

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>05/01/2016</u> and ending <u>04/30/2017</u>			
A This return/report is for:	☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan		
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>05/01/1965</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u> <u>P.O. BOX 1330</u> <u>HOLLAND, OH 43528-1330</u> <u>7142 NIGHTINGALE DR</u> <u>SUITE 1</u> <u>HOLLAND, OH 43528-7822</u>		2b Employer Identification Number (EIN)	<u>34-6682353</u>
			2c Plan Sponsor's telephone number	<u>419-248-2401</u>
			2d Business code (see instructions)	<u>238300</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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/08/2018</u>	<u>CRAIG HUFFMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/08/2018</u>	<u>JAMES PEPPERS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 529
6 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). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 245 6a(2) 237 6b 127 6c 114 6d 478 6e 44 6f 522 6g 6h 31
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 28
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 05/01/2016 and ending 04/30/2017

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u>	D Employer Identification Number (EIN) <u>34-6682353</u>

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 05 Day 01 Year 2016

b Assets

(1) Current value of assets	1b(1)	<u>22716526</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>23980679</u>

c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>29214202</u>
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(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
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(b) Accrued liability under entry age normal method	1c(2)(b)	
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(c) Normal cost under entry age normal method	1c(2)(c)	
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(3) Accrued liability under unit credit cost method	1c(3)	<u>29214202</u>
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
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(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	<u>49585108</u>
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(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>584031</u>
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(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>1916155</u>
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(3) Expected plan disbursements for the plan year	1d(3)	<u>1947005</u>
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Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>11/17/2017</u>
Signature of actuary	Date
<u>KATHRYN A. GARRITY, FSA, EA, MAAA</u>	<u>14-05379</u>
Type or print name of actuary	Most recent enrollment number
<u>UNITED ACTUARIAL SERVICES, INC.</u>	<u>317-580-8688</u>
Firm name	Telephone number (including area code)
<u>11590 N MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2016
v. 160205

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a**

22716526

b "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment.....

170

24832187

(2) For terminated vested participants.....

114

6426628

(3) For active participants:**(a)** Non-vested benefits

682325

(b) Vested benefits

17643968

(c) Total active

245

18326293

(4) Total.....

529

49585108

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c**

45.81%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2017	1227808				
Totals ▶ 3(b)				1227808	3(c) 0

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....**4a**

82.1%

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5**4b**

N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?..... ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?..... ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):**a** ☐ Attained age normal**b** ☐ Entry age normal**c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate**e** ☐ Frozen initial liability**f** ☐ Individual level premium**g** ☐ Individual aggregate**h** ☐ Shortfall**i** ☐ Other (specify):**j** If box h is checked, enter period of use of shortfall method**5j****k** Has a change been made in funding method for this plan year?..... ☐ Yes ☒ No**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?..... ☐ Yes ☐ No**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....**5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.22%
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.50%	7.50 %	
e Expense loading	6e	37.9%	☐ N/A	☒ N/A
f Salary scale	6f	%	☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.6%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.9%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	507508	53483
4	316237	33326

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	406373
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13674556
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	169804
e Total charges. Add lines 9a through 9d	9e	2433818

Credits to funding standard account:

f Prior year credit balance, if any	9f	4138832
g Employer contributions. Total from column (b) of line 3	9g	1227808
	Outstanding balance	
h Amortization credits as of valuation date	9h	4302201
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	443632
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	11871313
(2) "RPA '94" override (90% current liability FFL)	9j(2)	21232398
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	6972621
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	4538803
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 05/01/2016 and ending 04/30/2017		
A Name of plan TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN	D Employer Identification Number (EIN) 34-6682353	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NORTHWESTERN OHIO ADMINISTRATORS

34-1337680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13	NONE	43404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHUMAKER LOOP KENDRICK

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	29032	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE TRUST COMPANY OF TOLEDO

34-1661757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	23538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDCO CONSULTING

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	21000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	20300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUBLIN SUSSMAN GROUP LLC

34-1087273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

a Name:	LUBLIN SUSSMAN GROUP LLC	b EIN:	34-1087273
c Position:	INDEPENDENT ACCOUNTANT		
d Address:	3166 N. REPUBLIC BLVD. TOLEDO, OH 43615-1572	e Telephone:	419-841-2848

Explanation: LUBLIN SUSSMAN GROUP LLP HAS BEEN ACQUIRED BY CLARK SCHAEFER HACKETT & CO EFFECTIVE 07/01/2017

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 05/01/2016 and ending 04/30/2017		
A Name of plan TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN	D Employer Identification Number (EIN) 34-6682353	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	234948	196999
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	18390	19903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	188607	137077
(2) U.S. Government securities	1c(2)	2576203	2839832
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1138393	896530
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)	2669392	2817407
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15901138	17434044
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22727071	24341792

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	10545	10483
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10545	10483

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22716526	24331309
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1227808	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1227808
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1011	
(B) U.S. Government securities	2b(1)(B)	58154	
(C) Corporate debt instruments	2b(1)(C)	18359	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		77524
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	502790	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		502790
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6464203	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6449869	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		14334
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1825623	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1825623

		(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		893
d Total income. Add all income amounts in column (b) and enter total.....	2d		3648972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1855661	
(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)		1855661
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)	57622	
(2) Contract administrator fees.....	2i(2)	43404	
(3) Investment advisory and management fees.....	2i(3)	44538	
(4) Other	2i(4)	32964	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		178528
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2034189

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1614783
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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 4113366. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 05/01/2016 and ending 04/30/2017

A Name of plan <u>TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES TOLEDO PAINTERS AND ALLIED TRADES PENSION PLAN</u>	D Employer Identification Number (EIN) <u>34-6682353</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1661757</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LAKESIDE INTERIOR CONTRACTORS

b EIN 34-1613523 **c** Dollar amount contributed by employer 247595

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer ADVANCED INDUSTRIAL SERVICES LLC

b EIN 26-3755447 **c** Dollar amount contributed by employer 244134

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer P&W PAINTING CONTR INC

b EIN 35-2190765 **c** Dollar amount contributed by employer 159447

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer B WILLIAM BUCHER

b EIN 34-1400954 **c** Dollar amount contributed by employer 144715

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer OCP CONTRACTORS

b EIN 34-1025556 **c** Dollar amount contributed by employer 104859

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer COMTE CONSTRUCTION

b EIN 34-4479240 **c** Dollar amount contributed by employer 66977

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer AMERICAN FLOORING

b EIN 20-3604432

c Dollar amount contributed by employer 64654

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2020

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

(1) Contribution rate (in dollars and cents) 3.81

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Toledo Painters' and Allied Trades Pension Plan
P.O. Box 1330
Holland, OH 43528

