

**General**

The Plan is a defined contribution plan providing disability, death and normal retirement benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan and related Trust were effective on June 1, 1994 pursuant to an agreement between the Millwrights Local Union No. 1090 and the employers signatory to the collective bargaining agreement.

**Contributions**

Participating employers contribute, on behalf of their employees, \$2.00 (effective June 2012) per hour worked. Employees working in the jurisdiction of another local union may request contributions made on their behalf be transferred to the Plan provided the proper reciprocal agreement and authorization forms exist.

**Participant Accounts**

Each participant's account is credited with the employer's contribution made on their behalf and an allocation of (a) plan earnings and (b) forfeitures of participants' nonvested accounts and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**1. Description of Plan (continued)**

**Vesting**

Vesting in employer contributions portion of their accounts plus earnings thereon is based on years of service. The vesting schedule is as follows:

| <u>Years of Service</u> | <u>Vested</u> |
|-------------------------|---------------|
| Less than 1             | 0%            |
| 1, but less than 2      | 20%           |
| 2, but less than 3      | 40%           |
| 3, but less than 4      | 60%           |
| 4, but less than 5      | 80%           |
| 5 or more               | 100%          |

A person shall always be 100% vested in a rollover account. A year of service is a Plan year in which a participant completes 500 hours of service. Participants who were members in good standing with the union on August 1, 1994 shall receive one year of service for each continuous twelve month period that the participant was a member in good standing with the union for a maximum of five years of service.

**Forfeitures**

When certain terminations of participation in the Plan occur, or when initial eligibility has not been established, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Plan's administrative expense for the Plan year.

**Payment of Benefits**

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in the form of a lump-sum distribution, a life annuity, or any other form of payment that may be permitted under the Plan at the time of distribution. Participants who terminate employment for any reason other than death, disability or attainment of retirement age, will be entitled to receive their benefits after they have incurred five consecutive one year breaks-in-service.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting.

**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 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Forfeited Accounts**

In 2015 and 2014, forfeited nonvested accounts totaling \$58,592 and \$40,351 were used to reduce administrative expenses.

**Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Actual results could differ from these estimates.

**Subsequent Events**

The Plan has evaluated subsequent events through December 21, 2015, the date the financial statements were available to be issued.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**3. Investments**

The Plan's investments are held by a bank administered trust fund and are valued at their quoted market price and estimated fair value. During 2015 and 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by \$381,417 and \$323,234 as follows:

|                                | <u>2015</u>                                 |                                            |
|--------------------------------|---------------------------------------------|--------------------------------------------|
|                                | <u>Net Change</u><br><u>During the Year</u> | <u>Fair Value at</u><br><u>End of Year</u> |
| Fair value as determined by    |                                             |                                            |
| Quoted market price:           |                                             |                                            |
| Mutual Funds                   | \$ 30,094                                   | \$ 1,485,633                               |
| Common Stocks                  | 400,758                                     | 2,825,299                                  |
| Government and Municipal Bonds | (49,435)                                    | 2,659,194                                  |
| Total                          | \$ 381,417                                  | \$ 6,970,126                               |

|                                | <u>2014</u>                                 |                                            |
|--------------------------------|---------------------------------------------|--------------------------------------------|
|                                | <u>Net Change</u><br><u>During the Year</u> | <u>Fair Value at</u><br><u>End of Year</u> |
| Fair value as determined by    |                                             |                                            |
| Quoted market price:           |                                             |                                            |
| Mutual Funds                   | \$ 22,959                                   | \$ 655,023                                 |
| Common Stocks                  | 378,319                                     | 2,527,584                                  |
| Corporate Bonds                | (19,243)                                    | 0                                          |
| Government and Municipal Bonds | (58,801)                                    | 3,087,222                                  |
| Total                          | \$ 323,234                                  | \$ 6,269,829                               |

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**3. Investments (continued)**

The fair market values of individual assets that represent 5% or more of the Plan's net assets as of April 30, 2015 and 2014 are as follows:

|                                          | <u>2015</u> | <u>2014</u> |
|------------------------------------------|-------------|-------------|
| Vanguard Short Term Bond Index Fund-#132 | \$ 361,611  | N/A         |

**4. Fair Value Measurements**

The framework for measuring fair value 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 market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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 Plan has the ability to access.

