

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
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</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	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)</u>		1b Three-digit plan number (PN) ▶
			<u>001</u>
			1c Effective date of plan
			<u>07/01/1964</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 PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776</u>			
 <u>PO BOX 1330</u> <u>HOLLAND, OH 43528-1330</u>			
 <u>7142 NIGHTINGALE DR STE 1</u> <u>HOLLAND, OH 43528-7822</u>			
			2b Employer Identification Number (EIN)
			<u>34-6682531</u>
			2c Plan Sponsor's telephone number
			<u>419-248-2401</u>
			2d Business code (see instructions)
			<u>238220</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	Filed with authorized/valid electronic signature.	04/10/2018	MICHAEL KNISLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2018	SAM D HALKER
	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

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

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	5 510
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.....	6a(1) 241
a(2) Total number of active participants at the end of the plan year	6a(2) 232
b Retired or separated participants receiving benefits.....	6b 161
c Other retired or separated participants entitled to future benefits	6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 437
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 66
f Total. Add lines 6d and 6e	6f 503
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 18

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
--	---	---

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

A Name of plan PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776	D Employer Identification Number (EIN) 34-6682531	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	GA-2016		07/01/2016	06/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1420683**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 408534**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1529459

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

75207

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

75207

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1604666

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

157767

(2) Administration charge made by carrier.....

7e(2)

26216

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

183983

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1420683

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 07/01/2016 and ending 06/30/2017

► **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>PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)</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 PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776</u>	D Employer Identification Number (EIN) <u>34-6682531</u>

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

1a Enter the valuation date: Month 07 Day 01 Year 2016

b Assets

(1) Current value of assets	1b(1)	<u>36369537</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>37805493</u>

c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>38462646</u>
--	--------------	-----------------

(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)	<u>38462646</u>
---	--------------	-----------------

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)	<u>64196957</u>
-----------------------------	-----------------	-----------------

(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>2540755</u>
--	-----------------	----------------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
---	-----------------	--

(3) Expected plan disbursements for the plan year	1d(3)	<u>2604717</u>
---	--------------	----------------

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>02/19/2018</u>
Signature of actuary	Date
<u>KENNETH R GERMANN ASA MAAA</u>	<u>17-05750</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN INC</u>	<u>317-639-1000</u>
Firm name	Telephone number (including area code)
<u>111 MONUMENT CIRCLE, SUITE 601, INDIANAPOLIS, IN 46204-5128</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** 36369537**b** "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment.....**(1)** Number of participants **(2)** Current liability**(2)** For terminated vested participants.....

231 34533202

(3) For active participants:

38 3062893

(a) Non-vested benefits

2038645

(b) Vested benefits

24562217

(c) Total active

241 26600862

(4) Total

510 64196957

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c** 56.65%**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
08/15/2016	154513		02/15/2017	130711	
09/15/2016	148681		03/15/2017	148893	
10/15/2016	114371		04/15/2017	133166	
11/15/2016	149544		05/15/2017	136402	
12/15/2016	147381		06/15/2017	138336	
01/15/2017	220987		07/15/2017	130860	
Totals ▶			3(b)	1753845	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** 98.3%**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		3.18%	
	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)	AP2016	AP2016	
(2) Females	6c(2)	AP2016	AP2016	
d Valuation liability interest rate	6d	7.00%	7.00 %	
e Expense loading	6e	11.4%	☐ N/A	0.0% ☐ 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	5.8%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.2%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	714228	73288
4	142675	14640

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)	5
(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	0

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	1181583
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)	8710978
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	10955039
d Interest as applicable on lines 9a, 9b, and 9c	9d	231915
e Total charges. Add lines 9a through 9d	9e	3544991

Credits to funding standard account:

f Prior year credit balance, if any	9f	14482721
g Employer contributions. Total from column (b) of line 3	9g	1753845
	Outstanding balance	
h Amortization credits as of valuation date	9h	4526144
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1101837
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19000431
(2) "RPA '94" override (90% current liability FFL)	9j(2)	21946341
(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	17855012
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14310021
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)	10955039
(3) Total as of valuation date.....	9o(3)	10955039
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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 **07/01/2016** and ending **06/30/2017**

A Name of plan PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776	D Employer Identification Number (EIN) 34-6682531

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

AMALGAMATED

13-4920330

(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?
19 51	NONE	38945	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	35327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALMARCO ADVISORS

13-2646110

(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	34667	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)

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

(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	19522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN INC

91-0675641

(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	17983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHUMAKER LOOP AND 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	14859	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)

CLARK SCHAEFER HACKETT

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	5900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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	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 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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 07/01/2016 and ending 06/30/2017

A Name of plan <u>PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776</u>	D Employer Identification Number (EIN) <u>34-6682531</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALIC - SEPARATE ACCOUNT 174</u>		
b Name of sponsor of entity listed in (a): <u>AETNA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-6033492-012</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>408534</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW QUANTITATIVE LARGE CAP FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12984223</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QMA INSTITUTIONAL INT'L EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>52-1679020-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2718962</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5128983</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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
---	--	--

For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>		
A Name of plan <u>PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)</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 PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776</u>	D Employer Identification Number (EIN) <u>34-6682531</u>	

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)	548221	348171
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	43445	232936
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	
(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)	19488844	20832168
(10) Value of interest in pooled separate accounts	1c(10)	435413	408534
(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)	14479143	16789038
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1529459	1420683
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	36524525 40031530
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	154988 37976
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	154988 37976
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36369537 39993554

