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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                          |                                                                                                                                                                                                                                          |                                                                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</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.) |                                                                                           |
|                                                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report | <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><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<br><input type="checkbox"/> special extension (enter description)                                                                                                                          | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program |

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

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

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

|                                                                                                                                                                                                                                               |                                                   |            |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 02/08/2018 | MARK MCGRUFF                                                 |
|                                                                                                                                                                                                                                               | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 02/08/2018 | MARK MCGRUFF                                                 |
|                                                                                                                                                                                                                                               | 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)<br><u>MICHELLE L. ZIMMERMAN</u><br><u>L. M. HENDERSON &amp; COMPANY, LLP</u><br><u>450 E 96TH ST STE 200</u><br><u>INDIANAPOLIS, IN 46240</u> |                                                   |            | Preparer's telephone number<br><u>317-566-1000</u>           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 23383                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 21054<br><b>6a(2)</b> 26223<br><b>6b</b> 37<br><b>6c</b> 2128<br><b>6d</b> 28388<br><b>6e</b> 35<br><b>6f</b> 28423<br><b>6g</b> 28423<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b> 694                                                                                                                                                     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2C 2E 2F 2G

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br><b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2016                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                          |                                                      |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017                               |                                                      |
| A Name of plan<br>INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND           | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP | D Employer Identification Number (EIN)<br>35-1833932 |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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**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)

ONE AMERICA RETIREMENT SERVICES, LL

46-5378846

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 28                  | NONE                                                                                              | 736692                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 13                  | NONE                                                                                              | 326452                                                                 | 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)

MARQUETTE ASSOCIATES

36-3485298

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 27                  | NONE                                                                                              | 95000                                                                  | 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)

PAUL BERKOWITZ AND ASSOCIATES, LTD

36-3780998

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 29                         | NONE                                                                                                     | 39177                                                                         | 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)

L.M. HENDERSON & COMPANY, LLP

20-5520612

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 10                         | NONE                                                                                                     | 33050                                                                         | 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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 10                         | NONE                                                                                                     | 31400                                                                         | 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)

FILLENWARTH DENNERLINE GROTH & TOWE

26-2311312

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 29                         | NONE                                                                                                     | 16284                                                                         | 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)

S.C. MILLER & CO., INC.

35-1820020

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 10                         | NONE                                                                                                     | 13848                                                                         | 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)

BENESYS

38-2383171

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50 13                         | NONE                                                                                                     | 8244                                                                          | 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"/>                                            |

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan 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> |                                                                                                       | <div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| A Name of plan<br>INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND                                                                    |  |                                                                                                                                                                                                                                   |                                                                                                       | B Three-digit plan number (PN)                                                                  | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>INDIANA REGIONAL COUNCIL OF CARPENTERS & MILLWRIGHTS MULTI-EMP                                                   |  |                                                                                                                                                                                                                                   |                                                                                                       | D Employer Identification Number (EIN)<br>35-1833932                                            |     |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND CLASS                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): WELLS FARGO                                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN 52-2250946-001                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43001187 |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |                                                                                                 |     |

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

Schedule D (Form 5500) 2016 v.160205

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

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

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

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

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><hr/> <small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><hr/> <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>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                            |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>                                   |                                                                    |            |
| <b>A</b> Name of plan<br><u>INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND</u>               | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INDIANA REGIONAL COUNCIL OF CARPENTERS &amp; MILLWRIGHTS MULTI-EMP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>35-1833932</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 3318193               | 3601136         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 7608697               | 8163595         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 114646                | 375207          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 18668852              | 19438815        |
| <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> |                       |                 |
| <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>    | 45789011              | 43001187        |
| <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>   | 437451407             | 496428049       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 512950806             | 571007989       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 107222 | 683084 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 125524 | 79475  |
| <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> | 232746 | 762559 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 512718060 | 570245430 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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> | 45261215   |           |
| <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>    |            | 45261215  |
| <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> | 699111     |           |
| <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> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 699111    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1643915    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1643915   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 106286434  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 97502905   |           |
| <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> |            | 8783529   |
| (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> | 43436544   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 43436544  |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            | 68462     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 99892776  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 41026140 |          |
| (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) |          | 41026140 |
| 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) | 105566   |          |
| (2) Contract administrator fees.....                                                 | 2i(2) | 334696   |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 831686   |          |
| (4) Other .....                                                                      | 2i(4) | 67318    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 1339266  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 42365406 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 57527370 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  |          |
| (2) From this plan.....                                  | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(2) EIN: **20-5520612**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <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.) .....                                          | <b>4c</b> |     | 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <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? .....                                                                                       | <b>4f</b> |     | 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? .....                                                    | <b>4g</b> |     | 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? .....                                          | <b>4h</b> |     | 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.) .....                                                                | <b>4i</b> | 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.) ..... | <b>4j</b> | 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? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | 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>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     | X  |        |