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 asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2015 and 2014.

- Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.
- Mutual Funds/Money Market Funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Change Commission. These funds are required to publish their daily net asset value (NAV) and to transact that price. The mutual funds held by the Plan are deemed to be actively traded.
- US Government Securities/Municipal Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Mutual funds and money market funds below determine fair value using a calculated net asset per share, or its equivalent. As of April 30, 2015 and 2014, there were no unfunded commitments related to these investments. These investments can be redeemed daily with no redemption notice required.

Millwright Local Union No. 1090  
Annuity Plan

Notes to the Financial Statements (continued)

**4. Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2015 and 2014.

| <u>Assets at Fair Value as of April 30, 2015</u> |                     |                     |                |                     |
|--------------------------------------------------|---------------------|---------------------|----------------|---------------------|
| <u>Description</u>                               | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
| Common Stocks                                    |                     |                     |                |                     |
| Consumer                                         | \$ 1,473,739        |                     |                | \$ 1,473,739        |
| Financials                                       | 244,705             |                     |                | 244,705             |
| Health Care                                      | 322,616             |                     |                | 322,616             |
| Industrials                                      | 573,551             |                     |                | 573,551             |
| Informational Technology                         | 210,688             |                     |                | 210,688             |
|                                                  | <u>2,825,299</u>    |                     |                | <u>2,825,299</u>    |
| Government and Municipal Bonds                   |                     | \$ 2,659,194        |                | 2,659,194           |
| Mutual Funds                                     |                     |                     |                |                     |
| Mid Cap                                          | 345,221             |                     |                | 345,221             |
| Small Cap                                        | 338,820             |                     |                | 338,820             |
| Fixed Income                                     | 801,592             |                     |                | 801,592             |
|                                                  | <u>1,485,633</u>    |                     |                | <u>1,485,633</u>    |
| Money Market Funds                               | 8,382               |                     |                | 8,382               |
| Total assets at fair value                       | <u>\$ 4,319,314</u> | <u>\$ 2,659,194</u> |                | <u>\$ 6,978,508</u> |

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**4. Fair Value Measurements (continued)**

**Assets at Fair Value as of April 30, 2014**

| <b><u>Description</u></b>      | <b><u>Level 1</u></b> | <b><u>Level 2</u></b> | <b><u>Level 3</u></b> | <b><u>Total</u></b> |
|--------------------------------|-----------------------|-----------------------|-----------------------|---------------------|
| Common Stocks                  |                       |                       |                       |                     |
| Consumer                       | \$ 1,318,444          |                       |                       | \$ 1,318,444        |
| Financials                     | 218,919               |                       |                       | 218,919             |
| Health Care                    | 288,620               |                       |                       | 288,620             |
| Industrials                    | 513,113               |                       |                       | 513,113             |
| Informational Technology       | 188,488               |                       |                       | 188,488             |
|                                | <u>2,527,584</u>      |                       |                       | <u>2,527,584</u>    |
| Government and Municipal Bonds |                       | 3,087,222             |                       | 3,087,222           |
| Mutual Funds                   |                       |                       |                       |                     |
| Mid Cap                        | 281,022               |                       |                       | 281,022             |
| Small Cap                      | 313,944               |                       |                       | 313,944             |
| Fixed Income                   | 60,057                |                       |                       | 60,057              |
|                                | <u>655,023</u>        |                       |                       | <u>655,023</u>      |
| Money Market Funds             | 30,175                |                       |                       | 30,175              |
| Total assets at fair value     | <u>\$ 3,212,782</u>   | <u>\$3,087,222</u>    |                       | <u>\$ 6,300,004</u> |

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**5. Plan Termination**

Although there has been no expression of intent to do so, the Plan may be terminated subject to the provisions of ERISA. In the event of termination or partial termination of the Plan, or in the event of the discontinuance of employer contributions, each participant shall be 100% vested and have non-forfeitable rights. The assets then remaining, after providing for the expenses of the Plan and for the payment of any individual account previously approved, shall be distributed among the participants.