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1753845
	(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)	1753845
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	78290
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	78290
(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)	620350
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	620350
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	998328
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	998328

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2963645
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-20
(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		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		6414438

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2553571	
(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)		2553571
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)	39057	
(2) Contract administrator fees.....	2i(2)	35327	
(3) Investment advisory and management fees.....	2i(3)	128060	
(4) Other	2i(4)	34406	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		236850
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2790421

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3624017
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: 34-1087273

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 4120913. (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.
---	---	--

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

A Name of plan <u>PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 776 (LIMA, OHIO)</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 PENSION PLAN FOR PLUMBERS AND PIPEFITTERS LOCAL 776</u>	D Employer Identification Number (EIN) <u>34-6682531</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6033492</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.)
----------------	---

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
-----------------	-------------------

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
--	--	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ 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 RMF NOOTER INC

b EIN 21-0154319

c Dollar amount contributed by employer 516932

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 2019

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) 4.04

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

a Name of contributing employer GEM INDUSTRIAL INC

b EIN 31-1036493

c Dollar amount contributed by employer 329897

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 2019

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) 4.04

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

a Name of contributing employer JACOBS INDUSTRIAL SERVICES

b EIN 43-1865020

c Dollar amount contributed by employer 260277

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 2019

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) 4.04

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

a Name of contributing employer SMITH BOUGHEN INC

b EIN 34-4418854

c Dollar amount contributed by employer 166801

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 2019

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) 4.04

(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
----------------	---

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
-----------------	---------------------------------

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
Pension Plan for Plumbers and Pipefitters
Local Union No. 776 (Lima, Ohio)
P.O. Box 1330
Holland, OH 43528

Report on the Financial Statements

We have audited the accompanying financial statements of Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) which comprise the statements of net assets available for benefits as of June 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 Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) as of June 30, 2017, and the changes in its financial status for the year then ended in accordance with accounting principles 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 schedule of assets (held at end of year) as of June 30, 2017 is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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.

Prior Period Financial Statements

The financial statements of Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) as of June 30, 2016 were audited by other auditors whose report dated December 5, 2016 expressed an unmodified opinion on those financial statements.

Clark, Schaefer, Hackett & Co.

Toledo, Ohio
March 12, 2018

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 07/01/2016 and ending 06/30/2017

► **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 Pension Plan for Plumbers and Pipefitters Local Union No. 776	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="vertical-align: top;">C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</td> <td style="vertical-align: top;">D Employer Identification Number (EIN) 34-6682531</td> </tr> </table>	B Three-digit plan number (PN) ►	001			C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) 34-6682531
B Three-digit plan number (PN) ►	001						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) 34-6682531						

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

1a Enter the valuation date: Month 7 Day 1 Year 2016

b Assets

(1) Current value of assets	1b(1) 36,369,537
(2) Actuarial value of assets for funding standard account	1b(2) 37,805,493

(1) Accrued liability for plan using immediate gain methods	1c(1) 38,462,646
---	------------------

(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) 38,462,646
---	------------------

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) 64,196,957
-----------------------------	---------------------

(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,540,755
--	--------------------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
---	----------

(3) Expected plan disbursements for the plan year	1d(3) 2,604,717
---	-----------------

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 Kenneth R. Germann, ASA, MAAA Type or print name of actuary Milliman, Inc. Firm name 10 W Market Street Suite 1600 Indianapolis IN 46204 Address of the firm	02/19/2018 Date 17-05750 Most recent enrollment number (317) 639-1000 Telephone number (including area code)
----------------------	---	---

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	36,369,537
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	231	34,533,202
(3) For active participants:	38	3,062,893
(a) Non-vested benefits		2,038,645
(b) Vested benefits		24,562,217
(c) Total active	241	26,600,862
(4) Total	510	64,196,957
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.65 %

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
08/15/2106	154,513		02/15/2107	130,711	
09/15/2016	148,681		03/15/2017	148,893	
10/15/2016	114,371		04/15/2017	133,166	
11/15/2016	149,544		05/15/2017	136,402	
12/15/2016	147,381		06/15/2017	138,336	
01/15/2017	220,987		07/15/2017	130,860	
Totals ▶			3(b)	1,753,845	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	98.3 %
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	3.18 %
	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)	AP2016
(2) Females	6c(2)	AP2016
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	11.4 % ☐ 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	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	714,228	73,288
4	142,675	14,640

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)	5
(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	0

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	1,181,583
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)	8,710,978
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	10,955,039
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	231,915
e Total charges. Add lines 9a through 9d.....	9e	3,544,991

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	14,482,721
g Employer contributions. Total from column (b) of line 3.....	9g	1,753,845
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	4,526,144
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1,101,837
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19,000,431
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	21,946,341
(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	17,855,012
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	14,310,021
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)	10,955,039
(3) Total as of valuation date.....	9o(3)	10,955,039
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

Change in Assumption

Mortality Tables:

As of July 1, 2016 the funding mortality tables were changed from RP-2000 blue collar projected to valuation date using scale BB to RP-2014 blue collar with projection scale MP-2014 unwound back to 2006 and projected to the valuation date using scale BB. This change was made better reflect past plan experience and expected improvement in mortality.