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

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

| 5b(1) Name of plan(s) | 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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## 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 |

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

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## FINANCIAL STATEMENTS

*Years Ended June 30, 2017 and June 30, 2016*



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

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

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*June 30, 2017 and June 30, 2016*

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

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James J. Cline, Jr.  
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## Independent Auditor's Report

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

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

We have audited the accompanying financial statements of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund (an Indiana multi-employer benefit plan), which comprise the statements of net assets available for benefits as of June 30, 2017 and June 30, 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Fund'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 Fund's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Indiana/Kentucky/Ohio Regional Council of Carpenters Defined Contribution Pension Trust Fund as of June 30, 2017 and June 30, 2016, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Report on Supplementary Information**

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



Certified Public Accountants  
Indianapolis, Indiana

November 17, 2017

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

### Statements of Net Assets Available for Benefits

at June 30, 2017 and June 30, 2016

|                                                         | June 30,<br>2017      | June 30,<br>2016      |
|---------------------------------------------------------|-----------------------|-----------------------|
| <u>ASSETS:</u>                                          |                       |                       |
| Investments at fair value - Note 3:                     |                       |                       |
| Cash equivalents                                        | \$ 19,438,815         | \$ 18,668,852         |
| Mutual funds                                            | 496,428,049           | 437,451,407           |
| Total investments                                       | <u>515,866,864</u>    | <u>456,120,259</u>    |
| Common collective trust fund at contract value - Note 6 | 43,001,187            | 45,789,011            |
| Receivables:                                            |                       |                       |
| Contributions receivable - Note 1                       | 8,163,595             | 7,608,697             |
| Interest receivable                                     | 7,520                 | 1,181                 |
| Cash receivable - pending trades                        | 336,068               | 82,251                |
| Total receivables                                       | <u>8,507,183</u>      | <u>7,692,129</u>      |
| Other assets:                                           |                       |                       |
| Operating cash accounts                                 | 3,601,136             | 3,318,193             |
| Prepaid expenses                                        | 31,619                | 31,214                |
| Total other assets                                      | <u>3,632,755</u>      | <u>3,349,407</u>      |
| Total assets                                            | <u>\$ 571,007,989</u> | <u>\$ 512,950,806</u> |

See Notes to Financial Statements.

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|                                              | June 30,<br>2017   | June 30,<br>2016   |
|----------------------------------------------|--------------------|--------------------|
|                                              |                    |                    |
| <u>LIABILITIES:</u>                          |                    |                    |
| Accounts payable                             | \$ 79,475          | \$ 125,524         |
| Other payables:                              |                    |                    |
| Reciprocities payable                        | 172,310            | 105,022            |
| Benefits payable                             | 510,774            | 2,200              |
| Total other payables                         | 683,084            | 107,222            |
| Total liabilities                            | 762,559            | 232,746            |
| <br><u>NET ASSETS AVAILABLE FOR BENEFITS</u> | <br>\$ 570,245,430 | <br>\$ 512,718,060 |

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

### Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2017 and June 30, 2016

|                                                                                     | Year Ended       |                  |
|-------------------------------------------------------------------------------------|------------------|------------------|
|                                                                                     | June 30,<br>2017 | June 30,<br>2016 |
| <b><u>ADDITIONS:</u></b>                                                            |                  |                  |
| Investment income:                                                                  |                  |                  |
| Net unrealized appreciation (depreciation) in fair value<br>of investments - Note 3 | \$ 42,737,434    | \$ (5,368,836)   |
| Realized gain on sale of investments and capital gain<br>distributions - Note 3     | 9,482,639        | 6,967,450        |
|                                                                                     | 52,220,073       | 1,598,614        |
| Interest and dividends                                                              | 2,343,026        | 2,240,042        |
|                                                                                     | 54,563,099       | 3,838,656        |
| Less: Investment expense                                                            | 831,686          | 736,220          |
| Net investment income                                                               | 53,731,413       | 3,102,436        |
| Employer contributions - Note 2                                                     | 45,261,215       | 41,504,015       |
| Miscellaneous income                                                                | 750              | 3,604            |
| Litigation settlement                                                               | 67,712           | 228              |
|                                                                                     | 99,061,090       | 44,610,283       |
| <b><u>DEDUCTIONS:</u></b>                                                           |                  |                  |
| Benefits paid to participants                                                       | 41,026,140       | 40,214,481       |
| Administrative expenses:                                                            |                  |                  |
| Administrative fees                                                                 | 334,696          | 305,104          |
| Financial audit, tax preparation, and payroll audit fees                            | 57,238           | 86,805           |
| Insurance                                                                           | 33,999           | 42,580           |
| Legal fees                                                                          | 48,328           | 54,086           |
| Miscellaneous                                                                       | 3,075            | 1,907            |
| Printing, postage, telephone, shredding, and storage                                | 23,552           | 37,248           |
| Trustee expenses                                                                    | 6,692            | 3,889            |
| Total administrative expenses                                                       | 507,580          | 531,619          |
|                                                                                     | 41,533,720       | 40,746,100       |
| <b><u>NET INCREASE</u></b>                                                          | 57,527,370       | 3,864,183        |