Report on the Financial Statements

We have audited the accompanying financial statements of Toledo Painters' and Allied Trades Pension Plan which comprise the statements of net assets available for benefits as of April 30, 2017, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Toledo Painters' and Allied Trades Pension Plan as of April 30, 2017, and the changes in its financial status for the year then ended, in accordance with accounting principles of generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of April 30, 2017 and schedule of reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule of cash receipts and disbursements of the depository account is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Emphasis of Matter

The financial statements of Toledo Painters' and Allied Trades Pension Plan as of April 30, 2016 were audited by other auditors whose report dated October 18, 2016 expressed an unmodified opinion of those financial statements.

Clark, Schaefer, Hackett & Co.

September 14, 2017
Toledo, Ohio

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>05/01/2016</u> and ending <u>04/30/2017</u>		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Toledo Painters & Allied Trades Pension Plan	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of TTEEs Toledo Painters & Allied Trades Pen. Pln	D Employer Identification Number (EIN) 34-6682353	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2016</u>		
b Assets		
(1) Current value of assets	1b(1)	22,716,526
(2) Actuarial value of assets for funding standard account	1b(2)	23,980,679
c (1) Accrued liability for plan using immediate gain methods	1c(1)	29,214,202
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	29,214,202
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	49,585,108
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	584,031
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,916,155
(3) Expected plan disbursements for the plan year	1d(3)	1,947,005
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE Signature of actuary Kathryn A. Garrity, FSA, EA, MAAA Type or print name of actuary United Actuarial Services, Inc. Firm name	11/27/2017 Date 17-05379 Most recent enrollment number (317) 580-8688 Telephone number (including area code)	
11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2016 v. 160205		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	22,716,526
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	170	24,832,187
(2) For terminated vested participants	114	6,426,628
(3) For active participants:		
(a) Non-vested benefits		682,325
(b) Vested benefits		17,643,968
(c) Total active	245	18,326,293
(4) Total	529	49,585,108
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.81 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2017	1,227,808				
Totals ▶			3(b)	1,227,808	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	37.9 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	507,508	53,483
4	316,237	33,326

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		☐ Yes ☐ No
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	406,373
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,674,556
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	169,804
e Total charges. Add lines 9a through 9d.....	9e	2,433,818

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	4,138,832
g	Employer contributions. Total from column (b) of line 3.....	9g	1,227,808
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	4,302,201
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	443,632
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	11,871,313
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	21,232,398
(3)	FFL credit.....	9j(3)	0
k	(1) Waived funding deficiency.....	9k(1)	0
	(2) Other credits.....	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	6,972,621
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	4,538,803
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	May 1, 2016
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.50% per year net of investment expenses
<i>Current liability</i>	3.22% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	\$160,000 per year
Mortality	
<i>Assumed plan mortality</i>	115% of the RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2015 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

Ultimate rates follow the T-4 table (less GAM 51 mortality) from the Actuary's Pension Handbook - specimen rates shown below:

<u>Age</u>	<u>Withdrawal Rate</u>	<u>Age</u>	<u>Withdrawal Rate</u>
25	.0529	50	.0248
30	.0507	55	.0094
35	.0470	60	.0009
40	.0419	62	.0001
45	.0354		

Select rates during first, second, third, fourth, and fifth year of employment are 50%, 50%, 35%, 20%, and 10%, respectively.

Disability

Specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>	<u>Age</u>	<u>Disability Rate</u>
25	.0006	50	.0045
30	.0008	55	.0076
35	.0011	60	.0122
40	.0017	64	.0174
45	.0027		

Retirement

Active lives

According to the following schedule:

<u>Age</u>	<u>Retirement Rates:</u>	
	<u><25 years service</u>	<u>25+ years service</u>
55	0.03	0.35
56	0.03	0.35
57	0.03	0.35
58	0.03	0.35
59	0.10	0.35
60	0.10	0.75
61	0.05	0.10
62	0.75	0.75
63	0.10	0.75
64	0.10	0.75
65+	1.00	1.00

Resulting in an average expected retirement age of 59.6.

Inactive vested lives

Earliest eligible retirement age.

ACTUARIAL ASSUMPTIONS (CONT.)

Future hours worked	
<i>Vested lives</i>	1,500 hours per year, 0 after assumed retirement age
<i>Non-vested lives</i>	800 hours per year, 0 after assumed retirement age
Future hourly contribution rate	\$3.76
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.
Marriage assumptions	80% assumed married with the male spouse 3 years older than his wife.
Post-retirement single sum death benefit	For inactive, vested and retirees, valued as certain period (in months) equal to the value of total contributions divided by the monthly benefit amount. For active participants, valued as a five-year certain period.
Inactive vested lives over age 70	Continuing inactive vested participants over age 70 are assumed deceased and are not valued.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$210,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity.
Benefits not valued	Pre-retirement death benefits following disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2016 survey of investment consultants. Based on this analysis, we selected a final assumed rate of 7.50%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.
Mortality	The RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2015 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of plan participants. Finally, a 115% multiplier was applied. This was based on a study of data from larger plans in similar industries. Mortality is monitored annually and no further adjustments are deemed necessary at this time.
Retirement	Actual rates of retirement by age were last studied for this plan for the period May 1, 2010 to April 30, 2015. The assumed future rates of retirement were selected based on the results of this study. No further adjustments were deemed necessary at this time.
Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2010 to April 30, 2015. The assumed future rates of withdrawal were selected based on the results of this study. No further adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method <i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2009.
<i>Funding Period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued <i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method <i>Actuarial value</i>	Smoothed market value with phase-in effective May 1, 2013. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value can be no less than 80% nor more than 120% of the market value as of the determination date.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used.
Pension Relief Act of 2010	• 10-year smoothing elected with respect to the loss incurred during the plan year ended in 2009. The asset method change in 2013 eliminates its effect. • The 130% cap on actuarial value of assets was elected for the plan year beginning in 2009. • 30-year amortization of net investment loss was elected with respect to the loss incurred during 2008-2009. The loss was allocated to future years using the "prospective method" of IRS. The amount of each allocation is shown in Appendix C.