Appendix A

Summary of Principal Plan Provisions

1. Plan Name
Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)
2. Plan Effective Date
July 1, 1964. (Restated effective July 1, 2000 and amended by Amendments 1 through 10 and by an EGTRRA amendment)
3. Type of Plan
Multi-employer, defined benefit plan with joint union management Board of Trustees.
4. Participation
All persons who were participating in the Plan on June 30, 1984 will continue to participate. All other persons will enter the Plan on the July 1 or January 1 (if employed in covered employment on that date) next following completion of 1,000 hours of service in the 12 month period measured from initial date of hire or anniversaries of that date, or on the July 1 or January 1 (if employed in covered employment on that date) next following completion of 1,000 hours of service in the 24 month period measured from initial date of hire or anniversaries of that date.
5. Employer Contributions
Employers contribute at rates specified in the collective bargaining agreements.
6. Employee Contributions
None
7. Normal Retirement
 - a. Normal Retirement Age:
The later of the employee's 65th birthday and the 5th anniversary of the Employee's participation in the plan.
 - b. Normal Retirement Date:
First day of the month coincident with or next following the Normal Retirement Age.

Appendix A (Continued)

Summary of Principal Plan Provisions

c. Normal Retirement Benefit:

An Employee's monthly Normal Retirement Benefit is the sum of the Years of Credited Service multiplied by the applicable rates from the following table:

	Terminations After June 30, 2007
Years of Credited Service Through June 30, 1983	\$20.00
Years of Credited Service Between July 1, 1983 and June 30, 1993	\$50.00
Years of Credited Service Between July 1, 1993 and June 30, 2015	\$75.00
Years of Credited Service Between July 1, 2015 and June 30, 2016	\$100.00
Years of Credited Service After July 1, 2016	\$107.00
Rates applicable for terminations prior to July 1, 2007 are those in effect at the date of termination.	

d. Years of Credited Service

An Employee will earn Years of Credited Service as follows:

- i. For service prior to 7/1/1976 — One Year of Credited Service for each service credit earned for benefit accrual purposes under the terms of the Plan in effect 6/30/1976.
- ii. For service after 7/1/1976—One tenth of a Year of Credited Service for each 150 hours in a Plan Year for which an Employer was required to make contributions (up to a maximum of one Year of Credited Service). Hours in excess of 1,500 in a given year may be applied to future years in which fewer than 1,500 hours are completed (or past years if such excess hours cannot be applied to any future year) if the Participant had at least 150 hours in such future year.

8. Early Retirement

a. Early Retirement Age

The Employee's 55th birthday and the completion of 10 years of Vesting Service.

b. Early Retirement Date

First day of the month coincident with or next following the Employee's Early Retirement Age.

c. Early Retirement Benefit

An Employee's Early Retirement Benefit will equal his Normal Retirement Benefit reduced by 5/9 of 1% for each month by which his Early Retirement Date precedes his Earliest Age for

Unreduced Benefits (EAUB). An Employee's EAUB is age 62 if he has completed at least 20 Years of Vesting Service or age 60 if he has completed 25 Years of Vesting Service.

Effective July 1, 2001 an Employee who was active on June 30, 2001 and who completed at least eight hours of service on or after July 1, 2001 will be eligible for unreduced benefits as of the first day of any month following age 55 and the date upon which his age (determined on his most recent birthday) plus his Years of Vesting Service equals or exceeds 85.

d. Years of Vesting Service

An Employee will earn Years of Vesting Service as follows:

- i. For service prior to 7/1/1976 — One Year of Vesting Service for each credit earned for vesting purposes under the terms of the Plan in effect 6/30/1976.
- ii. For service after 7/1/1976 — One Year of Vesting Service for each Plan Year during which an Employee completes at least 500 hours of service.

9. Disability Retirement

a. Disability Retirement Eligibility

- i. Total and permanent disability occurs before the commencement of retirement benefits, and
- ii. The Employee has completed 10 Years of Vesting Service.

10. Termination Benefit

An Employee who terminates his employment after completing 5 years of Vesting Service has the right to receive a vested benefit commencing on his Normal Retirement Date. The amount of vested benefit is equal to his Normal Retirement Date earned up to the date of termination.

11. Death Benefits

a. Pre-retirement Spouse's Death Benefit

If a vested, married Employee or former employee (who has been married to his spouse for at least one year) dies, the spouse is eligible for a monthly benefit commencing immediately. The amount of the benefit is 50% of the deceased Employee's accrued benefit reduced by $\frac{1}{2}\%$ for each year by which the surviving spouse is more than 5 years younger than the deceased Employee.

b. Pre-retirement Lump Sum Death Benefit

If an unmarried Employee (or an employee who has not been married to his spouse for at least one year) who has completed 10 years of vesting service dies, his beneficiary will receive a lump sum benefit equal to the contributions made to the Plan for the Employee.

c. Post-Retirement Death Benefit

Dependent upon the form of payment of the retirement benefit.

12. Normal Form of Benefit

Life Annuity

Appendix B

Summary of Actuarial Methods

1. Actuarial Cost Method

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

The annual costs for a pension plan can be determined using any one of several actuarial cost methods. The methods differ in how much of the ultimate cost of the plan is assigned to each prior year, the current year and to each future year. Although the ultimate cost for a pension plan will be determined not by the cost method, but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the plan, the pattern of annual contributions from year to year and the rate of funding for the benefits will vary with the choice of actuarial cost method. In addition, the choice of actuarial assumptions for a given actuarial cost method will affect the current level of contributions and pattern of future contributions.