See Notes to Financial Statements.

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NET ASSETS AVAILABLE FOR BENEFITS:

|                                                                                                                 | Year Ended            |                       |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
|                                                                                                                 | June 30,<br>2017      | June 30,<br>2016      |
| Balance, beginning of year                                                                                      | \$ 512,718,060        | \$ 491,449,490        |
| Net assets transferred from Millwright Local Union #1090 Annuity Trust Fund - Note 10                           | -                     | 7,324,993             |
| Net assets transferred from Ohio and Vacinity Regional Council of Carpenter-Southwest Retirement Plan - Note 10 | -                     | 10,079,394            |
|                                                                                                                 | <u>512,718,060</u>    | <u>508,853,877</u>    |
| Balance, end of year                                                                                            | <u>\$ 570,245,430</u> | <u>\$ 512,718,060</u> |

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### Notes to Financial Statements

June 30, 2017 and June 30, 2016

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

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

(a) **Basis of Accounting**

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

(b) **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. In accordance with the policy of stating investments at fair value, net unrealized appreciation for the year is reflected in the Statements of Changes in Net Assets Available for Benefits.

The Plan adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12: *Plan Accounting: Defined Contribution Pension Plans (Topic 962)*: Part 1-Fully Benefit Responsive Investment Contracts (to be measured, presented, and disclosed only at contract value) and Part 2-Plan Investment Disclosures for the year ended December 31, 2016 and was applied retrospectively to the year ended December 31, 2015. ASU 2015-12 is a simplification of certain employee benefit plan investment disclosures and recording of fully benefit responsive investment contracts.

(c) **Contributions Receivable**

Contributions from employers are accrued based upon either hours worked or hours paid during the year by covered employees, depending on the applicable collective bargaining agreement. Contributions receivable represents the total of employer contributions received by the depository after June 30, 2017 and June 30, 2016, which were applicable to the plan period. This amount does not reflect amounts due from employers who are contractually liable to the Fund but have failed to make contributions, or from employers who have filed inaccurate reports, if any. At June 30, 2017 and June 30, 2016, \$8,163,595 and \$7,608,697 was due from employer contributions, respectively.

(d) **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### Notes to Financial Statements

June 30, 2017 and June 30, 2016

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

(e) **Administrative Expenses**

Substantially all of the administrative expenses of the Fund are paid by the Fund.

(f) **Reclassification**

Certain reclassifications were made to the 2016 financial statements in order to conform to the 2017 financial statement presentation.

(g) **Subsequent Events**

Management has evaluated subsequent events through November 17, 2017 the date that the financial statements were available to be issued.

#### Note 2: DESCRIPTION OF THE FUND

(a) **General**

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

(b) **Profit Sharing**

Effective October 1, 2009, the Fund became a profit sharing plan under the Internal Revenue Code Section 401(a).

(c) **Funding Policy**

The Fund is funded through contributions required by the collective bargaining agreement. The participating employers contribute monthly to the Fund. Contributions are calculated based on hours worked and/or hours paid by participant and rates established by the various collective bargaining agreements.

(d) **Vesting**

Participants are fully vested in employer contributions and the earnings upon receipt of contributions received on their behalf. Participants are entitled to receive those contributions and earnings in the event of termination of employment, if there have been no employer contributions made for the participant for two plan years, there is less than \$5,000 in the participant's account, and the participant applies to receive the contributions and earnings. There are no mandatory cash out requirements. There is no account balance limitation on lump sum distributions for married participants who have spousal consent. Upon a participant's death, 100% of the participant's account balance will be paid to beneficiaries. Contributions left in the Fund will continue to be invested at the participant's direction and will be used to provide retirement, disability or death benefits.

