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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2015</b>                                   |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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) ____ |
| <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).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<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>OHIO AND VICINITY REGIONAL COUNCIL OF CARPENTER- SOUTHWEST RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><b>1c</b> Effective date of plan <u>05/01/2001</u>                                                                                              |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BOARD OF TRUSTEES OHIO AND VICINITY REGIONAL COUNCIL</u><br><br><u>33 FITCH BOULEVARD</u><br><u>AUSTINTOWN, OH 44515</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1965854</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>330-530-2841</u><br><b>2d</b> Business code (see instructions)<br><u>238100</u> |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>09/15/2016</u> | <u>RICHARD FLETCHER</u>                                      |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>09/15/2016</u> | <u>MARK TRIMBACH</u>                                         |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

|                                                                                                                                                                                                                   |                                            |
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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                   | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                   |                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor 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><b>4c</b> PN              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 4534                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            | <b>6a(1)</b> 4534                          |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 | <b>6a(2)</b> 4572                          |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b> 0                                |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       | <b>6d</b> 4572                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                         | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 4572                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b> 4572                             |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b>                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                              | <b>7</b> 182                               |
| <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>2E                                                |                                            |
| <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 type="checkbox"/> <b>R</b> (Retirement Plan Information)<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>(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) |

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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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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|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                           |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015                                |                                                                 |     |
| <div>A</div> Name of plan<br>OHIO AND VICINITY REGIONAL COUNCIL OF CARPENTER- SOUTHWEST RETIREMENT PLAN                   | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                           |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES OHIO AND VICINITY REGIONAL COUNCIL | <div>D</div> Employer Identification Number (EIN)<br>34-1965854 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
|-----|--------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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**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)

PNC BANK, NATIONAL ASSOCIATION

25-1211909

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 21 49 50                   | NONE                                                                                                     | 48162                                                                         | 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)

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 28294                                                                         | 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)

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 17194                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

BENESYS, INC.

38-2383171

| (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 50                  | NONE                                                                                              | 14400                                                                  | 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)

ASSURED PARTNERS OF OHIO DBA DAWSON

80-0786940

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 5330                                                                   | 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"/>                                     |

**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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
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|                                                                          |                               |                                                                                     |

**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>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>OHIO AND VICINITY REGIONAL COUNCIL OF CARPENTER- SOUTHWEST RETIREMENT PLAN</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES OHIO AND VICINITY REGIONAL COUNCIL</u>                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>34-1965854</u>                                       |

| 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>       | 278882                | 325275          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 290419                | 278688          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 5814                  | 6868            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 75138                 | 218281          |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 1487892               | 635519          |
| <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>   | 6960006               | 8463825         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (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>    | 9098151               | 9928456         |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 24571 | 32418 |
| <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> | 24571 | 32418 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9073580 | 9896038 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 1314499    |           |
| <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>    |            | 1314499   |
| <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> | 1510       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 1510      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 91194      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 130743     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 221937    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2753180    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 2461742    |           |
| <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> |            | 291438    |
| (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> | -281537    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -281537   |

|                                                                                                 |        | (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) |            | -339446   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1208401   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 263722 |        |
| (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) |        | 263722 |
| 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) | 51461  |        |
| (2) Contract administrator fees .....                                                | 2i(2) | 14400  |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 48162  |        |
| (4) Other .....                                                                      | 2i(4) | 8198   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 122221 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 385943 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 822458 |
| 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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

**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:

|                                                                                                                                                                                                                                                                                                                  | Yes | No | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |     | X  |     |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | 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>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 250000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | X   |    |     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     |    |     |        |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |        |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |        |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

## **INDEPENDENT AUDITORS' REPORT**

Boards of Trustees  
Ohio and Vicinity Regional Council of Carpenters –  
Southwest Retirement Plan  
and Indiana/Kentucky/Ohio Regional Council of Carpenters  
Defined Contribution Pension Trust Fund

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available 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.

### **Auditors' 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 audits to obtain reasonable assurance about whether the financial statements are free from 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 auditors' 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 the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As discussed in Note 7 to the financial statements effective April 1, 2016, the Plan was merged into the Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund and terminated. Our opinion is not modified with respect to this matter.