The actuarial cost method used in the valuation of this plan is known as the projected unit credit cost method. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant. The normal cost for each participant is computed as the present value of the pro-rata portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The normal cost for the plan is the total of the individually computed normal costs for all participants including the costs for any death or disability benefits under the plan.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

2. Asset Valuation Method

For purposes of applying the actuarial cost method, plan assets are valued at market value. Employer contributions made after the valuation date are discounted back to the valuation date using the prior year's Effective Interest Rate and included in the assets.

3. Actuarial Assumptions

a. Investment Return

	2016	2015	2014	2013
Funding	7.00%	7.00%	7.00%	7.00%
Current Liability	3.18%	3.34%	3.59%	3.61%

b. Expenses (Adopted July 1, 2014)

Annual administrative expenses are assumed to be \$125,000 for each future year, paid at mid-year.

Appendix B (Continued)

Summary of Actuarial Methods

c. Mortality Rates (Adopted July 1, 2016)

Healthy: RP-2014 Healthy Annuitant and Employee Mortality with Blue Collar Adjustment (male/female) tables with projection scale MP-2014 undone back to 2006 and projected to the valuation date using Projection Scale BB

Disabled: RP-2014 Disabled retiree mortality (males/female) tables with projection scale MP-2014 undone back to 2006 and projected to the valuation date using Projection Scale BB

d. Withdrawal Rates (Adopted July 1, 2014)

Withdrawal rates (employee turnover) were assumed as follows:

Age	Number Withdrawing Annually per 1,000 Active Employees
20	94
25	94
30	70
35	54
40	38
45	22
50	6
55	0

Participants terminating employment prior to becoming vested in their accrued benefits are assumed to not earn additional vesting service through reciprocal arrangements.

e. Disability Rates

Disability rates were assumed as follows:

Age	Number Becoming Disabled Annually per 1,000 Active Employees
25 and under	0.6
30	0.6
35	0.9
40	1.8
45	3.1
50	4.9
55	8.0
60	8.0
62	8.0

Appendix B (Continued)

Summary of Actuarial Methods

f. Retirement Age (Adopted July 1, 2014)

Terminated vested employees are assumed to retire at the earlier of: a) 85 points (age at commencement and years of vesting service at termination), b) age 62 if they have 20 years of vesting service, or c) age 60 if they have 25 Years of Vesting Service. Other terminated vested employees are assumed to retire at age 65.

Active employees are assumed to retire according to the following table:

Age	Percentage Retiring at Stated Age			
	Satisfies Rule of 85	Earliest Unreduced Retirement Age		
		60	62	65
65	100%	100%	100%	100%
64	40%	40%	40%	10%
63	40%	40%	40%	10%
62	40%	40%	40%	10%
61	40%	40%	10%	10%
60	40%	40%	10%	10%
59	40%	10%	10%	10%
58	40%	10%	10%	10%
57	40%	10%	10%	10%
56	40%	10%	10%	10%
55	40%	10%	10%	10%

g. Future Benefit Accrual and Employer Contributions

For purposes of projecting future benefits it was assumed that each employee would earn a full year of Credited Service in each future year. The employer contribution rate effective July 1, 2016 is \$4.04/HR and expected contributions per future year are $238 \times 1,700 \text{ hours} \times \$3.79/\text{hour} = \$1,634,584$.

h. Probability of Marriage (Adopted July 1, 2001)

80% of employees were assumed to be married at death or retirement.

i. Age Difference

Males are assumed to be three years older than their spouses.

Appendix B (Continued)

Summary of Actuarial Methods

j. Adjustments for Missing Data

Employees with a missing sex code in the data are assumed to be male. Employees with a missing date of birth are assigned an age consistent with the average age for employees with similar service and included in the valuation.

k. Active and Inactive Employees

Active employees are all Employees who have met the eligibility requirements and have at least 150 hours of service, if included in last year's valuation, or those with 1000 total hours in the most recent 2 Plan Years. Active employees will be included in the valuation for all purposes. Other Employees (including retirees) will be considered Inactive and will be included in the valuation only if vested.

l. Changes in Plan Assumptions from the Prior Year's Valuation

The interest rate used to calculate current liability was changed to 3.18% from 3.34% and the mortality tables used to calculate current liability were changed from the 2015 Prescribed Mortality Tables to the 2016 Prescribed Mortality Tables. Mortality tables used to calculate the Actuarial Accrued Liability were changed from the RP-2000 Healthy Blue Collar tables projected to the valuation date using projection scale BB to the assumption shown above.

Appendix C (Continued)

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

Age	Years of Vesting Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	12	1	-	-	-	-	-	-	-	13
25-29	-	14	8	1	-	-	-	-	-	-	23
30-34	-	18	12	16	-	-	-	-	-	-	46
35-39	-	15	6	9	4	-	-	-	-	-	34
40-44	-	4	5	9	5	2	-	-	-	-	25
45-49	-	1	6	11	8	4	2	-	-	-	32
50-54	-	-	1	8	5	8	4	-	2	-	28
55-59	-	2	1	7	4	4	3	4	3	-	28
60-64	-	-	1	4	-	2	1	1	-	-	9
65-69	-	1	-	-	-	1	-	-	-	-	2
70&Up	-	-	-	-	-	1	-	-	-	-	1
Total	-	67	41	65	26	22	10	5	5	-	241