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

### Notes to Financial Statements

June 30, 2017 and June 30, 2016

#### Note 2: DESCRIPTION OF THE PLAN (continued)

(e) **Participant Accounts**

Individual accounts are maintained for each of the Fund's participants. The participant account includes two sub-accounts for record-keeping purposes: one account holds the assets which may have been accrued when the Fund was a money purchase or annuity plan and one account holds all assets accrued after the Fund became a profit-sharing plan. Both accounts continue to accrue earnings until the benefit is paid. Contributions, withdrawals, and net investment gains or losses and administrative expenses are accounted for separately. Participant accounts are intermingled with other accounts for investment purposes.

The proceeds of participants' profit sharing account may be available for distribution in the event of demonstrated hardship. The Fund has adopted a safe harbor definition of hardship under the Internal Revenue Code (the Code), which allows for a distribution only if the hardship qualifies under the safe harbor provisions.

(f) **Investment Options**

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

(g) **Fund Termination**

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

#### Note 3: INVESTMENTS

All investments are held in a single Trust account. All investments are available for current as well as future obligations. The following represents the fair value of investments at June 30, 2017 and June 30, 2016:

|                  | June 30,<br>2017      | June 30,<br>2016      |
|------------------|-----------------------|-----------------------|
|                  | <u>Fair Value</u>     | <u>Fair Value</u>     |
| Cash equivalents | \$ 19,438,815         | \$ 18,668,852         |
| Mutual funds     | <u>496,428,049</u>    | <u>437,451,407</u>    |
| Totals           | <u>\$ 515,866,864</u> | <u>\$ 456,120,259</u> |

The Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in fair value by \$52,220,073 and \$1,598,614 for the years ended June 30, 2017 and June 30, 2016, respectively.

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### Notes to Financial Statements

June 30, 2017 and June 30, 2016

#### Note 3: INVESTMENTS (continued)

Unrealized and realized gains and losses are computed differently for Employee Retirement Income Security Act of 1974 (ERISA) purposes than in the financial statements. Gains and losses for ERISA purposes are to be determined on the "revalued cost" which is the market value of assets at the beginning of the year or historical cost of assets purchased during the year. This differs from generally accepted accounting principles in that gains and losses are computed by comparing historical cost to market value. During the year ended June 30, 2017, unrealized and realized gains for book purposes were \$42,737,434 and \$9,482,639, respectively. For ERISA purposes, unrealized and realized gains were \$43,436,544 and \$8,783,529, respectively. During the year ended June 30, 2016, unrealized losses and realized gains for book purposes were \$(5,368,836) and \$6,967,450, respectively. For ERISA purposes, unrealized losses and realized gains were \$(4,786,724) and \$6,385,338, respectively.

#### Note 4: CONCENTRATION OF CREDIT RISK

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

#### Note 5: FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

### Notes to Financial Statements

June 30, 2017 and June 30, 2016

#### Note 5: FAIR VALUE MEASUREMENTS (continued)

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 methodology used for assets measured at fair value. Transfers between levels of the fair value hierarchy are deemed to have occurred at the beginning of the reporting period. There have been no changes in the fair value methodology used at June 30, 2017 and June 30, 2016.

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

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

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of June 30, 2017 and June 30, 2016:

| <u>Assets at Fair Value as of June 30, 2017</u> |                       |                      |                |                             |
|-------------------------------------------------|-----------------------|----------------------|----------------|-----------------------------|
|                                                 | <u>Level 1</u>        | <u>Level 2</u>       | <u>Level 3</u> | <u>Total<br/>Fair Value</u> |
| Cash equivalents                                | \$ 19,438,815         | \$ -                 | \$ -           | \$ 19,438,815               |
| Mutual funds                                    | <u>462,566,509</u>    | <u>33,861,540</u>    | <u>-</u>       | <u>496,428,049</u>          |
|                                                 | <u>\$ 482,005,324</u> | <u>\$ 33,861,540</u> | <u>\$ -</u>    | <u>\$ 515,866,864</u>       |
| <u>Assets at Fair Value as of June 30, 2016</u> |                       |                      |                |                             |
|                                                 | <u>Level 1</u>        | <u>Level 2</u>       | <u>Level 3</u> | <u>Total<br/>Fair Value</u> |
| Cash equivalents                                | \$ 18,668,852         | \$ -                 | \$ -           | \$ 18,668,852               |
| Mutual funds                                    | <u>401,334,035</u>    | <u>36,117,372</u>    | <u>-</u>       | <u>437,451,407</u>          |
|                                                 | <u>\$ 420,002,887</u> | <u>\$ 36,117,372</u> | <u>\$ -</u>    | <u>\$ 456,120,259</u>       |