**6. Tax Status**

The Internal Revenue Service has determined and informed the Plan's trustees by a letter dated June 17, 2015, that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter; however, the plan 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 IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of April 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**7. Transactions with Parties-In-Interest**

Fees paid during the year ending April 30, 2015 and 2014 for legal, accounting, investment management and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Millwright Local Union No. 1090  
Annuity Plan

Notes to Financial Statements (continued)

**8. Administrative Expenses**

Administrative expenses consisted of the following:

|                               | <u>2015</u>      | <u>2014</u>      |
|-------------------------------|------------------|------------------|
| Administrative fees           | \$ 13,000        | \$ 13,000        |
| Legal fees                    | 3,266            | 2,936            |
| Audit fees                    | 4,400            | 4,000            |
| Trustee meetings              | 2,226            | 435              |
| Fiduciary insurance           | 3,664            | 3,644            |
| Postage & copying             | 3,609            | 489              |
| Miscellaneous                 | 3,733            | 4,148            |
| Total administrative expenses | <u>\$ 33,898</u> | <u>\$ 28,652</u> |

**9. Risks and Uncertainties**

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

**10. Change In Plan**

Amendment No. 2 was adopted by the Board of Trustees on March 25, 2014. The amendment changed the name of the Plan to the Millwrights Local Union #1090 Annuity Plan. In all other respects, the Plan remained unchanged.

**11. Agreement and Plan of Merger**

On September 22, 2015, the Board of Trustees adopted resolutions in connection with a merger into the Indiana/Kentucky/Ohio regional Council of Carpenters Defined Contribution Pension Trust Fund (Regional Fund), effective December 1, 2015.

Amendment No. 2015-1 was adopted. This amendment provides that on and after May 1, 2015, all employee accounts are 100% vested. Furthermore, any increases to the accounts after May 1, 2015 are likewise 100% vested, immediately.

## **Supplemental Information**

Millwrights Local Union No. 1090  
Annuity Plan  
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)  
April 30, 2015  
Plan: 001  
EIN: 61-1273074

| (a) | (b)                                                              | (c)                                                               | (d)              | (e)                      |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------|------------------|--------------------------|
|     | <b>Identity of Issue, Borrower,<br/>Lessor, or Similar Party</b> | <b>Description of<br/>Investments<br/>Shares or Par<br/>Value</b> | <b>Cost</b>      | <b>Current<br/>Value</b> |
|     | <b><u>Cash Equivalents</u></b>                                   |                                                                   |                  |                          |
|     | Federated Prime Oblig Money Market                               |                                                                   | \$ 8,382         | \$ 8,382                 |
|     | Total Cash Equivalents                                           |                                                                   | <u>8,382</u>     | <u>8,382</u>             |
|     | <b><u>Mutual Funds</u></b>                                       |                                                                   |                  |                          |
|     | MS Small Cap Fund                                                |                                                                   | 380,157          | 338,820                  |
|     | T Rowe Price Mid Cap Growth Fund                                 |                                                                   | 250,108          | 345,221                  |
|     | Vanguard Short Term Bd Index #132                                |                                                                   | 798,990          | 801,592                  |
|     | Total Mutual Funds                                               |                                                                   | <u>1,429,255</u> | <u>1,485,633</u>         |
|     | <b><u>Common Stocks</u></b>                                      |                                                                   |                  |                          |
|     | American Express Co                                              |                                                                   | 80,180           | 95,806                   |
|     | Amgen Inc                                                        |                                                                   | 66,351           | 96,167                   |
|     | Apple Inc                                                        |                                                                   | 43,204           | 122,647                  |
|     | Archer Daniels Midland                                           |                                                                   | 49,587           | 54,501                   |
|     | Becton Dickinson & Co                                            |                                                                   | 60,305           | 88,325                   |
|     | Biogen Idec Inc                                                  |                                                                   | 40,144           | 109,561                  |
|     | Blackstone Group                                                 |                                                                   | 69,257           | 143,565                  |
|     | Celgene Corp                                                     |                                                                   | 29,726           | 92,067                   |
|     | Cisco Systems Inc                                                |                                                                   | 50,971           | 69,913                   |
|     | CVS Caremark Corp                                                |                                                                   | 60,049           | 109,219                  |
|     | Discover Financial Services                                      |                                                                   | 73,775           | 111,940                  |
|     | Ebay Inc                                                         |                                                                   | 50,292           | 73,000                   |
|     | FedEx Corporation                                                |                                                                   | 50,136           | 65,454                   |
|     | Google Inc                                                       |                                                                   | 36,018           | 54,328                   |
|     | Honeywell Intl Inc                                               |                                                                   | 68,068           | 100,718                  |
|     | Kroger Co                                                        |                                                                   | 100,775          | 93,097                   |
|     | Masco Corp                                                       |                                                                   | 45,125           | 50,172                   |
|     | Micron Technology                                                |                                                                   | 100,022          | 80,958                   |
|     | Morgan Stanley                                                   |                                                                   | 50,264           | 64,136                   |