Average Hours by Age and Service Groups

Age	Years of Vesting Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	2,448	2,786	-	-	-	-	-	-	-	2,474
25-29	-	2,356	2,870	3,073	-	-	-	-	-	-	2,566
30-34	-	2,464	2,733	2,733	-	-	-	-	-	-	2,628
35-39	-	2,314	2,538	2,712	2,690	-	-	-	-	-	2,503
40-44	-	2,380	2,750	2,703	2,805	3,128	-	-	-	-	2,715
45-49	-	2,292	1,919	2,261	2,719	2,478	1,940	-	-	-	2,319
50-54	-	-	2,014	2,398	2,795	2,635	3,060	-	2,642	-	2,635
55-59	-	1,807	2,210	2,775	2,880	2,333	3,397	3,082	2,195	-	2,686
60-64	-	-	2,052	1,939	-	2,678	1,718	2,660	-	-	2,171
65-69	-	243	-	-	-	2,796	-	-	-	-	1,520
70&Up	-	-	-	-	-	2,397	-	-	-	-	2,397
Average	-	2,345	2,568	2,566	2,770	2,597	2,803	2,997	2,373	-	2,545

Appendix D

10-year Benefit Payout Projection

This benefit payout projection is an estimate based on the current plan provisions, the supposition that each valuation assumption is exactly realized, and the assumption that there will be no future entrants.

Plan Year Ending June 30	Estimated Benefit Payout
2017	2,605,000
2018	2,743,000
2019	2,825,000
2020	2,895,000
2021	2,957,000
2022	3,042,000
2023	3,079,000
2024	3,116,000
2025	3,131,000
2026	3,134,000
* Using actuarial assumptions from the July 1, 2016 valuation and benefits in effect July 1, 2016.	

Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)

EIN: 34-6682531 Plan Number: 001

Schedule H (Line 4i), Schedule of Assets (Held at End of Year)

June 30, 2017

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity, date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
*	Aetna Life Insurance Company - immediate participation guarantee			
	Contract GA-2016:			
	General account		\$ 1,420,683	1,420,683
	Pooled separate account:			
	Money market account - disbursement payment account		408,534	408,534
	Common and Collective Trust Funds:			
	Longview Quantitative Large Cap Fund (DFE)		5,828,456	12,984,223
	Multi-Employer Property Trust (DFE)		3,202,455	5,128,983
*	Prudential - Quantitative Core International Equity (DFE)		<u>2,739,875</u>	<u>2,718,962</u>
	Mutual Funds			
*	Fidelity Extended Market Index		900,868	4,289,519
*	Schroder Total Return Fixed Income		4,363,690	4,170,157
*	PIMCO Total Return Fund		4,709,987	4,384,925
*	Vanguard Total International Stock Index Admiral Fund		1,959,532	2,364,652
	Equity Securities			
	Easterly Government Properties		1,187,965	1,579,748
	Money Market Funds			
*	Fidelity Cash Reserves		<u>37</u>	<u>37</u>
	Total assets (held at end of year)		\$ <u>26,722,083</u>	<u>39,450,423</u>

Notes:

(1) Fair value for general account represents contract value

* Party-in-Interest

**Pension Plan for Plumbers and Pipefitters
Local Union No. 776 (Lima, Ohio)**

Financial Statements

June 30, 2017 and 2016

with Independent Auditors' Report

TABLE OF CONTENTS

Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to the Financial Statements	5-12
Supplementary Information:	
Schedule of Cash Receipts and Disbursements of the Depository Account.....	13
Schedule of Assets (Held at End of Year)	14

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Pension Plan for Plumbers and Pipefitters
Local Union No. 776 (Lima, Ohio)
P.O. Box 1330
Holland, OH 43528

Report on the Financial Statements

We have audited the accompanying financial statements of Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) which comprise the statements of net assets available for benefits as of June 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 Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) as of June 30, 2017, and the changes in its financial status for the year then ended in accordance with accounting principles 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 schedule of assets (held at end of year) as of June 30, 2017 is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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.

Prior Period Financial Statements

The financial statements of Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) as of June 30, 2016 were audited by other auditors whose report dated December 5, 2016 expressed an unmodified opinion on those financial statements.

Clark, Schaefer, Hackett & Co.

Toledo, Ohio
March 12, 2018

Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)
Statements of Net Assets Available for Benefits
June 30, 2017 and 2016

Assets	<u>2017</u>	<u>2016</u>
Investments:		
Aetna Life Insurance Company-immediate participation guarantee contract:		
General account	\$ 1,420,683	1,529,459
Pooled separate account, at fair value	408,534	435,413
Common and collective trust funds	20,832,168	19,488,844
Mutual funds	15,209,253	12,751,487
Equity securities	1,579,748	1,727,619
Money market funds	<u>37</u>	<u>37</u>
Total investments	39,450,423	35,932,859
Receivables:		
Employers' contributions	217,311	154,385
Employers' contribution receivable from Northwestern Ohio Administrators	<u>130,860</u>	<u>393,836</u>
Total receivables	348,171	548,221
Cash	<u>232,936</u>	<u>43,445</u>
Total assets	\$ <u>40,031,530</u>	<u>36,524,525</u>
Liabilities		
Accrued administration fees	\$ 3,848	2,939
Accrued professional service fees	16,070	7,191
Contributions owed to other plans-reciprocity	<u>18,058</u>	<u>144,858</u>
Total liabilities	<u>37,976</u>	<u>154,988</u>
Net assets available for benefits	\$ <u>39,993,554</u>	<u>36,369,537</u>

See accompanying notes to the financial statements.

Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions to net assets attributed to:		
Participating employer contributions, net of reciprocal transfers to other plans of \$66,493 in 2017 and \$3,318,288 in 2016	\$ 1,540,661	2,384,628
Reciprocal transfers from other plans	<u>213,184</u>	<u>50,276</u>
Total contributions	<u>1,753,845</u>	<u>2,434,904</u>
Investment income:		
Interest and dividends	698,640	764,715
Net appreciation in fair value of investments	<u>3,961,953</u>	<u>138,561</u>
Total investment income	4,660,593	903,276
Less investment expense	<u>110,074</u>	<u>103,792</u>
Net investment income	4,550,519	799,484
Net additions	6,304,364	3,234,388
Deductions from assets attributed to:		
Benefit payments and withdrawals	2,553,571	2,467,540
Administrative fees to NWOA	35,327	35,268
Insurance carrier administrative fees	17,986	16,616
Professional fees	39,057	32,209
Other expenses	<u>34,406</u>	<u>35,927</u>
Total administrative expenses	<u>126,776</u>	<u>120,020</u>
Total deductions	<u>2,680,347</u>	<u>2,587,560</u>
Net increase in net assets available for benefits	3,624,017	646,828
Net assets available for benefits, beginning of year	<u>36,369,537</u>	<u>35,722,709</u>
Net assets available for benefits, end of year	\$ <u>39,993,554</u>	<u>36,369,537</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio) (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined benefit pension plan established July 1, 1964, as a result of a collective bargaining agreement between Local Union No. 776 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada (Local Union No. 776) and the Plumbing, Heating and Air Conditioning Contractors of Lima, Ohio. Subsequent amendments have been made to the Plan primarily to increase benefits and comply with tax law changes. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All employees of the participating employers who work under the jurisdiction of Local Union No. 776 are eligible to participate in the Plan.

Contributions

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

Benefits

Under terms of the Plan, participants are eligible for normal retirement benefits at the earlier of age 60 and completion of 25 years of vesting service; age 62 and completion of 20 years of vesting service; age 65 and completion of 5 years of participation in the Plan for employees who become participants in the Plan within five years of age 65; or under the "Rule of 85", if the participant's age and years of service aggregate 85. Reduced early retirement benefits are available to participants upon reaching age 55 with 10 years of vesting service. The Plan also provides certain death, disability and termination benefits. Normal retirement benefits are determined based on years of service of the participant at specified benefit rates as established by the Board of Trustees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following significant accounting policies of the Plan are set forth to facilitate the understanding of data presented in the financial statements.

Basis of accounting

The accompanying financial statements are presented on the accrual basis of accounting.

Use of estimates

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Investment valuation and income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion at Fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net investment earnings include the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Benefits

Benefits are recorded when paid.

Reciprocity contributions

Participants of the Plan and participants of the benefit plans of other affiliated local unions may have temporary employment assignments outside the jurisdiction of their local union. Therefore, the Plan has entered into reciprocity agreements with other affiliated locals to ensure that employer contributions are forwarded to the benefit plans of the participant's local union. Reciprocal contributions received and reciprocal contributions paid have been recorded on the statements of changes in net assets available for benefits.

Change in accounting policy

The Financial Accounting Standards Board (FASB) has issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient." ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted. The Plan adopted ASU 2015-12 in 2017, applied retrospectively to all periods presented. This change had no impact on net assets available for benefits.

The FASB has also issued ASU 2015-07, "Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent)." ASU 2015-07 simplifies disclosures and reporting on investments valued at net asset value as a practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016, with earlier adoption permitted. The Plan has elected to early adopt ASU 2015-07, applied retrospectively to all periods presented. This change had no impact on net assets available for benefits.

3. EMPLOYER CONTRIBUTIONS RECEIVABLE FROM NWOA:

Employer contributions receivable from Northwestern Ohio Administrators, Inc. (NWOA), administrative manager for the Plan, represent employer contributions received by NWOA and maintained in NWOA's cash concentration account until such time as they are transferred to the Plan's cash account. Interest is earned on amounts maintained in the cash concentration account.

4. FAIR VALUE MEASUREMENTS:

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Aetna Life Insurance Company Contract: Under the terms of the immediate participation guarantee contract, Aetna maintains and invests Plan assets at the direction of the Plan's Board of Trustees in unallocated funds. Assets invested in the general account earn interest at a contract rate (3.50% and 5.42% as of June 30, 2017 and 2016, respectively, before administrative expenses) determined annually by Aetna based on the investment performance of the underlying investment pools. These accounts are valued as Level 2 investments. The assets in the Separate Account (SA-174) are money market investments used to pay non-guaranteed plan benefits and are classified as Level 2 Investments.

4. FAIR VALUE MEASUREMENTS (CONTINUED):

Common/Collective Trusts: Valued at the net asset value (NAV) of units of the collective trusts. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

Mutual Funds: Valued at the daily closing prices as reported by the funds. The funds held by the Plan are registered with the Securities and Exchange Commission and are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

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

Money Market Funds: Valued at cost, which approximates fair value.