**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, as listed in the accompanying table of contents, 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 2015 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Clark, Schaefer, Hackett & Co.*

Dayton, Ohio  
August 24, 2016

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                 |

**A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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) \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |
| <b>1a</b> Name of plan<br>Ohio and Vicinity Regional Council of Carpenter-Southwest Retirement Plan                                                                                                                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>05/01/2001</td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                         | <b>1c</b> Effective date of plan<br>05/01/2001       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                               | 001                                                                                                                                                                                                                                                                                                                      |                                                              |                                                             |                                                      |  |
| <b>1c</b> Effective date of plan<br>05/01/2001                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Board of Trustees Ohio and Vicinity Regional Council<br><br>33 Fitch Boulevard<br>Austintown OH 44515 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>34-1965854</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>(330) 530-2841</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>238100</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>34-1965854 | <b>2c</b> Plan Sponsor's telephone number<br>(330) 530-2841 | <b>2d</b> Business code (see instructions)<br>238100 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>34-1965854                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>(330) 530-2841                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>238100                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                              |                                                             |                                                      |  |

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

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

|                                                                                                 |                                    |      |                                                              |
|-------------------------------------------------------------------------------------------------|------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                |                                    |      | Richard Fletcher                                             |
|                                                                                                 | Signature of plan administrator    | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                    |      | Mark Trimbach                                                |
|                                                                                                 | 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) |                                    |      | Preparer's telephone number                                  |

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

Form 5500 (2015)  
v. 150123

# **Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan**

Financial Statements

December 31, 2015 and 2014

with Independent Auditors' Report

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## **INDEPENDENT AUDITORS' REPORT**

Boards of Trustees  
Ohio and Vicinity Regional Council of Carpenters –  
Southwest Retirement Plan  
and Indiana/Kentucky/Ohio Regional Council of Carpenters  
Defined Contribution Pension Trust Fund

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available 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.

### **Auditors' 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 audits to obtain reasonable assurance about whether the financial statements are free from 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 auditors' 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 the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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**Emphasis of Matter**

As discussed in Note 7 to the financial statements effective April 1, 2016, the Plan was merged into the Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund and terminated. Our opinion is not modified with respect to this matter.

**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, as listed in the accompanying table of contents, 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 2015 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Clark, Schaefer, Hackett & Co.*

Dayton, Ohio  
August 24, 2016

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
Statements of Net Assets Available for Benefits  
December 31, 2015 and 2014

|                                   | <u>2015</u>                | <u>2014</u>             |
|-----------------------------------|----------------------------|-------------------------|
| Assets                            |                            |                         |
| Investments at fair value:        |                            |                         |
| Money market funds                | \$ 218,281                 | 75,138                  |
| Equity securities                 | 635,519                    | 1,487,892               |
| Registered investment companies   | <u>8,463,825</u>           | <u>6,960,006</u>        |
|                                   | 9,317,625                  | 8,523,036               |
| Other assets:                     |                            |                         |
| Cash                              | 325,275                    | 278,882                 |
| Accrued interest and dividends    | 6,847                      | 5,814                   |
| Employer contributions receivable | 278,688                    | 290,419                 |
| Due from related plan             | <u>21</u>                  | <u>-</u>                |
|                                   | <u>9,928,456</u>           | <u>9,098,151</u>        |
| Liabilities                       |                            |                         |
| Accounts payable                  | 15,177                     | 10,475                  |
| Reciprocity payable               | 17,241                     | 13,106                  |
| Due to related Plan               | <u>-</u>                   | <u>990</u>              |
|                                   | <u>32,418</u>              | <u>24,571</u>           |
| Net assets available for benefits | \$ <u><u>9,896,038</u></u> | <u><u>9,073,580</u></u> |

See accompanying notes to financial statements.

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2015 and 2014

|                                            | <u>2015</u>                | <u>2014</u>             |
|--------------------------------------------|----------------------------|-------------------------|
| Investment income (loss):                  |                            |                         |
| Net investment (loss) earnings             | \$ (106,098)               | 551,763                 |
| Investment expense                         | <u>(48,162)</u>            | <u>(45,017)</u>         |
|                                            | (154,260)                  | 506,746                 |
| Employer contributions, net of reciprocity | <u>1,314,499</u>           | <u>926,059</u>          |
|                                            | <u>1,160,239</u>           | <u>1,432,805</u>        |
|                                            |                            |                         |
| Benefits paid to participants              | 263,722                    | 238,307                 |
| Administrative fees                        | 14,400                     | 14,400                  |
| Other administrative expenses              | <u>59,659</u>              | <u>36,382</u>           |
|                                            | <u>337,781</u>             | <u>289,089</u>          |
|                                            |                            |                         |
| Net increase                               | 822,458                    | 1,143,716               |
|                                            |                            |                         |
| Net assets available for benefits:         |                            |                         |
| Beginning of year                          | <u>9,073,580</u>           | <u>7,929,864</u>        |
| End of year                                | \$ <u><u>9,896,038</u></u> | <u><u>9,073,580</u></u> |

See accompanying notes to financial statements.