**Cash Equivalents**

|                         |           |           |
|-------------------------|-----------|-----------|
| Pfizer Inc              | 41,885    | 73,560    |
| Qualcomm Inc            | 50,261    | 55,080    |
| Spectra Energy Corp     | 50,363    | 49,356    |
| Starbucks Corp          | 77,850    | 133,569   |
| Suntrust Banks Inc      | 73,927    | 77,439    |
| Time Warner Inc         | 56,565    | 99,351    |
| TJX Cos Inc             | 26,933    | 82,547    |
| Toll Brothers Inc       | 50,045    | 49,081    |
| Visa Inc                | 70,215    | 143,461   |
| Walgreen Boots Alliance | 88,545    | 100,262   |
| Walt Disney Company     | 64,798    | 157,535   |
| Weyerhaeuser Co         | 49,787    | 50,101    |
| Williams Sonoma Inc     | 74,704    | 78,383    |
| Total Common Stocks     | 1,900,127 | 2,825,299 |

**Municipal Bonds**

|                                              |         |         |
|----------------------------------------------|---------|---------|
| Alaska St Intl Arpts, 5.00%, 10/1/18         | 55,586  | 55,948  |
| Allen Texas Economic Dev, 4.70%, 9/1/20      | 79,026  | 82,461  |
| American Mun Pwr Ohio, 4.855%, 2/15/17       | 106,272 | 106,518 |
| American Mun Pwr Ohio, 4.955%, 2/15/18       | 117,386 | 119,281 |
| Broward Cty FL Sports, 5.845%, 9/1/16        | 54,499  | 52,901  |
| Chicago IL Midway Airport, 4.709%, 1/1/18    | 54,420  | 52,229  |
| Chicago Ill Midway Arpot Rev, 5.00%, 1/1/20  | 51,905  | 50,152  |
| Chicago Ill, Tran Auth, 6.30%, 12/1/21       | 105,977 | 109,279 |
| Citrus Cnty FL Cap Impt rev, 5.795%, 10/1/23 | 120,591 | 113,535 |
| Clark County NV Passenger, 5.00%, 7/1/23     | 107,716 | 107,417 |
| Cook Cnty Ill Sch Dist, 5.85%, 12/1/25       | 28,168  | 27,003  |
| Denver City & Cnty Arpt, 5.25%, 11/15/19     | 57,954  | 55,001  |
| Florida St Mun Pwr Agy, 6.136%, 10/1/16      | 76,909  | 72,826  |
| Greater Orlando FL Aviation, 5.50%, 10/1/15  | 37,921  | 35,749  |
| Hawaii St Hbr Sys Rev, 5.25%, 1/1/24         | 63,897  | 61,637  |
| Illinois St Fo Issues, 4.85%, 7/1/15         | 157,506 | 151,089 |
| Indiana Bd Bk Rev, 5.32% 1/19/15             | 24,819  | 24,067  |
| Indianapolis Ind Loc Pub, 5.00%, 1/1/23      | 159,791 | 156,839 |
| Kenton Cnty Ky Arpt, 5.50%, 3/1/18           | 103,190 | 100,327 |
| KY Asset/Liability Comm, 4.722%, 4/1/18      | 57,293  | 54,103  |
| Las Vegas Valley Nv Wtr Dist, 4.334%, 6/1/19 | 49,010  | 49,005  |
| Lee County FL Wst Sys Rev, 5.00%, 10/1/18    | 54,104  | 52,792  |
| Louisville Ky Arpt, 5.00%, 7/1/24            | 41,592  | 40,291  |
| Louisville Ky Regl Arpt Auth, 5.00%, 7/1/23  | 42,087  | 40,288  |
| Metropolitan Tran Auth, 4.546%, 11/15/17     | 54,488  | 53,854  |
| Metropolitan Tran Auth, 4.655%, 11/15/18     | 98,984  | 109,402 |