PLAN HISTORY

Origins/Purpose

The Toledo Painters' and Allied Trades Pension Plan was established effective May 1, 1965 as a result of collective bargaining between Local Union No. 7 of the International Brotherhood of Painters and Allied Trades, and the Toledo Chapter of the Painting and Decorating Contractors of America. A Trust Agreement was entered into in order to give effect to the provisions of the Collective Bargaining Agreement between the parties pursuant to which a Pension Plan was to be established.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Disability Benefits, Deferred Vested Benefits, Joint and 50% Survivor Benefits, and Death Benefits.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates in effect.

<i>Effective Date</i>	<i>Hourly Contribution Rate</i>
July 1, 1990	1.41
September 1, 1993	1.51
July 1, 1998	1.71
September 1, 2000	1.76
July 1, 2001	1.81
July 1, 2002	2.06
July 1, 2003	2.16
July 1, 2004	2.26
July 1, 2005	2.41
July 1, 2006	2.46
July 1, 2007	2.56
July 1, 2008	2.66
July 1, 2009	3.51
July 1, 2010	3.76

Tax Exempt Status

The Pension Plan and Trust Agreement were initially filed with and approved by the District Director, Internal Revenue Service, as qualified and exempt from taxation. It is the intention of the Trustees to maintain the Pension Plan and Trust Agreement as qualified and exempt from taxation under the appropriate provisions of the Internal Revenue Code and the Rules and Regulations issued thereunder, as amended from time to time.

SUMMARY OF PLAN PROVISIONS

Plan year	The 12-month period beginning May 1 and ending the following April 30.
Participant	An employee becomes a participant on the May 1 or November 1 following a 12 consecutive month period with 870 hours of covered service.
Year of vesting service	Beginning May 1, 1976, 1/10 th year of vesting service is earned for each 87 hours worked during a plan year, maximum one vesting credit per plan year.
Break in service	Beginning May 1, 1976, a participant shall incur a one year break in service if he fails to complete at least 87 hours of service during a plan year.
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and 5 th anniversary of participation.
<i>Monthly amount</i>	\$2.50 per year of past credited service plus \$4.15 for each 100 hours of covered service worked on or after May 1, 1965 to October 31, 2010 plus \$2.50 for each 100 hours of covered service worked on or after November 1, 2010. Payable for life.
Special early retirement benefit	
<i>Eligibility</i>	Age 55 and 25 years of vesting service.
<i>Monthly amount</i>	Normal, reduced by 6% for each year under age 62. No reduction if 30 or more years of vesting service. Payable for life.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 10 years of vesting service.
<i>Monthly amount</i>	Normal, reduced by 6% for each year under age 65. Payable for life.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Optional Forms of Payment	• Joint and 50% • Joint and 75% • Ten years certain and life.
Total and permanent disability benefit <i>Eligibility</i>	Under age 65, 10 years of vesting service and disabled while active.
<i>Monthly amount</i>	\$400 per month. Payable until the earlier of age 65, recovery, or death. Normal at age 65. If not approved for Social Security Disability, payable for 36 months.
Vested benefit <i>Eligibility</i>	Terminated employment, 5 years of vesting service.
<i>Monthly amount</i>	100% of normal, reduced if paid early. Payable same as normal or early.
Pre-retirement single sum death benefit <i>Eligibility</i>	Death of vested participant not receiving benefits with no eligible spouse; or death of participant or former participant with less than three consecutive Breaks in Service. Not receiving benefits.
<i>Single sum amount</i>	100% of contributions. Not to exceed \$10,000. Single sum payment to beneficiary.
Pre-retirement surviving spouse benefit <i>Eligibility</i>	Death of vested participant. Eligible spouse.
<i>Monthly amount</i>	50% of participant's qualified joint & 50% survivor payable to spouse for life commencing at participant's earliest retirement date. Spouse may elect to instead receive the single sum death benefit. If the actuarial equivalent of the deferred monthly benefit is greater than the single sum death benefit, the difference will be paid as a monthly benefit commencing at participant's earliest retirement date.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

**Post-retirement single
sum death benefit**

Eligibility

For participants retired on or after January 1, 2008. Upon death of the retiree (and surviving spouse, if receiving a Joint and Survivor benefit).

Single sum amount

Contributions in excess of total benefits received paid to the estate.

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN
EIN: 34-6682353/PN: 001

ATTACHMENT TO 2016 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Below is the projected expected benefit payout from the most recent actuarial valuation. The projections exclude any future accruals.

Plan Year Beginning	Expected Annual Benefit Payments
2016	\$ 1,947,005
2017	2,029,112
2018	2,105,955
2019	2,201,954
2020	2,284,813
2021	2,347,238
2022	2,430,135
2023	2,462,033
2024	2,499,288
2025	2,522,774

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Toledo Painters' and Allied Trades Pension Plan EIN: 34-6682353/PN: 001
May 1, 2016

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	3	9	0	0	0	0	0	0	0	0
25 to 29	3	14	4	1	0	0	0	0	0	0
30 to 34	6	14	8	4	2	0	0	0	0	0
35 to 39	10	11	5	7	6	0	0	0	0	0
40 to 44	4	13	2	3	4	5	0	0	0	0
45 to 49	2	6	4	8	4	5	3	0	0	0
50 to 54	3	3	4	1	9	10	6	6	0	0
55 to 59	3	2	2	4	1	5	5	0	0	0
60 to 64	1	1	2	0	3	1	2	0	1	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Toledo Painters' and Allied Trades Pension Plan EIN: 34-6682353/PN: 001
May 1, 2016

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	3	9	0	0	0	0	0	0	0	0
25 to 29	3	14	4	1	0	0	0	0	0	0
30 to 34	6	14	8	4	2	0	0	0	0	0
35 to 39	10	11	5	7	6	0	0	0	0	0
40 to 44	4	13	2	3	4	5	0	0	0	0
45 to 49	2	6	4	8	4	5	3	0	0	0
50 to 54	3	3	4	1	9	10	6	6	0	0
55 to 59	3	2	2	4	1	5	5	0	0	0
60 to 64	1	1	2	0	3	1	2	0	1	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN

EIN: 34-6682353/PN: 001

ATTACHMENT TO 2016 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Toledo Painters' and Allied Trades Pension Plan
EIN: 34-6682353/PN: 001
Attachment to 2016 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2016 Outstanding Balance	5/1/2016 Amortization Payment
				Years	Months		

Charges

5/1/1980	Chg before '79		40	4	0	426,306	118,400
5/1/1980	Plan Amendment		40	4	0	56,513	15,694
5/1/1980	Plan Amendment		40	4	0	14,147	3,924
5/1/1980	Plan Amendment		40	4	0	105,962	29,427
5/1/1981	Plan Amendment		40	5	0	151,070	34,740
5/1/1981	Plan Amendment		40	5	0	28,308	6,514
5/1/1987	Method Change		30	1	0	9,510	9,510
5/1/1989	Plan Amendment		30	3	0	73,265	26,211
5/1/1990	Plan Amendment		30	4	0	94,381	26,220
5/1/1991	Plan Amendment		30	5	0	178,211	40,974
5/1/1992	Assumptions		30	6	0	46,520	9,223
5/1/1992	Plan Amendment		30	6	0	107,320	21,268
5/1/1994	Plan Amendment	331,004	30	8	0	164,189	26,071
5/1/1995	Plan Amendment	492,842	30	9	0	266,212	38,818
5/1/1996	Assumptions	297,669	30	10	0	173,002	23,446
5/1/1997	Plan Amendment	385,197	30	11	0	238,559	30,340
5/1/1998	Plan Amendment	1,355,664	30	12	0	887,932	106,777
5/1/1999	Plan Amendment	1,016,398	30	13	0	699,297	80,056
5/1/2000	Assumptions	1,024,440	30	14	0	736,341	80,689
5/1/2001	Plan Amendment	1,379,846	30	15	0	1,031,307	108,682
5/1/2002	Plan Amendment	1,168,581	30	16	0	904,509	92,042
5/1/2003	Assumptions	252,318	30	17	0	201,529	19,874
5/1/2003	Experience Loss	1,117,141	15	2	0	227,241	117,728
5/1/2004	Experience Loss	317,454	15	3	0	93,535	33,454
5/1/2005	Assumptions	139,451	30	19	0	117,584	10,984
5/1/2005	Experience Loss	1,243,798	15	4	0	471,933	131,076
5/1/2006	Experience Loss	384,495	15	5	0	176,237	40,519
5/1/2008	Plan Amendment	89,027	15	7	0	53,414	9,382
5/1/2009	Relief 09 Asset Loss	981,758	29	22	0	891,196	78,082
5/1/2010	Plan Amendment	3,753	15	9	0	2,705	396
5/1/2010	Relief 09 Asset Loss	352,188	28	22	0	323,090	28,308
5/1/2011	Relief 09 Asset Loss	876,160	27	22	0	813,040	71,236
5/1/2012	Assumptions	497,040	15	11	0	411,916	52,380
5/1/2012	Relief 09 Asset Loss	905,493	26	22	0	850,816	74,545
5/1/2013	Method Assets	206,974	10	7	0	159,710	28,049

Toledo Painters' and Allied Trades Pension Plan
EIN: 34-6682353/PN: 001
Attachment to 2016 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2016 Outstanding Balance	5/1/2016 Amortization Payment
				Years	Months		
5/1/2013	Relief 09 Asset Loss	937,023	25	22	0	892,492	78,196
5/1/2014	Relief 09 Asset Loss	798,093	24	22	0	771,512	67,597
5/1/2016	Assumption	316,237	15	15	0	316,237	33,326
5/1/2016	Experience Loss	507,508	15	15	0	507,508	53,483
Total Charges:						13,674,556	1,857,641

Credits

5/1/2009	Combined Credits	5,655,354	9	2	0	1,591,900	824,720
5/1/2010	Assumptions	238,898	15	9	0	172,639	25,176
5/1/2010	Experience Gain	585,062	15	9	0	422,794	61,656
5/1/2011	Experience Gain	576,903	15	10	0	448,606	60,796
5/1/2012	Experience	14,522	15	11	0	12,035	1,530
5/1/2013	Experience	370,310	15	12	0	324,504	39,025
5/1/2014	Experience	828,414	15	13	0	762,599	87,301
5/1/2015	Assumption	180,890	15	14	0	173,964	19,063
5/1/2015	Experience Gain	408,812	15	14	0	393,160	43,082
Total Credits:						4,302,201	1,162,349

Net Charges: **9,372,355** **695,292**

Less Credit Balance: **4,138,832**

Less Reconciliation Balance: **0**

Unfunded Actuarial Liability: **5,233,523**

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN

EIN: 34-6682353/PN: 001

ATTACHMENT TO 2016 SCHEDULE MB: LINE 11

STATEMENT BY ENROLLED ACTUARY

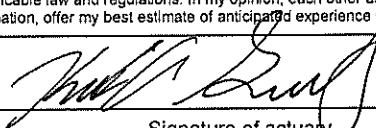
Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were changed from the RP-2000 Combined Healthy Generational Mortality Table projected using scale AA with blue collar adjustment and a 1-year set forward to 115% of the RP-2014 Blue Collar Mortality Table for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2015 projection scale. This change was made in order to better reflect anticipated improvements in mortality rates for each future year due to medical advances and lifestyle changes.
- The current liability interest rate was changed from 3.37% to 3.22%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>05/01/2016</u> and ending <u>04/30/2017</u>		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Toledo Painters & Allied Trades Pension Plan	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of TTEEs Toledo Painters & Allied Trades Pen. Pln	D Employer Identification Number (EIN) 34-6682353	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2016</u>		
b Assets		
(1) Current value of assets	1b(1)	22,716,526
(2) Actuarial value of assets for funding standard account	1b(2)	23,980,679
c (1) Accrued liability for plan using immediate gain methods	1c(1)	29,214,202
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	29,214,202
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	49,585,108
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	584,031
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,916,155
(3) Expected plan disbursements for the plan year	1d(3)	1,947,005
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE  Signature of actuary Kathryn A. Garrity, FSA, EA, MAAA Type or print name of actuary United Actuarial Services, Inc. Firm name	<u>11/27/2017</u> Date 17-05379 Most recent enrollment number (317) 580-8688 Telephone number (including area code)	
11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	22,716,526
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	170	24,832,187
(2) For terminated vested participants	114	6,426,628
(3) For active participants:		
(a) Non-vested benefits		682,325
(b) Vested benefits		17,643,968
(c) Total active	245	18,326,293
(4) Total	529	49,585,108
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.81 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2017	1,227,808				
Totals ▶			3(b)	1,227,808	3(c)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	37.9 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	507,508	53,483
4	316,237	33,326