**1. DESCRIPTION OF THE PLAN:**

The following brief description of the Ohio and Vicinity Regional Council of Carpenters – Southwest Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution pension plan covering employees of those employers who have agreed to make the required employer contributions to the Plan under the terms of a collective bargaining agreement with the Southwest Region of the Indiana/Kentucky/Ohio Regional Council of Carpenters. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The contributing employers are primarily located in Southwest Ohio. Therefore, the Plan is affected by the economic conditions of the region.

**Contributions**

In accordance with the collective bargaining agreements, employers are required to make monthly contributions at a fixed dollar amount for each hour worked by participants. No participant contributions to the Plan are permitted.

**Participant accounts**

Each participant's account is credited with employer contributions and allocations of plan earnings and is 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.

**Vesting**

Participation in the Plan begins on the first day of the month that follows the period during which at least 500 hours are worked during an eligibility period. The initial eligibility period is based on the 12-month period following the inception of work for a contributing employer and is measured on a plan year basis thereafter. Participants are 100 percent vested in the contributions made on their behalf during any period in which eligibility is obtained. Contributions made on behalf of participants who do not obtain sufficient work hours during an eligibility period are forfeited (permanently lost). Forfeited account balances are redistributed among the remaining participants. Forfeitures of \$20,598 and \$10,879 were redistributed among remaining participants during the years ended December 31, 2015 and 2014, respectively.

**Payment of benefits**

Upon termination of service (whether due to retirement, death, disability, or other termination of employment), a participant is entitled to the full value of his or her account, payable in a lump sum.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

The following are the significant accounting policies of the Plan:

**Basis of accounting**

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

**Investment valuation and income recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, see Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year and unrealized gains and losses on investments held at the end of the year.

**Payment of benefits**

Benefit payments to participants are recorded upon distribution.

**Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Change in accounting policy**

The Financial Accounting Standards Board (FASB) recently issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Contribution Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning December 15, 2015, with earlier adoption permitted. The Plan has elected to early adopt Part II of ASU 2015-12, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

**Reclassifications**

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

**Subsequent events**

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through August 24, 2016, the date on which the financial statements were available to be issued.

**3. PLAN TERMINATION:**

Effective April 1, 2016, the Plan was merged into the Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (the "Regional Plan"). Beginning April 1, 2016, Plan participants became participants in the Regional Plan.

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

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

The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 December 31, 2015 and 2014.

*Money market funds:* Valued at cost, which approximates fair value.

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

*Registered Investment Companies:* Exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the daily closing prices as reported by the funds. The funds held by the Plan are registered with the Securities and Exchange Commission. Mutual funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

|                                 | <u>Fair Value</u>   | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> |
|---------------------------------|---------------------|------------------|----------------|----------------|
| Money market funds              | \$ 218,281          | 218,281          | -              | -              |
| Equity securities               | 635,519             | 635,519          | -              | -              |
| Registered investment companies | 8,463,825           | 8,463,825        | -              | -              |
|                                 | <u>\$ 9,317,625</u> | <u>9,317,625</u> | <u>-</u>       | <u>-</u>       |

Assets at Fair Value as of December 31, 2014

|                                 | <u>Fair Value</u>   | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> |
|---------------------------------|---------------------|------------------|----------------|----------------|
| Money market funds              | \$ 75,138           | 75,138           | -              | -              |
| Equity securities               | 1,487,892           | 1,487,892        | -              | -              |
| Registered investment companies | 6,960,006           | 6,960,006        | -              | -              |
|                                 | <u>\$ 8,523,036</u> | <u>8,523,036</u> | <u>-</u>       | <u>-</u>       |

**5. TAX STATUS:**

The IRS has determined and informed the Plan by a letter dated December 15, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan trustees and plan's tax counsel believe that prior to the merger with the Regional Plan, the Plan was designed, and was operated, in compliance with the applicable requirements of the IRC and, therefore, believe the Plan was qualified, and the related trust was tax-exempt.

**6. RELATED PARTY TRANSACTIONS:**

Employers remit one payment for all fringe benefit contributions and dues deductions payable under the collective bargaining agreements. These are remitted to a lockbox controlled by the Southwest Ohio Regional Council of Carpenters Pension Plan ("related Pension Plan"), which determines the allocation of the funds and disburses them to the appropriate entities. At December 31, 2015, contributions receivable included \$119,790, held by the related Pension Plan. At December 31, 2014, contributions receivable included \$111,559 held by the related Pension Plan.