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

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

<u>Investment</u>	<u>Assets at Fair Value as of June 30, 2017</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Aetna General Account	\$ -	1,420,683	-	-	1,420,683
Aetna Separate Account (SA-174)	-	408,534	-	-	408,534
Common/Collective Trusts	-	-	-	20,832,168	20,832,168
Mutual Funds	15,209,253	-	-	-	15,209,253
Equity Securities	1,579,748	-	-	-	1,579,748
Money Market Funds	37	-	-	-	37
	<u>\$ 16,789,038</u>	<u>1,829,217</u>	<u>-</u>	<u>20,832,168</u>	<u>39,450,423</u>

4. FAIR VALUE MEASUREMENTS (CONTINUED):

<u>Investment</u>	<u>Assets at Fair Value as of June 30, 2016</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Aetna General Account	\$ -	1,529,459	-	-	1,529,459
Aetna Separate Account (SA-174)	-	435,413	-	-	435,413
Common/Collective Trusts	-	-	-	19,488,844	19,488,844
Mutual Funds	12,751,487	-	-	-	12,751,487
Equity Securities	1,727,619	-	-	-	1,727,619
Money Market Funds	37	-	-	-	37
	<u>\$14,479,143</u>	<u>1,964,872</u>	<u>-</u>	<u>19,488,844</u>	<u>35,932,859</u>

The following table summarizes the fair value and redemption frequency for those assets whose fair value is estimated using net asset value (NAV) per share as of June 30, 2017 and 2016:

<u>Instrument</u>	<u>Fair Value at</u>		<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
	<u>2017</u>	<u>June 30 2016</u>			
Multi-Employer Investment Trust*	\$ 5,128,982	4,831,282	-	Quarterly	60 days
Longview Quantitative Large Cap Fund*	12,984,223	12,378,860	-	Daily	none
Prudential-Institutional Quantitative Core International Equity Fund*	2,718,963	2,278,702	-	Daily	none

*Direct filing entity

5. PARTY-IN-INTEREST TRANSACTIONS:

Assets in the immediate participation guarantee contract with Aetna are managed by Aetna. Consequently, fees paid to Aetna qualify as party-in-interest. Fees for these investment management and administrative services aggregated \$39,355 and \$38,847 for the years ended 2017 and 2016, respectively.

6. RELATED-PARTY TRANSACTIONS:

This Plan is related through common management and trustees with Northwestern Ohio Administrators, Inc. which provides administrative services to the Plan. Included in the statements of changes in net assets available for plan benefits are gross administrative fees charged by Northwestern Ohio Administrators, Inc.

7. ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died and present participants or their beneficiaries. Benefits payable under circumstances including retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits of the Plan is determined by an enrolled actuary of Milliman is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of July 1, 2016 were:

- assumed net investment return rate of 7.0%
- assumed RP-2014 Healthy Annuitant and Employee Mortality with Blue Collar Adjustment tables with projection scale MP-2014 undone back to 2006 and projected to the valuation date using Projection Scale BB.
- assumed annual operating expenses of the Plan of \$125,000
- assumed retirement age at various rates between ages 55 and 65

The forgoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Based on the latest actuarial information available, which is as of July 1, 2016, the actuarial present value of accumulated plan benefits is summarized as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 23,971,217
Other participants	<u>13,470,230</u>
Total	37,441,447
Non-vested benefits	
	<u>1,021,199</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 38,462,646</u>

7. ACCUMULATED PLAN BENEFITS (CONTINUED):

Changes in the actuarial present value of accumulated plan benefits since July 1, 2015 are summarized as follows:

Actuarial present value of accumulated Plan benefits as of July 1, 2015	\$36,871,706
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience gain or loss	1,372,055
Change in Actuarial Assumptions	142,675
Interest	2,497,700
Benefits paid to participants or their beneficiaries	<u>(2,421,490)</u>
Net increase	1,590,940
Actuarial present value of accumulated Plan benefits as of July 1, 2016	<u>\$ 38,462,646</u>

8. PLAN TERMINATION:

In the event the plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some time in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

9. PLAN STATUS:

The Plan's actuary determined that the Plan was not in endangered, seriously endangered or critical status for the Plan years beginning July 1, 2017 and 2016.

10. TAX STATUS:

The Internal Revenue Service has determined and informed the Plan by a letter dated September 11, 2015 that the Plan, as amended, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the Code and the Employee Retirement Income Securities Act of 1974 to maintain its tax exempt status. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

11. RISKS AND UNCERTAINTIES:

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. SUBSEQUENT EVENTS:

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

Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)
Schedule of Cash Receipts and Disbursements of the Depository Account
Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Receipts		
Employer contributions, net of reciprocal transfers with other plans	\$ 2,019,085	2,366,169
Interest income	<u>-</u>	<u>-</u>
Total receipts	2,019,085	2,366,169
Disbursements:		
Deposits with custodian trustee	1,694,831	2,223,435
Fees:		
Administration, net	37,659	37,559
Actuarial and consulting	17,983	15,684
Investment consultant	26,667	32,000
Other professional	20,441	23,502
International foundation of employee benefit plans- dues and seminars	6,200	6,964
Fiduciary liability and fidelity bond insurance premiums	5,845	11,095
Pension benefit guaranty corporation premium	13,635	12,818
Meeting expenses	463	428
Printing and mailing	3,575	1,294
Other	<u>2,295</u>	<u>1,037</u>
Total disbursements	<u>1,829,594</u>	<u>2,365,816</u>
Excess receipts	189,491	353
Cash balance, beginning of year	<u>43,445</u>	<u>43,092</u>
Cash balance, end of year	<u>\$ 232,936</u>	<u>43,445</u>

Notes: The above schedule presents the cash transactions of the depository account maintained by administrative manager