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	406,373
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,674,556
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	169,804
e Total charges. Add lines 9a through 9d.....	9e	2,433,818

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	4,138,832
g	Employer contributions. Total from column (b) of line 3.....	9g	1,227,808
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	4,302,201
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	443,632
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	11,871,313
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	21,232,398
(3)	FFL credit.....	9j(3)	0
k	(1) Waived funding deficiency.....	9k(1)	0
	(2) Other credits.....	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	6,972,621
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	4,538,803
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN
EMPLOYER IDENTIFICATION NO. 34-6682353
PLAN NO. 001
SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Prepared Pursuant to Requirements of the Employee Retirement
Income Security Act of 1974)
AS OF APRIL 30, 2017

<u>Description</u>	<u>Cost</u>	<u>Fair Value</u>
Trust Company of Toledo:		
U.S Government and Agency Obligations	\$ 2,850,960	\$ 2,839,832
Corporate Obligations	873,112	896,530
Mutual Funds	14,291,452	17,434,044
Partnership Funds	2,421,557	2,817,407
Money Market Funds	<u>126,779</u>	<u>126,779</u>
Total Investments	<u>\$ 20,563,860</u>	<u>\$ 24,114,592</u>

See the attached Trust Company of Toledo Detail Schedules of Asset Holdings (pages 50 - 54) are incorporated herein by reference.

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Equity Fund						
34,908,6810	Fidelity Low Priced Stock Fund Cusip:316345305	1,358,379.71	1,829,214.88	52.400	7.59%	5.51%
39,295,6320	Vanguard 500 Index - Admiral Class Cusip:922908710	6,624,098.61	8,656,434.77	220.290	35.9%	43.28%
27,332,5240	Vanguard Extended Market Index-Admiral Cusip:922908694	1,752,033.88	2,095,584.62	76.670	8.69%	7.45%
	Total Equity Fund	9,734,512.20	12,581,234.27		52.18%	18.75%
International Equity Fund						
28,867,6580	American Fund EuroPacific Growth Fund-R6 Cusip:298706821	1,322,295.00	1,467,054.38	50.820	6.08%	5.64%
58,282,1460	Virtus Vontobel Emerging Markets Opps Fund I Cusip:92828W361	517,461.22	592,088.18	10.520	2.46%	0.60%
	Total International Equity Fund	1,839,756.22	2,059,142.56		8.54%	1.25%
	Total Equities	11,574,268.42	14,640,376.83		60.72%	12.49%
Fixed Income						
U S Government Notes & Bonds						
100,000,0000	United States Treas Nts 1.0000% 06/30/19 Cusip:912828TC4	95,562.50	99,351.60	99.352	0.41%	0.26%
150,000,0000	United States Treas Nts 1.375% 02/28/19 Cusip:912828SH4	149,585.94	150,316.35	100.211	0.62%	0.55%
100,000,0000	United States Treas Nts 1.3750% 07/31/18 Cusip:912828VQ0	101,605.50	100,226.60	100.227	0.42%	0.36%
50,000,0000	United States Treas Nts 1.3750% 11/30/18 Cusip:912828RT9	49,703.13	50,121.10	100.242	0.21%	0.18%

50

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
50,000.0000	United States Treas Nts 08/31/18 Cusip:912828RE2	1.5000%	49,968.75	50,197.25	100.395	0.21%	0.20%
50,000.0000	United States Treas Nts 07/31/19 Cusip:912828TH3	.8750%	48,015.63	49,519.55	99.039	0.21%	0.12%
500,000.0000	United States Treas Nts 08/31/20 Cusip:912828L32	1.3750%	506,523.45	497,168.00	99.434	2.06%	1.82%
100,000.0000	United States Treas Nts 03/31/22 Cusip:912828J76	1.7500%	99,156.25	99,632.80	99.633	0.41%	0.46%
100,000.0000	United States Treas Nts 10/31/22 Cusip:912828M49	1.8750%	98,734.37	99,773.40	99.773	0.41%	0.50%
100,000.0000	United States Treas Nts 12/31/22 Cusip:912828N30	2.1250%	99,156.25	100,960.90	100.961	0.42%	0.56%
150,000.0000	United States Treas Nts 08/15/24 Cusip:912828D56	2.3750%	151,542.33	152,496.15	101.664	0.63%	0.94%
150,000.0000	United States Treas Nts 02/15/24 Cusip:912828B66	2.7500%	155,507.81	156,392.55	104.262	0.65%	1.09%
	Total US Government Notes & Bonds		1,606,061.91	1,606,156.25		6.66%	0.59%
	Government Agency Securities						
100,000.0000	Federal Farm Cr Bks 03/30/20 Cusip:3133EFV20	1.4900%	100,000.00	99,359.70	99.360	0.41%	0.39%
200,000.0000	Federal Farm Cr Bks 05/25/21 Cusip:3133EGBZ7	1.6600%	199,800.00	198,054.60	99.027	0.82%	0.88%
50,000.0000	Federal Farm Cr Bks 09/12/23 Cusip:3133EGTV7	1.8200%	50,000.00	48,210.40	96.421	0.2%	0.24%