The related Pension Plan incurred certain administrative expenses related to its collection efforts and also generated income from interest and liquidated damages. The net income or expense is allocated between the various fringe benefit and dues funds based on each funds' related share of the total collections. During the year ended December 31, 2015, the Plan was allocated \$1,011 of net earnings from the Pension Plan. During the year ended December 31, 2014 the Plan was allocated \$766 of net expenses from the Pension Plan. At December 31, 2015, the Plan was owed \$21 for its share of the net earnings related to the Pension Plan's collection efforts. At December 31, 2014, the Plan owed \$990 to for its share of the net expenses related to the Pension Plan's collection efforts.

**7. PLAN MERGER:**

On April 1, 2016, the Plan was merged into the Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund.

## **SUPPLEMENTAL SCHEDULES**

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4i - Schedule of Assets (Held at End of Year)

| ( a )                                               | ( b )                                        | ( c )                              | ( d )          | ( e )                    |
|-----------------------------------------------------|----------------------------------------------|------------------------------------|----------------|--------------------------|
|                                                     | <u>Identity of Issue</u>                     | <u>Principal<br/>Amount/Shares</u> | <u>Cost</u>    | <u>Current<br/>Value</u> |
| * Investment Manager: PNC Institutional Investments |                                              |                                    |                |                          |
| Money market fund:                                  |                                              |                                    |                |                          |
|                                                     | FIDELITY MONEY MARKET INSTITUTIONAL CLASS FD | 218,281                            | \$ 218,281     | 218,281                  |
| Equity securities:                                  |                                              |                                    |                |                          |
|                                                     | ACCENTURE PLC CLASS A                        | 210                                | 21,486         | 21,945                   |
|                                                     | AERCAP HOLDINGS NV                           | 505                                | 20,245         | 21,796                   |
|                                                     | AETNA INC NEW                                | 180                                | 13,778         | 19,462                   |
|                                                     | ALASKA AIR GROUP INC                         | 260                                | 16,507         | 20,933                   |
|                                                     | AMDOCS LIMITED                               | 360                                | 19,678         | 19,645                   |
|                                                     | AMERIPRISE FINANCIAL INC                     | 190                                | 21,987         | 20,220                   |
|                                                     | AMGEN INC                                    | 145                                | 18,100         | 23,538                   |
|                                                     | CDW CORP/DE                                  | 500                                | 17,811         | 21,020                   |
|                                                     | CHECK POINT SOFTWARE TECH                    | 245                                | 19,871         | 19,938                   |
|                                                     | CINTAS CORP                                  | 230                                | 20,479         | 20,942                   |
|                                                     | COMCAST CORPORATION CL A                     | 335                                | 13,811         | 18,904                   |
|                                                     | D R HORTON INC                               | 695                                | 20,514         | 22,261                   |
|                                                     | DOW CHEMICAL CO                              | 410                                | 20,706         | 21,107                   |
|                                                     | DR PEPPER SNAPPLE GROUP INC                  | 275                                | 25,315         | 25,630                   |
|                                                     | FOOT LOCKER INC                              | 290                                | 14,883         | 18,876                   |
|                                                     | GILEAD SCIENCES INC                          | 205                                | 20,751         | 20,744                   |
|                                                     | HUNTINGTON BANCSHARES INC                    | 1,885                              | 18,944         | 20,848                   |
|                                                     | KROGER CO                                    | 535                                | 17,176         | 22,379                   |
|                                                     | MONDELEZ INTERNATIONAL                       | 470                                | 21,103         | 21,075                   |
|                                                     | NIKE INC CLASS B                             | 330                                | 21,386         | 20,625                   |
|                                                     | NORTHROP GRUMMAN CORPORATION                 | 130                                | 21,035         | 24,545                   |
|                                                     | PRINCIPAL FINANCIAL GROUP                    | 410                                | 20,224         | 18,442                   |
|                                                     | PRUDENTIAL FINANCIAL INC.                    | 270                                | 21,474         | 21,981                   |
|                                                     | SKYWORKS SOLUTIONS INC                       | 245                                | 19,044         | 18,823                   |
|                                                     | TEVA PHARMACEUTICAL INDS LTD ADR             | 310                                | 19,998         | 20,348                   |
|                                                     | THE TRAVELERS COS INC                        | 205                                | 18,895         | 23,136                   |
|                                                     | TOWERS WATSON & CO CLASS A MERGED 1/05/2016  | 165                                | 21,597         | 21,196                   |
|                                                     | UNIVERSAL HEALTH SERVICES INC CLASS B        | 165                                | 19,173         | 19,716                   |
|                                                     | VALERO ENERGY CORP                           | 355                                | 22,453         | 25,102                   |
|                                                     | WYNDHAM WORLDWIDE CORP                       | 280                                | 17,091         | 20,342                   |
|                                                     |                                              |                                    | <u>585,515</u> | <u>635,519</u>           |
| Registered investment companies:                    |                                              |                                    |                |                          |
|                                                     | ARTISAN INTERNATIONAL FD-ADV                 | 9,200                              | 245,545        | 263,673                  |
|                                                     | AQR MANAGED FUTURES STRATEGY FUND CLASS I    | 23,582                             | 253,850        | 240,061                  |
|                                                     | DIAMOND HILL LONG-SHORT FUND CL I            | 12,609                             | 308,400        | 299,714                  |
|                                                     | DODGE & COX INCOME FUND                      | 38,161                             | 518,752        | 507,166                  |
|                                                     | DRIEHAUS ACTIVE INCOME FUND # 640            | 18,896                             | 200,875        | 188,011                  |
|                                                     | EATON VANCE FLOATING RATE FUND CLASS I       | 23,781                             | 213,051        | 199,999                  |