**Cash Equivalents**

|                                              |                  |                  |
|----------------------------------------------|------------------|------------------|
| Minnesota Pub Facts Auth, 4.50%, 3/1/23      | 55,099           | 56,861           |
| North Carolina Estrn Mun Pwr, 6.217%, 1/1/17 | 53,100           | 52,653           |
| Ocean Cnry NJ, 4.50%, 8/1/20                 | 105,114          | 100,848          |
| Philadelphia Airport Rev, 5.00%, 6/15/15     | 53,143           | 50,287           |
| Rosemont Ill, 2.389%, 12/1/17                | 148,755          | 151,682          |
| South Dakota Hsg Dev Auth, 1.75%, 11/1/16    | 65,096           | 65,781           |
| South Vy Utah Swr Rev 4.73%, 1/1/19          | 54,465           | 54,973           |
| Union County NJ Impt Auth, 6.60%, 3/1/18     | 114,879          | 112,194          |
| Washington Cy KY Justice, 4.125%, 10/1/23    | 54,046           | 52,647           |
| Wayne Cnty Mich Arpt, 5.00%, 12/1/21         | 27,408           | 27,274           |
| Total Municipal Bonds                        | <u>2,692,196</u> | <u>2,659,194</u> |

**Total Investments**

\$ 6,029,960    \$ 6,978,508

\* A party in interest as defined by ERISA.

Millwright Local Union No. 1090

Annuity Plan

Schedule of Reportable Transactions – Schedule H, Part IV – Line 4(J)

EIN 61-1273074 Plan No. 001

For The Year Ended April 30, 2015

| (a)<br>Identity                               | (b)<br>Description<br>Of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost Of<br>Asset | (h)<br>Current Value<br>On Transaction<br>Date | (i)<br>Net<br>Gain or Loss |
|-----------------------------------------------|--------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------|----------------------------|
| <u>Series of Transactions in excess of 5%</u> |                                |                          |                         |                         |                                                |                            |
| Vanguard Short Term Bd Index Fd #132          | Mutual Fund                    | 1,045,070                |                         | 0                       | 1,045,070                                      | 0                          |

Columns (e) Lease rental and (f) Expense incurred with transaction were not applicable.

Millwrights Local Union No. 1090  
Annuity Plan  
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)  
April 30, 2015  
Plan: 001  
EIN: 61-1273074