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	Federal Farm Cr Bks 3.5000% 12/20/23		113,833.00	108,402.70	108.403	0.45%	0.93%
	Cusip:3133E0BU5						
100,000.0000	Federal Farm Credit Bank 2.5800% 06/08/18		99,711.00	101,522.40	101.522	0.42%	0.68%
	Cusip:31331KNA4						
100,000.0000	Federal Home Loan Banks 0.8300% 07/25/18		99,940.00	99,497.30	99.497	0.41%	0.22%
	Cusip:3130A8U50						
100,000.0000	Federal Home Loan Banks 0.8750% 08/05/19		99,808.00	98,812.10	98.812	0.41%	0.23%
	Cusip:3130A8Y72						
100,000.0000	Federal Home Loan Banks 1.8750% 03/13/20		103,173.00	100,830.90	100.831	0.42%	0.50%
	Cusip:313378J77						
50,000.0000	Federal Home Loan Banks 2.4700% 06/23/26		50,000.00	48,432.80	96.866	0.2%	0.33%
	Cusip:3130A8GZ0						
100,000.0000	Federal Natl Mtg Assn 1.2000% 01/29/19		100,000.00	99,700.20	99.700	0.41%	0.32%
	Cusip:3135G0G31						
	Total Government Agency Securities		1,016,265.00	1,002,823.10		4.15%	0.21%
	GNMA Pools						
2,924.3000	GNMA I Pool 443678 6.5000% 05/15/28		3,668.96	3,278.39	112.109	0.01%	0.05%
	Cusip:36207V2K1						
63,442.7100	GNMA I Pool 798037 3.5000% 03/15/42		66,456.20	66,073.04	104.146	0.27%	0.59%
	Cusip:36177S4X4						
	Total GNMA Pools		70,125.16	69,351.43		0.28%	0.03%
	Mortgaged Backed Pools						
13,624.6900	FNMA Conv Pool MA0979 3.0000% 02/01/22		14,352.76	14,027.53	102.957	0.06%	0.11%
	Cusip:31418ACR7						
144,879.5500	GNMA II 2010-167 JE 4.0000% 11/20/40		144,155.15	147,474.34	101.791	0.61%	1.53%
	Cusip:38377NTE4						

52

Consolidation: Toledo Painters Pension Plan			05/01/2016-04/30/2017				
Total Mortgaged Backed Pools			158,507.91	161,501.87		0.67%	0.06%
Corporate Bonds							
100,000.0000	Berkshire Hathaway Inc 01/31/22 Cuslp:084670BF4	3.4000%	100,350.00	105,042.70	105.043	0.44%	0.90%
25,000.0000	Emerson Electric Co Cuslp:291011AY0	4.875% 10/15/10	24,904.75	26,819.88	107.280	0.11%	0.32%
150,000.0000	Microsoft Corp Cuslp:594918AH7	3.000% 10/01/20	147,582.00	155,919.00	103.946	0.65%	1.19%
100,000.0000	Microsoft Corp Cuslp:594918BR4	2.4000% 08/08/26	100,209.00	95,805.00	95.805	0.4%	0.64%
48,000.0000	Microsoft Corp 2.1250% Cuslp:594918AQ7	11/15/22	47,740.32	47,588.35	99.142	0.2%	0.27%
100,000.0000	Northern Trust Corp Cuslp:665859AL8	3.4500% 11/04/20	102,060.00	104,324.30	104.324	0.43%	0.91%
30,000.0000	Oracle Corp Cuslp:68389XAC9	5.750% 04/15/18	29,994.90	31,221.90	104.073	0.13%	0.46%
50,000.0000	Oracle Corp Cuslp:68389XBM6	2.6500% 07/15/26	50,586.50	48,264.20	96.528	0.2%	0.35%
25,000.0000	Texas Instruments Inc Cuslp:882508AZ7	1.750% 05/01/20	24,962.50	24,920.23	99.681	0.1%	0.12%
50,000.0000	Texas Instruments Inc Cuslp:882508AV6	1.0000% 05/01/18	49,562.00	49,817.95	99.636	0.21%	0.13%
150,000.0000	United Parcel Service Cuslp:911312AM8	3.1250% 01/15/21	145,204.50	155,492.70	103.662	0.64%	1.24%
50,000.0000	Walt Disney Co/The Cuslp:25468PCN4	2.7500% 08/16/21	49,955.50	51,314.10	102.628	0.21%	0.36%
Total Corporate Bonds			873,111.97	896,530.31		3.72%	0.18%
Bond Funds - Taxable							
193,250.3850	Baird Aggregate Bond Fund-IS Cuslp:057071854		2,018,624.98	2,090,969.17	10.820	8.67%	13.56%
67,051.2960	Vanguard Short-Term Bond Index-Adm Cuslp:921937702		698,558.56	702,697.58	10.480	2.91%	2.83%
Total Bond Funds - Taxable			2,717,183.54	2,793,666.75		11.58%	0.41%
Total Fixed Income			6,441,255.49	6,530,029.71		27.06%	0.93%

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Cash & Equivalents						
Money Market - Taxable						
13,265.9700	Farmers & Merchant MM Savings Deposit	13,265.97	13,265.97	1.000	0.06%	0.03%
113,513.0700	Northern Institutional US Government Portf Cuslp:665278404	113,513.07	113,513.07	1.000	0.47%	0.17%
	Total Money Market - Taxable	126,779.04	126,779.04		0.53%	0.10%
	Total Cash & Equivalents	126,779.04	126,779.04		0.53%	0.10%
Other Assets						
Partnership						
23,2566	American Core Realty Fund LLC Cuslp:9M050700	2,421,556.65	2,817,406.88	121,144.401	11.68%	0.00%
	Total Partnership	2,421,556.65	2,817,406.88		11.68%	0.00%
	Total Other Assets	2,421,556.65	2,817,406.88		11.68%	0.00%
	Total Asset	20,563,859.60	24,114,592.46		99.99%	2.08%
	Ending Accrual For Period		19,902.94			
	Ending Market Value		24,134,495.40			

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN
EMPLOYER IDENTIFICATION NO. 34-6682353
PLAN NO. 001
SCHEDULE H (LINE 4i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Prepared Pursuant to Requirements of the Employee Retirement
Income Security Act of 1974)
AS OF APRIL 30, 2017

<u>Description</u>	<u>Cost</u>	<u>Fair Value</u>
Trust Company of Toledo:		
U.S Government and Agency Obligations	\$ 2,850,960	\$ 2,839,832
Corporate Obligations	873,112	896,530
Mutual Funds	14,291,452	17,434,044
Partnership Funds	2,421,557	2,817,407
Money Market Funds	<u>126,779</u>	<u>126,779</u>
Total Investments	<u>\$ 20,563,860</u>	<u>\$ 24,114,592</u>

See the attached Trust Company of Toledo Detail Schedules of Asset Holdings (pages 50 - 54) are incorporated herein by reference.