Pension Plan for Plumbers and Pipefitters Local Union No. 776 (Lima, Ohio)

EIN: 34-6682531 Plan Number: 001

Schedule H (Line 4i), Schedule of Assets (Held at End of Year)

June 30, 2017

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity, date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
*	Aetna Life Insurance Company - immediate participation guarantee			
	Contract GA-2016:			
	General account		\$ 1,420,683	1,420,683
	Pooled separate account:			
	Money market account - disbursement payment account		408,534	408,534
	Common and Collective Trust Funds:			
	Longview Quantitative Large Cap Fund (DFE)		5,828,456	12,984,223
	Multi-Employer Property Trust (DFE)		3,202,455	5,128,983
*	Prudential - Quantitative Core International Equity (DFE)		<u>2,739,875</u>	<u>2,718,962</u>
	Mutual Funds			
*	Fidelity Extended Market Index		900,868	4,289,519
*	Schroder Total Return Fixed Income		4,363,690	4,170,157
*	PIMCO Total Return Fund		4,709,987	4,384,925
*	Vanguard Total International Stock Index Admiral Fund		1,959,532	2,364,652
	Equity Securities			
	Easterly Government Properties		1,187,965	1,579,748
	Money Market Funds			
*	Fidelity Cash Reserves		<u>37</u>	<u>37</u>
	Total assets (held at end of year)		\$ <u>26,722,083</u>	<u>39,450,423</u>

Notes:

(1) Fair value for general account represents contract value

* Party-in-Interest

Exhibit 5

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning July 1, 2015 are determined below.

1. Charges as of July 1, 2016

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
July 1, 1977	Initial accrued liability	\$25,218	6.0	\$126,616
July 1, 1979	Plan amendment	15,966	8.0	102,017
July 1, 1983	Plan amendment	26,016	2.0	50,334
July 1, 1985	Plan amendment	25,841	4.0	93,658
July 1, 1987	Plan amendment	21,248	6.0	108,372
July 1, 1988	Plan amendment	29,022	7.0	167,361
July 1, 1989	Plan amendment	51,686	8.0	330,232
July 1, 1991	Plan amendment	13,328	10.0	100,158
July 1, 1993	Plan amendment	20,587	12.0	174,961
July 1, 1993	Change in assumptions	29,908	12.0	254,180
July 1, 1996	Plan amendment	39,569	15.0	385,625
July 1, 1998	Plan amendment	50,559	17.0	528,182
July 1, 1998	Change in assumptions	9,936	17.0	103,792
July 1, 1999	Plan amendment	38,670	18.0	416,217
July 1, 2000	Plan amendment	77,950	19.0	862,050
July 1, 2001	Plan amendment	231,306	20.0	2,621,994
July 1, 2002	Actuarial loss	44,640	6.0	227,676
July 1, 2003	Actuarial loss	105,389	7.0	607,724
July 1, 2003	Plan amendment	16,304	22.0	192,973
July 1, 2004	Actuarial loss	116,465	8.0	744,134
July 1, 2004	Plan amendment	67,814	23.0	817,913
July 1, 2005	Actuarial loss	35,777	9.0	249,406
July 1, 2006	Actuarial loss	81,739	10.0	614,290
July 1, 2007	Actuarial loss	3,459	11.0	27,747
July 1, 2007	Plan amendment	82,619	26.0	1,045,427
Subtotal (with 5-year extension)		1,261,016		10,955,039
July 1, 2008	Actuarial loss	43,249	7.0	249,390
July 1, 2009	2008 Net Investment loss	274,857	22.0	3,253,075
July 1, 2010	Actuarial loss	119,101	9.0	830,294
July 1, 2011	2008 Net Investment loss	134,978	22.0	1,597,534
July 1, 2012	Actuarial loss	56,034	11.0	449,597
July 1, 2012	2008 Net Investment loss	36,133	22.0	427,651

Exhibit 5 (Continued)

July 1, 2013	Actuarial loss	24,163	12.0	205,357
July 1, 2014	Change in assumptions	93,325	13.0	834,575
July 1, 2015	Actuarial Loss	705	14.0	6,602
July 1, 2016	Actuarial Loss	73,288	15.0	714,228
July 1, 2016	Assumption Change	14,640	15.0	142,675
Subtotal (without 5-year extension)		870,477		8,710,978
Total		2,131,493		19,666,017

2. Credits as of July 1, 2016

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
July 1, 2009	Actuarial gain	113,414	8.0	790,645
July 1, 2010	2008 Net Investment gain	153,383	22.0	1,849,989
July 1, 2011	Actuarial gain	173,630	10.0	1,393,134
July 1, 2014	Actuarial gain	76,182	15.0	712,883
Total		516,609		4,526,144

- | | |
|---|------------|
| 3. Net outstanding balance [(1) - (2)] | 15,139,873 |
| 4. Credit Balance as of July 1, 2016 | 14,634,231 |
| 5. Accumulated reconciliation account as of July 1, 2016 | |
| a. Additional Funding Charges | 0 |
| b. Additional Interest Charges | 0 |
| c. Due to Waived Funding Deficiencies | <u>0</u> |
| d. Total [(a) + (b) + (c)] | 0 |
| 6. Balance test result [(3) - (4) - (5d)] | 657,153 |
| 7. Unfunded Actuarial Accrued Liability as of July 1, 2016, minimum \$0 | \$657,153 |