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4i - Schedule of Assets (Held at End of Year)

| ( a ) | ( b )                                                            | ( c )                              | ( d )               | ( e )                    |
|-------|------------------------------------------------------------------|------------------------------------|---------------------|--------------------------|
|       | <u>Identity of Issue</u>                                         | <u>Principal<br/>Amount/Shares</u> | <u>Cost</u>         | <u>Current<br/>Value</u> |
|       | EATON VANCE GLOBAL MACRO<br>ABSOLUTE RETURN FUND CLASS I         | 20,262                             | 187,620             | 183,370                  |
|       | HARDING LOEVNER EMERGING MARKETS<br>PORTOFLIO FUND ADVISOR CLASS | 7,383                              | 330,935             | 289,563                  |
|       | ISHARES CORE MSCI EAFE ETF                                       | 12,894                             | 732,858             | 701,176                  |
|       | ISHARES RUSSELL 1000 GROWTH ETF                                  | 3,097                              | 238,482             | 308,090                  |
|       | ISHARES RUSSELL 1000 VALUE ETF                                   | 3,429                              | 333,380             | 335,562                  |
|       | METROPOLITAN WEST<br>UNCONSTRAINED BOND FUND CLASS I             | 34,101                             | 404,245             | 399,324                  |
|       | MFS VALUE FUND CLASS I FUND #893                                 | 8,523                              | 275,280             | 280,905                  |
| *     | PNC MULTI-FACTOR<br>SMALL CAP CORE FUND CLASS I                  | 19,822                             | 418,830             | 404,168                  |
|       | PRINCIPAL MID CAP FUND CLASS INS                                 | 19,712                             | 453,200             | 411,991                  |
|       | T ROWE PRICE GROWTH STOCK FD # 40                                | 4,789                              | 253,035             | 256,962                  |
|       | TEMPLETON GLOBAL BOND FUND AD #616                               | 68,660                             | 874,870             | 791,652                  |
|       | VANGUARD INTERNATIONAL VALUE FUND #46                            | 7,648                              | 234,025             | 237,772                  |
|       | VANGUARD REIT ETF                                                | 1,160                              | 95,745              | 92,487                   |
|       | VANGUARD TOTAL BOND MARKET ETF                                   | 19,234                             | 1,559,348           | 1,553,338                |
|       | WELLS FARGO CORE BOND FUND CLASS I                               | 41,080                             | 527,223             | 518,841                  |
|       |                                                                  |                                    | <u>8,659,549</u>    | <u>8,463,825</u>         |
|       | Total managed by<br>PNC Institutional Investments                |                                    | <u>\$ 9,463,345</u> | <u>9,317,625</u>         |