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Equity Fund						
34,908,6810	Fidelity Low Priced Stock Fund Cusip:316345305	1,358,379.71	1,829,214.88	52.400	7.59%	5.51%
39,295,6320	Vanguard 500 Index - Admiral Class Cusip:922908710	6,624,098.61	8,656,434.77	220.290	35.9%	43.28%
27,332,5240	Vanguard Extended Market Index-Admiral Cusip:922908694	1,752,033.88	2,095,584.62	76.670	8.69%	7.45%
	Total Equity Fund	9,734,512.20	12,581,234.27		52.18%	18.75%
International Equity Fund						
28,867,6580	American Fund EuroPacific Growth Fund-R6 Cusip:298706821	1,322,295.00	1,467,054.38	50.820	6.08%	5.64%
58,282,1460	Virtus Vontobel Emerging Markets Opps Fund I Cusip:92828W361	517,461.22	592,088.18	10.520	2.46%	0.60%
	Total International Equity Fund	1,839,756.22	2,059,142.56		8.54%	1.25%
	Total Equities	11,574,268.42	14,640,376.83		60.72%	12.49%
Fixed Income						
U S Government Notes & Bonds						
100,000,0000	United States Treas Nts 1.0000% 06/30/19 Cusip:912828TC4	95,562.50	99,351.60	99.352	0.41%	0.26%
150,000,0000	United States Treas Nts 1.375% 02/28/19 Cusip:912828SH4	149,585.94	150,316.35	100.211	0.62%	0.55%
100,000,0000	United States Treas Nts 1.3750% 07/31/18 Cusip:912828VQ0	101,605.50	100,226.60	100.227	0.42%	0.36%
50,000,0000	United States Treas Nts 1.3750% 11/30/18 Cusip:912828RT9	49,703.13	50,121.10	100.242	0.21%	0.18%

50

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
50,000.0000	United States Treas Nts 08/31/18 Cusip:912828RE2	1.5000%	49,968.75	50,197.25	100.395	0.21%	0.20%
50,000.0000	United States Treas Nts 07/31/19 Cusip:912828TH3	.8750%	48,015.63	49,519.55	99.039	0.21%	0.12%
500,000.0000	United States Treas Nts 08/31/20 Cusip:912828L32	1.3750%	506,523.45	497,168.00	99.434	2.06%	1.82%
100,000.0000	United States Treas Nts 03/31/22 Cusip:912828J76	1.7500%	99,156.25	99,632.80	99.633	0.41%	0.46%
100,000.0000	United States Treas Nts 10/31/22 Cusip:912828M49	1.8750%	98,734.37	99,773.40	99.773	0.41%	0.50%
100,000.0000	United States Treas Nts 12/31/22 Cusip:912828N30	2.1250%	99,156.25	100,960.90	100.961	0.42%	0.56%
150,000.0000	United States Treas Nts 08/15/24 Cusip:912828D56	2.3750%	151,542.33	152,496.15	101.664	0.63%	0.94%
150,000.0000	United States Treas Nts 02/15/24 Cusip:912828B66	2.7500%	155,507.81	156,392.55	104.262	0.65%	1.09%
	Total US Government Notes & Bonds		1,606,061.91	1,606,156.25		6.66%	0.59%
	Government Agency Securities						
100,000.0000	Federal Farm Cr Bks 03/30/20 Cusip:3133EFV20	1.4900%	100,000.00	99,359.70	99.360	0.41%	0.39%
200,000.0000	Federal Farm Cr Bks 05/25/21 Cusip:3133EGBZ7	1.6600%	199,800.00	198,054.60	99.027	0.82%	0.88%
50,000.0000	Federal Farm Cr Bks 09/12/23 Cusip:3133EGTV7	1.8200%	50,000.00	48,210.40	96.421	0.2%	0.24%

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	Federal Farm Cr Bks 3.5000% 12/20/23 Cusip:3133E0BU5	113,833.00	108,402.70	108.403	0.45%	0.93%
100,000.0000	Federal Farm Credit Bank 2.5800% 06/08/18 Cusip:31331KNA4	99,711.00	101,522.40	101.522	0.42%	0.68%
100,000.0000	Federal Home Loan Banks 0.8300% 07/25/18 Cusip:3130A8U50	99,940.00	99,497.30	99.497	0.41%	0.22%
100,000.0000	Federal Home Loan Banks 0.8750% 08/05/19 Cusip:3130A8Y72	99,808.00	98,812.10	98.812	0.41%	0.23%
100,000.0000	Federal Home Loan Banks 1.8750% 03/13/20 Cusip:313378J77	103,173.00	100,830.90	100.831	0.42%	0.50%
50,000.0000	Federal Home Loan Banks 2.4700% 06/23/26 Cusip:3130A8GZ0	50,000.00	48,432.80	96.866	0.2%	0.33%
100,000.0000	Federal Natl Mtg Assn 1.2000% 01/29/19 Cusip:3135G0G31	100,000.00	99,700.20	99.700	0.41%	0.32%
	Total Government Agency Securities	1,016,265.00	1,002,823.10		4.15%	0.21%
	GNMA Pools					
2,924.3000	GNMA I Pool 443678 6.5000% 05/15/28 Cusip:36207V2K1	3,668.96	3,278.39	112.109	0.01%	0.05%
63,442.7100	GNMA I Pool 798037 3.5000% 03/15/42 Cusip:36177S4X4	66,456.20	66,073.04	104.146	0.27%	0.59%
	Total GNMA Pools	70,125.16	69,351.43		0.28%	0.03%
	Mortgaged Backed Pools					
13,624.6900	FNMA Conv Pool MA0979 3.0000% 02/01/22 Cusip:31418ACR7	14,352.76	14,027.53	102.957	0.06%	0.11%
144,879.5500	GNMA II 2010-167 JE 4.0000% 11/20/40 Cusip:38377NTE4	144,155.15	147,474.34	101.791	0.61%	1.53%