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### Notes to Financial Statements

June 30, 2017 and June 30, 2016

#### Note 6: COMMON COLLECTIVE TRUST FUND

During the years ended June 30, 2017 and June 30, 2016, the Fund was invested in the Wells Fargo Stable Value Fund C (common collective trust fund), which has invested all of its assets in Wells Fargo Stable Return Fund G (Stable Return Fund). The Stable Return Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Stable Return Fund primarily invests in investment contracts, including traditional guaranteed investment contracts (GICs) and security-backed contracts issued by insurance companies and other financial institutions. The Stable Return Fund also invests in Wells Fargo Short Term Investment Fund S, which invests in highly liquid assets, and uses the Short Term Investment Fund S investment for daily liquidity needs. The common collective Trust fund is presented on the face of the Statements of Net Assets Available for Benefits at contract value: \$43,001,187 and \$45,789,011 at June 30, 2017 and June 30, 2016, respectively.

GICs are backed by the general account of the contract issuer. The Stable Return Fund deposits a lump sum with the issuer and receives a guaranteed interest rate for a specified period. Interest is accrued on either a simple or fully compounded basis, and is paid either periodically or at the end of the contract term. The issuer guarantees that all qualified participant withdrawals will be at contract value (principal plus accrued interest).

A security-backed contract is an investment contract (also known as a synthetic GIC or a separate account GIC) issued by an insurance company or other financial institutions, backed by a portfolio of bonds. The bond portfolio is either owned directly by the Stable Return Fund or owned by the contract issuer and segregated in a separate account for the benefit of the Stable Return Fund. The portfolio underlying the contract is maintained separately from the contract issuer's general assets, usually by a third party custodian. The interest crediting rate of a security-backed contract is based on the contract value, and the fair value, duration, and yield to maturity of the underlying portfolio. These contracts typically allow for realized and unrealized gains and losses on the underlying assets to be amortized, usually over the duration of the underlying investments, through adjustments to the future interest crediting rate, rather than reflected immediately in the net assets of the Fund. The issuer guarantees that all qualified participant withdrawals will be at contract value. In the case of a full liquidation event, the issuer is responsible for covering any amount by which the contract value exceeds fair value of the underlying portfolio.

The market value yield to investment and crediting interest rates were approximately 1.93%, 1.83% and 1.94%, 1.40% for the years ended June 30, 2017 and June 30, 2016, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are adjusted on a quarterly basis.

GICs and security-backed contracts also generally provide for withdrawals associated with certain events which are not in the ordinary course of Fund operations. These withdrawals are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. Each contract issuer specifies the events which may trigger a market value adjustment. At June 30, 2017 and June 30, 2016, the Fund administrator does not believe that the occurrence of any such market value event, which would limit the Fund's ability to transact at contract value with participants, is probable.

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### **Notes to Financial Statements**

*June 30, 2017 and June 30, 2016*

#### **Note 7: PARTIES IN INTEREST TRANSACTIONS**

There were no loans or fixed income obligations in default or uncollectible, nor were there leases in default or classified as uncollectible. There were no non-exempt prohibited transactions with parties-in-interest for the years ended June 30, 2017 and June 30, 2016, respectively.

Fees paid by the Plan during the years ended June 30, 2017 and June 30, 2016, for services rendered by parties-in-interest, as defined by ERISA, were based on contractual and reasonable rates for their service.

#### **Note 8: TAX STATUS**

The Internal Revenue Service has determined that the Fund constitutes a qualified Trust under Sections 401(a)(4) and 410(b) of the Code and is, therefore, exempt from Federal income taxes under provisions of Section 501(c)(9). The Fund obtained its latest determination letter on September 10, 2015 in which the Internal Revenue Service stated that the Fund was in compliance with the applicable requirements of the Code. The Fund has been amended since receiving the determination letter. However, the Fund administrator and the Fund's tax counsel believe that the Fund is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund administrator has analyzed the tax positions taken by the Fund, and has concluded that as of June 30, 2017 and June 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions. The Fund administrator believes it is no longer subject to tax examinations for fiscal years prior to June 30, 2014.