| (a) | (b)                                                              | (c)                                                               | (d)         | (e)                      |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------|-------------|--------------------------|
|     | <b>Identity of Issue, Borrower,<br/>Lessor, or Similar Party</b> | <b>Description of<br/>Investments<br/>Shares or Par<br/>Value</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
|     | <b><u>Cash Equivalents</u></b>                                   |                                                                   |             |                          |
|     | Federated Prime Oblig Money Market                               |                                                                   | \$ 8,382    | \$ 8,382                 |
|     | Total Cash Equivalents                                           |                                                                   | 8,382       | 8,382                    |
|     | <b><u>Mutual Funds</u></b>                                       |                                                                   |             |                          |
|     | MS Small Cap Fund                                                |                                                                   | 380,157     | 338,820                  |
|     | T Rowe Price Mid Cap Growth Fund                                 |                                                                   | 250,108     | 345,221                  |
|     | Vanguard Short Term Bd Index #132                                |                                                                   | 798,990     | 801,592                  |
|     | Total Mutual Funds                                               |                                                                   | 1,429,255   | 1,485,633                |
|     | <b><u>Common Stocks</u></b>                                      |                                                                   |             |                          |
|     | American Express Co                                              |                                                                   | 80,180      | 95,806                   |
|     | Amgen Inc                                                        |                                                                   | 66,351      | 96,167                   |
|     | Apple Inc                                                        |                                                                   | 43,204      | 122,647                  |
|     | Archer Daniels Midland                                           |                                                                   | 49,587      | 54,501                   |
|     | Becton Dickinson & Co                                            |                                                                   | 60,305      | 88,325                   |
|     | Biogen Idec Inc                                                  |                                                                   | 40,144      | 109,561                  |
|     | Blackstone Group                                                 |                                                                   | 69,257      | 143,565                  |
|     | Celgene Corp                                                     |                                                                   | 29,726      | 92,067                   |
|     | Cisco Systems Inc                                                |                                                                   | 50,971      | 69,913                   |
|     | CVS Caremark Corp                                                |                                                                   | 60,049      | 109,219                  |
|     | Discover Financial Services                                      |                                                                   | 73,775      | 111,940                  |
|     | Ebay Inc                                                         |                                                                   | 50,292      | 73,000                   |
|     | FedEx Corporation                                                |                                                                   | 50,136      | 65,454                   |
|     | Google Inc                                                       |                                                                   | 36,018      | 54,328                   |
|     | Honeywell Intl Inc                                               |                                                                   | 68,068      | 100,718                  |
|     | Kroger Co                                                        |                                                                   | 100,775     | 93,097                   |
|     | Masco Corp                                                       |                                                                   | 45,125      | 50,172                   |
|     | Micron Technology                                                |                                                                   | 100,022     | 80,958                   |
|     | Morgan Stanley                                                   |                                                                   | 50,264      | 64,136                   |

**Cash Equivalents**

|                         |           |           |
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| Qualcomm Inc            | 50,261    | 55,080    |
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| Starbucks Corp          | 77,850    | 133,569   |
| Suntrust Banks Inc      | 73,927    | 77,439    |
| Time Warner Inc         | 56,565    | 99,351    |
| TJX Cos Inc             | 26,933    | 82,547    |
| Toll Brothers Inc       | 50,045    | 49,081    |
| Visa Inc                | 70,215    | 143,461   |
| Walgreen Boots Alliance | 88,545    | 100,262   |
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| Weyerhaeuser Co         | 49,787    | 50,101    |
| Williams Sonoma Inc     | 74,704    | 78,383    |
| Total Common Stocks     | 1,900,127 | 2,825,299 |

**Municipal Bonds**

|                                              |         |         |
|----------------------------------------------|---------|---------|
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| Chicago IL Midway Airport, 4.709%, 1/1/18    | 54,420  | 52,229  |
| Chicago Ill Midway Arpot Rev, 5.00%, 1/1/20  | 51,905  | 50,152  |
| Chicago Ill, Tran Auth, 6.30%, 12/1/21       | 105,977 | 109,279 |
| Citrus Cnty FL Cap Impt rev, 5.795%, 10/1/23 | 120,591 | 113,535 |
| Clark County NV Passenger, 5.00%, 7/1/23     | 107,716 | 107,417 |
| Cook Cnty Ill Sch Dist, 5.85%, 12/1/25       | 28,168  | 27,003  |
| Denver City & Cnty Arpt, 5.25%, 11/15/19     | 57,954  | 55,001  |
| Florida St Mun Pwr Agy, 6.136%, 10/1/16      | 76,909  | 72,826  |
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| Hawaii St Hbr Sys Rev, 5.25%, 1/1/24         | 63,897  | 61,637  |
| Illinois St Fo Issues, 4.85%, 7/1/15         | 157,506 | 151,089 |
| Indiana Bd Bk Rev, 5.32% 1/19/15             | 24,819  | 24,067  |
| Indianapolis Ind Loc Pub, 5.00%, 1/1/23      | 159,791 | 156,839 |
| Kenton Cnty Ky Arpt, 5.50%, 3/1/18           | 103,190 | 100,327 |
| KY Asset/Liability Comm, 4.722%, 4/1/18      | 57,293  | 54,103  |
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| Lee County FL Wst Sys Rev, 5.00%, 10/1/18    | 54,104  | 52,792  |
| Louisville Ky Arpt, 5.00%, 7/1/24            | 41,592  | 40,291  |
| Louisville Ky Regl Arpt Auth, 5.00%, 7/1/23  | 42,087  | 40,288  |
| Metropolitan Tran Auth, 4.546%, 11/15/17     | 54,488  | 53,854  |
| Metropolitan Tran Auth, 4.655%, 11/15/18     | 98,984  | 109,402 |