\* Party-in-interest

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
Year Ended December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4j - Schedule of Reportable Transactions

| (a)                                                                               | (b)                                          | (c)                            | (d)           | (g)                     | (h)                               | (i)         |
|-----------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|---------------|-------------------------|-----------------------------------|-------------|
| Party Involved                                                                    | Description of Asset                         | Purchase Price                 | Selling Price | Cost                    | Current Value on Transaction Date | Gain (Loss) |
| <i>Category i- Single Transaction in Excess of 5 Percent of Net Assets</i>        |                                              |                                |               |                         |                                   |             |
| * PNC                                                                             | Dodge & Cox Income Fund                      | \$ -                           | 645,750       | 646,594                 | 645,750                           | (844)       |
| * PNC                                                                             | Fidelity Advisor Floating High Income Fund I | -                              | 468,832       | 473,080                 | 468,832                           | (4,248)     |
| * PNC                                                                             | iShares Russell 1000 Growth                  | -                              | 624,277       | 486,282                 | 624,277                           | 137,995     |
| * PNC                                                                             | Wells Fargo Core Bond Fund Class I           | -                              | 658,000       | 668,137                 | 658,000                           | (10,137)    |
| * PNC                                                                             | Fidelity Money Market Institutional Class    | -                              | 545,999       | 545,999                 | 545,999                           | -           |
| * PNC                                                                             | Vanguard Total Bond Market ETF               | 569,989<br>Purchase<br>660,825 | -             | 569,989<br>-<br>660,825 | 569,989<br>-<br>660,825           | -<br>-<br>- |
| <i>Category iii - Series of Transactions in Excess of 5 Percent of Net Assets</i> |                                              |                                |               |                         |                                   |             |
| * PNC                                                                             | Dodge & Cox Income Fund                      | -                              | 990,565       | 995,677                 | 990,565                           | (5,112)     |
| * PNC                                                                             | iShares Russell 1000 Growth                  | -                              | 1,075,352     | 835,111                 | 1,075,352                         | 240,241     |
| * PNC                                                                             | Wells Fargo Core Bond Fund Class I           | -                              | 1,002,815     | 1,017,414               | 1,002,815                         | (14,599)    |
| * PNC                                                                             | Fidelity Money Market Institutional Class    | -                              | 969,547       | 969,547                 | 969,547                           | -           |
|                                                                                   | Purchases                                    | 1,112,690                      | -             | 1,112,690               | 1,112,690                         | -           |
| * PNC                                                                             | iShares Core MSCI EAFE ETF                   | 732,858                        | -             | 732,858                 | 732,858                           | -           |
| * PNC                                                                             | Templeton Global Bond Fund AD #616           | 446,640                        | -             | 446,640                 | 446,640                           | -           |
| * PNC                                                                             | Vanguard Total Bond Market ETF               | 1,559,348                      | -             | 1,559,348               | 1,559,348                         | -           |

\* Party-in-interest

There were no reportable category ii or iv transactions for the year ended December 31, 2015.

Note: "Reportable transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.



**At Clark Schaefer Hackett,** we believe there's a difference between providing accounting services and actually serving you. One is about numbers, the other is about relationships. We strive to create remarkable relationships The CSH Way: by building trust, offering guidance, delivering desired outcomes, and providing vision to help you achieve your goals.

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Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4i - Schedule of Assets (Held at End of Year)