#### **Note 9: RISKS AND UNCERTAINTIES**

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

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## Defined Contribution Pension Trust Fund

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### Notes to Financial Statements

June 30, 2017 and June 30, 2016

#### Note 10: MERGER ACTIVITY

Effective December 1, 2015, the Millwright Local Union #1090 Annuity Trust Fund (Kentucky Fund) was merged into the Fund. The transferred net assets have been recognized in the accounts of the Fund as of December 1, 2015, at the balances previously carried in the accounts of the Kentucky Fund. The changes in net assets of the Kentucky Fund are included in the accompanying Statement of Changes in Net Assets Available for Benefits from December 1, 2015. The total net assets transferred into the Fund consisted of the following:

| <u>Net assets available for benefits:</u> | <u>Amount</u>       |
|-------------------------------------------|---------------------|
| Cash                                      | \$ 100,653          |
| Receivables                               | 112                 |
| Prepays                                   | 2,816               |
| Investments                               | <u>7,221,412</u>    |
| Total                                     | <u>\$ 7,324,993</u> |

Effective April 1, 2016, the Ohio and Vicinity Regional Council of Carpenter-Southwest Retirement Plan (Ohio Fund) was merged into the Fund. The transferred net assets have been recognized in the accounts of the Fund as of April 1, 2016 at the balances previously carried in the accounts of the Ohio Fund. The changes in net assets of the Ohio Fund are included in the accompanying Statements of Changes in Net Assets Available for Benefits from April 1, 2016. The total net assets transferred into the Fund consisted of the following:

| <u>Net assets available for benefits:</u> | <u>Amount</u>        |
|-------------------------------------------|----------------------|
| Cash                                      | \$ 537,006           |
| Receivables                               | 242,036              |
| Accrued interest and dividends            | 3,762                |
| Investments                               | 9,335,141            |
| Payables                                  | <u>(38,551)</u>      |
| Total                                     | <u>\$ 10,079,394</u> |

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

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## **SUPPLEMENTARY INFORMATION**

*Year Ended June 30, 2017*

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## ] Defined Contribution Pension Trust Fund

EIN 35-1833932 PN 001

*Schedule H line 4i - Schedule of Assets Held for Investment Purposes at June 30, 2017*

| (a)                                  | (b)                                                       | (c)                                                                                  | (d)  | (e)              |
|--------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|------|------------------|
|                                      | Identity of issuer, borrower,<br>lessor, or similar party | Description of investment including<br>interest rate, maturity date, par or quantity | Cost | Current<br>Value |
| <b>Cash Equivalents:</b>             |                                                           |                                                                                      |      |                  |
|                                      | BMO Government Money Market Fund*                         |                                                                                      | **   | \$ 19,438,815    |
| <b>Mutual Funds:</b>                 |                                                           |                                                                                      |      |                  |
|                                      | FMI Large Cap Fund                                        |                                                                                      | **   | 24,725,190       |
|                                      | Goldman Sachs Strategic Growth Fund                       |                                                                                      | **   | 24,314,006       |
|                                      | AMG Times Square Mid Cap Growth                           |                                                                                      | **   | 17,459,249       |
|                                      | Baird Aggregate Bond Fund                                 |                                                                                      | **   | 33,861,540       |
|                                      | PNC Multi Factor Small Cap Growth Fund                    |                                                                                      | **   | 9,499,473        |
|                                      | Northern Small Cap Value Fund                             |                                                                                      | **   | 15,061,484       |
|                                      | Vanguard Inst'l Index Fd Plus                             |                                                                                      | **   | 12,834,158       |
|                                      | Vanguard Target Retirement 2015 Trust II                  |                                                                                      | **   | 86,356,522       |
|                                      | Vanguard Target Retirement 2020 Trust II                  |                                                                                      | **   | 21,214,392       |
|                                      | Vanguard Target Retirement 2025 Trust II                  |                                                                                      | **   | 29,890,266       |
|                                      | Vanguard Target Retirement 2030 Trust II                  |                                                                                      | **   | 30,710,842       |
|                                      | Vanguard Target Retirement 2035 Trust II                  |                                                                                      | **   | 40,168,386       |
|                                      | Vanguard Target Retirement 2040 Trust II                  |                                                                                      | **   | 39,321,914       |
|                                      | Vanguard Target Retirement 2045 Trust II                  |                                                                                      | **   | 34,429,087       |
|                                      | Vanguard Target Retirement 2050 Trust II                  |                                                                                      | **   | 30,493,779       |
|                                      | Vanguard Target Retirement 2055 Trust II                  |                                                                                      | **   | 89,414           |
|                                      | Vanguard Target Retirement 2060 Trust II                  |                                                                                      | **   | 154,097          |
|                                      | Vanguard Target Retirement Income Trust II                |                                                                                      | **   | 45,844,250       |
|                                      | Total Mutual Funds                                        |                                                                                      |      | 496,428,049      |
| <b>Common Collective Trust Fund:</b> |                                                           |                                                                                      |      |                  |
|                                      | Wells Fargo Stable Value Fund                             |                                                                                      | **   | 43,001,187       |
|                                      | Total Schedule of Assets (Held at End of Year)            |                                                                                      |      | \$ 558,868,051   |

\* Denotes party-in-interest.