**Cash Equivalents**

|                                              |                  |                  |
|----------------------------------------------|------------------|------------------|
| Minnesota Pub Facts Auth, 4.50%, 3/1/23      | 55,099           | 56,861           |
| North Carolina Estrn Mun Pwr, 6.217%, 1/1/17 | 53,100           | 52,653           |
| Ocean Cnry NJ, 4.50%, 8/1/20                 | 105,114          | 100,848          |
| Philadelphia Airport Rev, 5.00%, 6/15/15     | 53,143           | 50,287           |
| Rosemont Ill, 2.389%, 12/1/17                | 148,755          | 151,682          |
| South Dakota Hsg Dev Auth, 1.75%, 11/1/16    | 65,096           | 65,781           |
| South Vy Utah Swr Rev 4.73%, 1/1/19          | 54,465           | 54,973           |
| Union County NJ Impt Auth, 6.60%, 3/1/18     | 114,879          | 112,194          |
| Washington Cy KY Justice, 4.125%, 10/1/23    | 54,046           | 52,647           |
| Wayne Cnty Mich Arpt, 5.00%, 12/1/21         | 27,408           | 27,274           |
| Total Municipal Bonds                        | <u>2,692,196</u> | <u>2,659,194</u> |

**Total Investments**

**\$ 6,029,960    \$ 6,978,508**

\* A party in interest as defined by ERISA.

Millwright Local Union No. 1090  
Annuity Plan

Schedule of Reportable Transactions – Schedule H, Part IV – Line 4(J)  
EIN 61-1273074 Plan No. 001  
For The Year Ended April 30, 2015

| (a)<br>Identity                               | (b)<br>Description<br>Of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost Of<br>Asset | (h)<br>Current Value<br>On Transaction<br>Date | (i)<br>Net<br>Gain or Loss |
|-----------------------------------------------|--------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------|----------------------------|
| <u>Series of Transactions in excess of 5%</u> |                                |                          |                         |                         |                                                |                            |
| Vanguard Short Term Bd Index Fd #132          | Mutual Fund                    | 1,045,070                | 0                       | 1,045,070               | 1,045,070                                      | 0                          |

Columns (e) Lease rental and (f) Expense incurred with transaction were not applicable.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2014****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning **05/01/2014**and ending **04/30/2015**

- 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**

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>Millwrights &amp; Machinery Erectors Local Union No.<br/>1090 Annuity Plan</b>                                                                                                                                                                        | <b>1b</b> Three-digit plan<br>number (PN) ► <b>001</b>                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                    | <b>1c</b> Effective date of plan<br><b>06/01/1994</b>                                                                                                                                                      |
| <b>2a</b> Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan)<br><br><b>Board of Trustees for Millwrights<br/>&amp; Machinery Erectors 1090</b><br><br><b>333 West Vine Street, STE 500</b><br><br><b>Lexington KY 40507</b> | <b>2b</b> Employer Identification<br>Number (EIN)<br><b>61-1273074</b><br><b>2c</b> Sponsor's telephone<br>number<br><b>888-999-7741</b><br><b>2d</b> Business code (see<br>instructions)<br><b>238900</b> |

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

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

|                                                                                                            |                                                                 |                           |                                                                                    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                                                       | <b>Merged Plan</b><br><b>Signature of plan administrator</b>    | <b>02/15/2016</b><br>Date | <b>Merged Plan</b><br>Enter name of individual signing as plan administrator       |
| <b>SIGN<br/>HERE</b>                                                                                       | <b>Merged Plan</b><br><b>Signature of employer/plan sponsor</b> |                           | <b>Merged Plan</b><br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN<br/>HERE</b>                                                                                       | <b>Signature of DFE</b>                                         |                           | Enter name of individual signing as DFE                                            |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                 |                           | Preparer's telephone number (optional)                                             |

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

**Form 5500 (2014)**