| ( a )                                               | ( b )                                        | ( c )                              | ( d )       | ( e )                    |
|-----------------------------------------------------|----------------------------------------------|------------------------------------|-------------|--------------------------|
|                                                     | <u>Identity of Issue</u>                     | <u>Principal<br/>Amount/Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
| * Investment Manager: PNC Institutional Investments |                                              |                                    |             |                          |
|                                                     | Money market fund:                           |                                    |             |                          |
|                                                     | FIDELITY MONEY MARKET INSTITUTIONAL CLASS FD | 218,281                            | \$ 218,281  | 218,281                  |
|                                                     | Equity securities:                           |                                    |             |                          |
|                                                     | ACCENTURE PLC CLASS A                        | 210                                | 21,486      | 21,945                   |
|                                                     | AERCAP HOLDINGS NV                           | 505                                | 20,245      | 21,796                   |
|                                                     | AETNA INC NEW                                | 180                                | 13,778      | 19,462                   |
|                                                     | ALASKA AIR GROUP INC                         | 260                                | 16,507      | 20,933                   |
|                                                     | AMDOCS LIMITED                               | 360                                | 19,678      | 19,645                   |
|                                                     | AMERIPRISE FINANCIAL INC                     | 190                                | 21,987      | 20,220                   |
|                                                     | AMGEN INC                                    | 145                                | 18,100      | 23,538                   |
|                                                     | CDW CORP/DE                                  | 500                                | 17,811      | 21,020                   |
|                                                     | CHECK POINT SOFTWARE TECH                    | 245                                | 19,871      | 19,938                   |
|                                                     | CINTAS CORP                                  | 230                                | 20,479      | 20,942                   |
|                                                     | COMCAST CORPORATION CL A                     | 335                                | 13,811      | 18,904                   |
|                                                     | D R HORTON INC                               | 695                                | 20,514      | 22,261                   |
|                                                     | DOW CHEMICAL CO                              | 410                                | 20,706      | 21,107                   |
|                                                     | DR PEPPER SNAPPLE GROUP INC                  | 275                                | 25,315      | 25,630                   |
|                                                     | FOOT LOCKER INC                              | 290                                | 14,883      | 18,876                   |
|                                                     | GILEAD SCIENCES INC                          | 205                                | 20,751      | 20,744                   |
|                                                     | HUNTINGTON BANCSHARES INC                    | 1,885                              | 18,944      | 20,848                   |
|                                                     | KROGER CO                                    | 535                                | 17,176      | 22,379                   |
|                                                     | MONDELEZ INTERNATIONAL                       | 470                                | 21,103      | 21,075                   |
|                                                     | NIKE INC CLASS B                             | 330                                | 21,386      | 20,625                   |
|                                                     | NORTHROP GRUMMAN CORPORATION                 | 130                                | 21,035      | 24,545                   |
|                                                     | PRINCIPAL FINANCIAL GROUP                    | 410                                | 20,224      | 18,442                   |
|                                                     | PRUDENTIAL FINANCIAL INC.                    | 270                                | 21,474      | 21,981                   |
|                                                     | SKYWORKS SOLUTIONS INC                       | 245                                | 19,044      | 18,823                   |
|                                                     | TEVA PHARMACEUTICAL INDS LTD ADR             | 310                                | 19,998      | 20,348                   |
|                                                     | THE TRAVELERS COS INC                        | 205                                | 18,895      | 23,136                   |
|                                                     | TOWERS WATSON & CO CLASS A MERGED 1/05/2016  | 165                                | 21,597      | 21,196                   |
|                                                     | UNIVERSAL HEALTH SERVICES INC CLASS B        | 165                                | 19,173      | 19,716                   |
|                                                     | VALERO ENERGY CORP                           | 355                                | 22,453      | 25,102                   |
|                                                     | WYNDHAM WORLDWIDE CORP                       | 280                                | 17,091      | 20,342                   |
|                                                     |                                              |                                    | 585,515     | 635,519                  |
|                                                     | Registered investment companies:             |                                    |             |                          |
|                                                     | ARTISAN INTERNATIONAL FD-ADV                 | 9,200                              | 245,545     | 263,673                  |
|                                                     | AQR MANAGED FUTURES STRATEGY FUND CLASS I    | 23,582                             | 253,850     | 240,061                  |
|                                                     | DIAMOND HILL LONG-SHORT FUND CL I            | 12,609                             | 308,400     | 299,714                  |
|                                                     | DODGE & COX INCOME FUND                      | 38,161                             | 518,752     | 507,166                  |
|                                                     | DRIEHAUS ACTIVE INCOME FUND # 640            | 18,896                             | 200,875     | 188,011                  |
|                                                     | EATON VANCE FLOATING RATE FUND CLASS I       | 23,781                             | 213,051     | 199,999                  |

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4i - Schedule of Assets (Held at End of Year)