52

Consolidation: Toledo Painters Pension Plan			05/01/2016-04/30/2017				
Total Mortgaged Backed Pools			158,507.91	161,501.87		0.67%	0.06%
Corporate Bonds							
100,000.0000	Berkshire Hathaway Inc 01/31/22 Cuslp:084670BF4	3.4000%	100,350.00	105,042.70	105.043	0.44%	0.90%
25,000.0000	Emerson Electric Co Cuslp:291011AY0	4.875% 10/15/10	24,904.75	26,819.88	107.280	0.11%	0.32%
150,000.0000	Microsoft Corp Cuslp:594918AH7	3.000% 10/01/20	147,582.00	155,919.00	103.946	0.65%	1.19%
100,000.0000	Microsoft Corp Cuslp:594918BR4	2.4000% 08/08/26	100,209.00	95,805.00	95.805	0.4%	0.64%
48,000.0000	Microsoft Corp 2.1250% Cuslp:594918AQ7	11/15/22	47,740.32	47,588.35	99.142	0.2%	0.27%
100,000.0000	Northern Trust Corp Cuslp:665859AL8	3.4500% 11/04/20	102,060.00	104,324.30	104.324	0.43%	0.91%
30,000.0000	Oracle Corp Cuslp:68389XAC9	5.750% 04/15/18	29,994.90	31,221.90	104.073	0.13%	0.46%
50,000.0000	Oracle Corp Cuslp:68389XBM6	2.6500% 07/15/26	50,586.50	48,264.20	96.528	0.2%	0.35%
25,000.0000	Texas Instruments Inc Cuslp:882508AZ7	1.750% 05/01/20	24,962.50	24,920.23	99.681	0.1%	0.12%
50,000.0000	Texas Instruments Inc Cuslp:882508AV6	1.0000% 05/01/18	49,562.00	49,817.95	99.636	0.21%	0.13%
150,000.0000	United Parcel Service Cuslp:911312AM8	3.1250% 01/15/21	145,204.50	155,492.70	103.662	0.64%	1.24%
50,000.0000	Walt Disney Co/The Cuslp:25468PCN4	2.7500% 08/16/21	49,955.50	51,314.10	102.628	0.21%	0.36%
Total Corporate Bonds			873,111.97	896,530.31		3.72%	0.18%
Bond Funds - Taxable							
193,250.3850	Baird Aggregate Bond Fund-IS Cuslp:057071854		2,018,624.98	2,090,969.17	10.820	8.67%	13.56%
67,051.2960	Vanguard Short-Term Bond Index-Adm Cuslp:921937702		698,558.56	702,697.58	10.480	2.91%	2.83%
Total Bond Funds - Taxable			2,717,183.54	2,793,666.75		11.58%	0.41%
Total Fixed Income			6,441,255.49	6,530,029.71		27.06%	0.93%

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule - 3.1.1
Asset Statement
As Of 04/30/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Cash & Equivalents						
Money Market - Taxable						
13,265.9700	Farmers & Merchant MM Savings Deposit	13,265.97	13,265.97	1.000	0.06%	0.03%
113,513.0700	Northern Institutional US Government Portf Cuslp:665278404	113,513.07	113,513.07	1.000	0.47%	0.17%
	Total Money Market - Taxable	126,779.04	126,779.04		0.53%	0.10%
	Total Cash & Equivalents	126,779.04	126,779.04		0.53%	0.10%
Other Assets						
Partnership						
23,2566	American Core Really Fund LLC Cuslp:9M050700	2,421,556.65	2,817,406.88	121,144,401	11.68%	0.00%
	Total Partnership	2,421,556.65	2,817,406.88		11.68%	0.00%
	Total Other Assets	2,421,556.65	2,817,406.88		11.68%	0.00%
	Total Asset	20,563,859.60	24,114,592.46		99.99%	2.08%
	Ending Accrual For Period		19,902.94			
	Ending Market Value		24,134,495.40			

TOLEDO PAINTERS' AND ALLIED TRADES PENSION PLAN
FEIN: 34-6682353 - PLAN NO. 001
SCHEDULE H (LINE 4j) - SCHEDULE OF REPORTABLE TRANSACTIONS
(Prepared Pursuant to Requirements of the Employee Retirement
Income Security Act of 1974)
FOR THE YEAR ENDED APRIL 30, 2017

See the attached Trust Company of Toledo Detail Schedule of Reportable Transactions (page 95 - 96) is incorporated herein by reference.

Note: The purchase and sales prices for each reportable transaction represents fair values at the time of acquisition or disposition.

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
<i>Northern Inst'l Prime Obligations Portfolio</i>						
1,701,162.96 Units Bought In 49 Transactions	100.00000000		1,701,162.96	1,701,162.96		7.58%
1,856,318.73 Units Sold In 28 Transactions	100.00000000	0.00	1,856,318.73	1,856,318.73	0.00	8.27%
				3,557,481.69	0.00	15.84%
<i>Northern Institutional US Government Portf</i>						
2,103,920.63 Units Bought In 84 Transactions	100.00000000		2,103,920.63	2,103,920.63		9.37%
1,990,407.56 Units Sold In 25 Transactions	100.00000000		1,990,407.56	1,990,407.56	0.00	8.86%
				4,094,328.19	0.00	18.23%

NOTE : TURNOVER % BASED ON THE 05/01/2016 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF
22,453,548.12

(5 % = 1,122,677.41)

Consolidation: Toledo Painters Pension Plan

05/01/2016-04/30/2017

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
* No Broker Specified *						
Northern Inst'l Prime Obligations Portfolio						
1,701,162.96 Units Bought In 49 Transactions	100.00000000		1,701,162.96	1,701,162.96		7.58%
1,856,318.73 Units Sold In 28 Transactions	100.00000000	0.00	1,856,318.73	1,856,318.73	0.00	8.27%
				3,557,481.69	0.00	15.84%
Northern Institutional US Government Portf						
2,103,920.63 Units Bought In 84 Transactions	100.00000000		2,103,920.63	2,103,920.63		9.37%
1,990,407.56 Units Sold In 25 Transactions	100.00000000		1,990,407.56	1,990,407.56	0.00	8.86%
				4,094,328.19	0.00	18.23%
				7,651,809.88	0.00	34.08%

NOTE : TURNOVER % BASED ON THE 05/01/2016 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF
22,453,548.12

(5 % = 1,122,677.41)
END OF REPORT