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

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

EIN 35-1833932 PN 001

Schedule H line 4j - Schedule of Reportable Transactions During Year Ended June 30, 2017\*\*

| Identity of Party Involved       | Description | Number of Transactions | Purchase Price | Selling Price | Cost of Asset | Current Value on Transaction Date | Net Gain (Loss) |
|----------------------------------|-------------|------------------------|----------------|---------------|---------------|-----------------------------------|-----------------|
| <b>Series of Transactions</b>    |             |                        |                |               |               |                                   |                 |
| BMO Government Money Market Fund |             | 53 purchases           | \$ 22,603,102  | \$ -          | \$ 22,603,102 | \$ 22,603,102                     | \$ -            |
|                                  |             | 101 sales              | -              | 3,164,287     | 3,164,287     | 3,164,287                         | -               |

\* Single transaction also included in series of transactions for secuities of the same issue.

\*\* A reportable transaction is any transaction during the plan year, with respect to any plan asset, involving an amount in excess of five percent (5%) of the current value of plan assets at the beginning of the plan year. This schedule includes securities transactions involving a single transaction within the plan year in excess of five percent (5%) of the current value of plan assets at the beginning of the plan year, and also includes securities transactions involving securities of the same issue during the plan year where the aggregate amount involved in the transactions exceeds five percent (5%) of the current value of plan assets at the beginning of the year.



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

EIN 35-1833932 PN 001

Schedule H line 4j - Schedule of Reportable Transactions During Year Ended June 30, 2017\*\*

| Identity of Party Involved       | Description | Number of Transactions | Purchase Price | Selling Price | Cost of Asset | Current Value on Transaction Date | Net Gain (Loss) |
|----------------------------------|-------------|------------------------|----------------|---------------|---------------|-----------------------------------|-----------------|
| <b>Series of Transactions</b>    |             |                        |                |               |               |                                   |                 |
| BMO Government Money Market Fund |             | 53 purchases           | \$ 22,603,102  | \$ -          | \$ 22,603,102 | \$ 22,603,102                     | \$ -            |
|                                  |             | 101 sales              | -              | 3,164,287     | 3,164,287     | 3,164,287                         | -               |

\* Single transaction also included in series of transactions for securities of the same issue.

\*\* A reportable transaction is any transaction during the plan year, with respect to any plan asset, involving an amount in excess of five percent (5%) of the current value of plan assets at the beginning of the plan year. This schedule includes securities transactions involving a single transaction within the plan year in excess of five percent (5%) of the current value of plan assets at the beginning of the plan year, and also includes securities transactions involving securities of the same issue during the plan year where the aggregate amount involved in the transactions exceeds five percent (5%) of the current value of plan assets at the beginning of the year.

# Indiana/Kentucky/Ohio Regional Council of Carpenters

## ] Defined Contribution Pension Trust Fund

EIN 35-1833932 PN 001

*Schedule H line 4i - Schedule of Assets Held for Investment Purposes at June 30, 2017*