| ( a ) | ( b )                                                            | ( c )                              | ( d )               | ( e )                    |
|-------|------------------------------------------------------------------|------------------------------------|---------------------|--------------------------|
|       | <u>Identity of Issue</u>                                         | <u>Principal<br/>Amount/Shares</u> | <u>Cost</u>         | <u>Current<br/>Value</u> |
|       | EATON VANCE GLOBAL MACRO<br>ABSOLUTE RETURN FUND CLASS I         | 20,262                             | 187,620             | 183,370                  |
|       | HARDING LOEVNER EMERGING MARKETS<br>PORTOFLIO FUND ADVISOR CLASS | 7,383                              | 330,935             | 289,563                  |
|       | ISHARES CORE MSCI EAFE ETF                                       | 12,894                             | 732,858             | 701,176                  |
|       | ISHARES RUSSELL 1000 GROWTH ETF                                  | 3,097                              | 238,482             | 308,090                  |
|       | ISHARES RUSSELL 1000 VALUE ETF                                   | 3,429                              | 333,380             | 335,562                  |
|       | METROPOLITAN WEST<br>UNCONSTRAINED BOND FUND CLASS I             | 34,101                             | 404,245             | 399,324                  |
|       | MFS VALUE FUND CLASS I FUND #893                                 | 8,523                              | 275,280             | 280,905                  |
| *     | PNC MULTI-FACTOR<br>SMALL CAP CORE FUND CLASS I                  | 19,822                             | 418,830             | 404,168                  |
|       | PRINCIPAL MID CAP FUND CLASS INS                                 | 19,712                             | 453,200             | 411,991                  |
|       | T ROWE PRICE GROWTH STOCK FD # 40                                | 4,789                              | 253,035             | 256,962                  |
|       | TEMPLETON GLOBAL BOND FUND AD #616                               | 68,660                             | 874,870             | 791,652                  |
|       | VANGUARD INTERNATIONAL VALUE FUND #46                            | 7,648                              | 234,025             | 237,772                  |
|       | VANGUARD REIT ETF                                                | 1,160                              | 95,745              | 92,487                   |
|       | VANGUARD TOTAL BOND MARKET ETF                                   | 19,234                             | 1,559,348           | 1,553,338                |
|       | WELLS FARGO CORE BOND FUND CLASS I                               | 41,080                             | 527,223             | 518,841                  |
|       |                                                                  |                                    | <u>8,659,549</u>    | <u>8,463,825</u>         |
|       | Total managed by<br>PNC Institutional Investments                |                                    | <u>\$ 9,463,345</u> | <u>9,317,625</u>         |

\* Party-in-interest

Ohio and Vicinity Regional Council of Carpenters -  
Southwest Retirement Plan  
Year Ended December 31, 2015  
EIN #34-1965854; PLAN #001  
Schedule H - Item 4j - Schedule of Reportable Transactions

| (a)                                                                               | (b)                                          | (c)                            | (d)           | (g)                     | (h)                               | (i)         |
|-----------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|---------------|-------------------------|-----------------------------------|-------------|
| Party Involved                                                                    | Description of Asset                         | Purchase Price                 | Selling Price | Cost                    | Current Value on Transaction Date | Gain (Loss) |
| <i>Category i- Single Transaction in Excess of 5 Percent of Net Assets</i>        |                                              |                                |               |                         |                                   |             |
| * PNC                                                                             | Dodge & Cox Income Fund                      | \$ -                           | 645,750       | 646,594                 | 645,750                           | (844)       |
| * PNC                                                                             | Fidelity Advisor Floating High Income Fund I | -                              | 468,832       | 473,080                 | 468,832                           | (4,248)     |
| * PNC                                                                             | iShares Russell 1000 Growth                  | -                              | 624,277       | 486,282                 | 624,277                           | 137,995     |
| * PNC                                                                             | Wells Fargo Core Bond Fund Class I           | -                              | 658,000       | 668,137                 | 658,000                           | (10,137)    |
| * PNC                                                                             | Fidelity Money Market Institutional Class    | -                              | 545,999       | 545,999                 | 545,999                           | -           |
| * PNC                                                                             | Vanguard Total Bond Market ETF               | 569,989<br>Purchase<br>660,825 | -             | 569,989<br>-<br>660,825 | 569,989<br>-<br>660,825           | -<br>-<br>- |
| <i>Category iii - Series of Transactions in Excess of 5 Percent of Net Assets</i> |                                              |                                |               |                         |                                   |             |
| * PNC                                                                             | Dodge & Cox Income Fund                      | -                              | 990,565       | 995,677                 | 990,565                           | (5,112)     |
| * PNC                                                                             | iShares Russell 1000 Growth                  | -                              | 1,075,352     | 835,111                 | 1,075,352                         | 240,241     |
| * PNC                                                                             | Wells Fargo Core Bond Fund Class I           | -                              | 1,002,815     | 1,017,414               | 1,002,815                         | (14,599)    |
| * PNC                                                                             | Fidelity Money Market Institutional Class    | -                              | 969,547       | 969,547                 | 969,547                           | -           |
|                                                                                   | Purchases                                    | 1,112,690                      | -             | 1,112,690               | 1,112,690                         | -           |
| * PNC                                                                             | iShares Core MSCI EAFE ETF                   | 732,858                        | -             | 732,858                 | 732,858                           | -           |
| * PNC                                                                             | Templeton Global Bond Fund AD #616           | 446,640                        | -             | 446,640                 | 446,640                           | -           |
| * PNC                                                                             | Vanguard Total Bond Market ETF               | 1,559,348                      | -             | 1,559,348               | 1,559,348                         | -           |

\* Party-in-interest

There were no reportable category ii or iv transactions for the year ended December 31, 2015.

Note: "Reportable transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.