| (a)                                  | (b)                                                       | (c)                                                                                  | (d)  | (e)              |
|--------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|------|------------------|
|                                      | Identity of issuer, borrower,<br>lessor, or similar party | Description of investment including<br>interest rate, maturity date, par or quantity | Cost | Current<br>Value |
| <b>Cash Equivalents:</b>             |                                                           |                                                                                      |      |                  |
|                                      | BMO Government Money Market Fund*                         |                                                                                      | **   | \$ 19,438,815    |
| <b>Mutual Funds:</b>                 |                                                           |                                                                                      |      |                  |
|                                      | FMI Large Cap Fund                                        |                                                                                      | **   | 24,725,190       |
|                                      | Goldman Sachs Strategic Growth Fund                       |                                                                                      | **   | 24,314,006       |
|                                      | AMG Times Square Mid Cap Growth                           |                                                                                      | **   | 17,459,249       |
|                                      | Baird Aggregate Bond Fund                                 |                                                                                      | **   | 33,861,540       |
|                                      | PNC Multi Factor Small Cap Growth Fund                    |                                                                                      | **   | 9,499,473        |
|                                      | Northern Small Cap Value Fund                             |                                                                                      | **   | 15,061,484       |
|                                      | Vanguard Inst'l Index Fd Plus                             |                                                                                      | **   | 12,834,158       |
|                                      | Vanguard Target Retirement 2015 Trust II                  |                                                                                      | **   | 86,356,522       |
|                                      | Vanguard Target Retirement 2020 Trust II                  |                                                                                      | **   | 21,214,392       |
|                                      | Vanguard Target Retirement 2025 Trust II                  |                                                                                      | **   | 29,890,266       |
|                                      | Vanguard Target Retirement 2030 Trust II                  |                                                                                      | **   | 30,710,842       |
|                                      | Vanguard Target Retirement 2035 Trust II                  |                                                                                      | **   | 40,168,386       |
|                                      | Vanguard Target Retirement 2040 Trust II                  |                                                                                      | **   | 39,321,914       |
|                                      | Vanguard Target Retirement 2045 Trust II                  |                                                                                      | **   | 34,429,087       |
|                                      | Vanguard Target Retirement 2050 Trust II                  |                                                                                      | **   | 30,493,779       |
|                                      | Vanguard Target Retirement 2055 Trust II                  |                                                                                      | **   | 89,414           |
|                                      | Vanguard Target Retirement 2060 Trust II                  |                                                                                      | **   | 154,097          |
|                                      | Vanguard Target Retirement Income Trust II                |                                                                                      | **   | 45,844,250       |
|                                      | Total Mutual Funds                                        |                                                                                      |      | 496,428,049      |
| <b>Common Collective Trust Fund:</b> |                                                           |                                                                                      |      |                  |
|                                      | Wells Fargo Stable Value Fund                             |                                                                                      | **   | 43,001,187       |
|                                      | Total Schedule of Assets (Held at End of Year)            |                                                                                      |      | \$ 558,868,051   |

\* Denotes party-in-interest.

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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2016</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                                                 |  |
|---------------|-------------------------------------------------|--|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |  |
|---------------|-------------------------------------------------|--|

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

- 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.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_  
☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program  
☐ special extension (enter description) \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                           |  |
| <b>1a</b> Name of plan<br>INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF<br>CARPENTERS DEFINED CONTRIBUTION PENSION TRUST FUND                                                                                                                                                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶       | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div> |  |
| <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>INDIANA REGIONAL COUNCIL OF<br>CARPENTERS & MILLWRIGHTS MULTI-EMP<br>ANNUITY TRUST FUND<br><br>5420 WEST SOUTHERN AVENUE, STE 407<br><br>INDIANAPOLIS IN 46241 | <b>1c</b> Effective date of plan<br>07/01/1991 | <b>2b</b> Employer Identification Number (EIN)<br>35-1833932                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | <b>2c</b> Plan Sponsor's telephone number<br>317-248-3273                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | <b>2d</b> Business code (see instructions)<br>333200                                      |  |

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

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

|                                                                                                                                                                                                                  |                                    |        |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------|--------------------------------------------------------------|
| SIGN<br>HERE                                                                                                                                                                                                     |                                    | Date   |                                                              |
|                                                                                                                                                                                                                  | Signature of plan administrator    |        | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                                                                                                                                     |                                    | 2/6/18 | MARK MCGRIFF                                                 |
|                                                                                                                                                                                                                  | Signature of employer/plan sponsor | Date   | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE                                                                                                                                                                                                     |                                    |        |                                                              |
|                                                                                                                                                                                                                  | Signature of DFE                   | Date   | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number)<br>MICHELLE L. ZIMMERMAN<br>L. M. HENDERSON & COMPANY, LLP<br>450 E 96TH ST STE 200<br><br>INDIANAPOLIS IN 46240 |                                    |        | Preparer's telephone number<br>317-566-1000                  |

|                                                                                                                                                                                                                                                                                                        |                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br> |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                      | <b>4b</b> EIN<br><br><b>4c</b> PN                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                | <b>5</b> 23383                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).                                                                                                                                               |                                                                                         |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                                      | <b>6a(1)</b> 21054                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                                            | <b>6a(2)</b> 26223                                                                      |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                                                                                                          | <b>6b</b> 37                                                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                                                                                                           | <b>6c</b> 2128                                                                          |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c                                                                                                                                                                                                                                                         | <b>6d</b> 28388                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                                                                                                                                                                   | <b>6e</b> 35                                                                            |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                                                                                                                                                                    | <b>6f</b> 28423                                                                         |
| <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> 28423                                                                         |
| <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> 694                                                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br><br><div style="display: flex; justify-content: space-between;"> <span>2C</span> <span>2E</span> <span>2F</span> <span>2G</span> </div> |                                                                                         |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (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                                                                                                                                          | (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>                                                                                                                                                                                                                                                                                                                                                | <b>b General Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (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 | (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 checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |