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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/16/1992

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)

FIRST TRUST PORTFOLIOS L.P.

120 E LIBERTY DRIVE, STE 400
WHEATON, IL 60187

2b Employer Identification Number (EIN) 36-3768815

2c Plan Sponsor's telephone number 630-765-8611

2d Business code (see instructions) 523900

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.	10/04/2018	PATRICIA COSTELLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	755
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)**	706
a(2) Total number of active participants at the end of the plan year	**6a(2)**	737
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	59
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	796
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	796
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	695
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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).. . . . . [X] 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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

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

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

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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(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?
15 36 37 38 50 64	NONE	28937	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BMO HARRIS BANK NA

36-2085229

(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 21 25 28 52 62 68	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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 [ ]

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

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

(b) 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 ☐

(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
BMO HARRIS BANK NA	19 21 25 28 52 62 68	0

(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.
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK NA 2.25 BPS ON MARKET VALUE ANNUALIZED MONTHLY

(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:	**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:

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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: FIRST TRUST ALL EQUITY FUND

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-021	M	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2020

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-046	C	219659

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2020

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-047	C	383667

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2040

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-048	C	1239952

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2050

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-049	C	400204

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2010

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-045	C	0

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

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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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)

Department of the Treasury
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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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	9282	5174
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	165974	193527
(2) Participant contributions	1b(2)	128339	149894
(3) Other	1b(3)	15288	19984
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	7664	11371
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	888802	1077470
(9) Value of interest in common/collective trusts	1c(9)	7021163	2243482
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	86553252	115689375
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7879822	10771612

			(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**	102669586	130161889
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	306137	346673
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	306137	346673
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	102363449	129815216

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	1596530	
	(B) Participants	**2a(1)(B)**	8724666	
	(C) Others (including rollovers)	**2a(1)(C)**	175880	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		10497076
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)**	50610	
	(F) Other	**2b(1)(F)**	21	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		50631
	(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)**	1408077	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1408077
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	15	
	(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)**		15
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-1078	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-1078

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1103268
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16843087
c Other income	2c		1379161
d Total income. Add all **income** amounts in column (b) and enter total	2d		31280237
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3799533	
(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)		3799533
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)	28937	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28937
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3828470
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		27451767
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	4a		X	
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.)	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		5000000
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		X	
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			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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** 0

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): 39-6436442

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**

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

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: 0.0% 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):

First Trust Portfolios L.P. 401(k) Plan

Financial Statements as of December 31, 2017 and 2016, and for the Year Ended December 31, 2017, Supplemental Schedule as of December 31, 2017, and Independent Auditors' Report

EIN: 36-3768815, Plan No: 001

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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INDEPENDENT AUDITORS' REPORT

First Trust Portfolios L.P. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the First Trust Portfolios L.P. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BMO Harris Bank N.A, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 3, 2018

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS:		
Cash	$ 5,174	$ 9,282
Investments-at fair value	128,715,840	101,461,901
Notes receivable from participants	1,077,470	888,802
Participant contributions receivable	149,894	128,339
Employer contributions receivable	193,527	165,974
Accrued investment income	19,984	15,288
Total assets	130,161,889	102,669,586
LIABILITIES:		
Payables for securites purchased	346,673	306,137
Total liabilities	346,673	306,137
NET ASSETS AVAILABLE FOR BENEFITS	$ 129,815,216	$ 102,363,449

See notes to financial statements.

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS:	
Contributions:	
Employer contributions	$ 1,596,530
Participant contributions	8,724,666
Rollover contributions	175,880
Total contributions	10,497,076
Investment income:	
Net appreciation in fair value of investments	19,324,453
Dividends and interest	1,408,077
Net investment income	20,732,530
Interest from notes receivable from participants	50,631
DEDUCTIONS:	
Benefits paid to participants	3,799,533
Administrative expenses	28,937
Total deductions	3,828,470
INCREASE IN NET ASSETS	27,451,767
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	102,363,449
End of year	$ 129,815,216

See notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the First Trust Portfolios L.P. 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined contribution plan, amended and restated effective January 1, 2015 to comply with regulatory requirements, covering substantially all salaried and non-salaried employees of First Trust Portfolios L.P. (the "Partnership"), the sponsor of the Plan. BMO Harris Bank N.A. ("BMO" or the "Trustee") serves as trustee of the Plan. OneAmerica Retirement Services LLC provides recordkeeping and administrative services. The Plan, established on March 16, 1992, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility of Participants — Employees of the Partnership become eligible for participation in the Plan on the date of hire. The effective date of participation is the first day of the month following the hire date. If the first day of employment is the first day of the month, benefits are effective immediately. In addition, once eligibility requirements have been met, employees may enter the Plan monthly, on the first day of each month.

Contributions — The Plan is funded by participants' pre-tax voluntary contributions and may also be funded by Partnership contributions. Each year, participants may contribute up to 100% of their pre-tax annual compensation, as defined in the Plan document, subject to certain Internal Revenue Code ("IRC") limitations. Effective July 1, 2012, the Plan was amended to exclude all fringe benefits, expense reimbursements, deferred compensation and welfare benefits from the definition of plan compensation for purposes of matching contributions. During the year ended December 31, 2017, the Partnership made matching contributions equal to 25% of a participant's contributions, up to 6% of a participant's eligible compensation. Participants need to be employed on the last day of each quarter to receive that quarter's match. The Plan also permits catch up contributions and rollovers.

Plan Amendments—Effective December 31, 2017, the Plan was amended to reflect Internal Revenue Service announced changes and to provide clarifying provisions related to other Plan provisions.

Participant Accounts — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Partnership's matching contribution, and the participant's investment earnings, and charged with withdrawals, activity fees, and the participant's investment losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments — Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting — Participants are 100% vested at all times in the portion of their account attributable to their contributions and the earnings thereon. Partnership contributions and earnings thereon vest at a rate of 20% per year over a period of five years.

Notes Receivable from Participants — Participants may borrow from their Plan accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The maximum loan term is 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate determined by the Plan. Interest rates are based on the prime rate plus 2% at the time the loan is made. Principal and interest are paid ratably through payroll deductions.

Distributions and Withdrawals — Participation in the Plan terminates upon retirement, death, or disability; such former participant or designated beneficiary will receive a lump-sum distribution. Upon termination of employment with the Partnership, for other than retirement, death, or disability, participants with vested account balances less than $1,000 will receive a lump-sum distribution, while the participants with vested account

balances of $5,000 or more may elect to receive a lump-sum distribution or may elect to defer payment until reaching the age of 65. For participants with vested account balances between $1,000 and $5,000, the Plan document provides that this amount, if not otherwise directed by the employee, will be rolled over into an IRA. Participants of the Plan actively employed by the Partnership upon attainment of the normal retirement age of 65 may elect to defer distributions until the earlier of an actual retirement date or age 70½.

Participants may withdraw a portion of their vested account balance upon demonstrating a "financial hardship" as defined in the Plan document.

Forfeited Accounts — Amounts related to forfeited nonvested accounts are used to reduce Partnership contributions. For the year ended December 31, 2017, Partnership contributions were reduced by $11,660 from forfeited nonvested accounts. There were forfeitures outstanding as of December 31, 2017 of $14,717, and forfeitures outstanding as of December 31, 2016 of $25,167.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-ended mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The money market fund is represented by the net asset value ("NAV") of their shares, and for unit investment trusts are represented by the redemption value of their units. The limited partnerships are publicly listed and are valued at quoted market prices at year end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Exchange Traded Funds are valued based on at the daily closing price as reported by the fund. The collective trusts are valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participants may direct their investments through a trustee sponsored brokerage account, which offers the option to invest in a variety of individual stocks, exchange traded funds, limited partnerships, mutual funds, and money market funds.

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

The Plan has a revenue-sharing agreement, whereby certain investment managers return a portion of the investment fees to the Plan. These fees or revenue sharing amounts are allocated to individual participant accounts based on their respective shares of each investment. For the current year, $120,606 was allocated from the revenue-sharing agreement and is included in Net appreciation. The Plan held undistributed revenues of $5,174 and $9,282 on December 31, 2017 and December 31, 2016, respectively.

Notes Receivable from Participants — Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

Contributions — Contributions from participants are recorded when withheld from payroll. Employer matching contributions are recorded on a quarterly basis.

Administrative Expenses — Expenses recorded in the statement of changes in net assets available for benefits include loan activity charges and activity charges for other withdrawals. All other administrative expenses of the Plan are paid by the Partnership. Fees paid by the Plan for mutual fund and collective trust investment management services are included as a reduction of return for such investments.

Payment of Benefits — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at December 31, 2017 and 2016.

Adoption of New Accounting Standards— On May 1, 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* which removes the requirement to present certain investments for which the practical expedient is used to measure fair value at net asset value within the fair value hierarchy table. Instead, such investments are displayed as a reconciling item in the hierarchy table to the fair value investment balance on the statement of net assets available for benefits. The Plan adopted the new guidance as of December 31, 2017, applied retrospectively, as required. Affected investment disclosure is incorporated in Note 3, Fair Value Measurements. There are no effects on the statements of net assets available for plan benefits or the changes therein.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize all transfers between levels at the end of the reporting period. For the year ended December 31, 2017, there were no transfers in or out of Levels 1, 2, or 3.

The following tables set forth by level within the fair value hierarchy a summary of the Plan investments at December 31, 2017 and 2016, both of which are measured at fair value on a recurring basis.

	Plan Investments Fair Value Measurements at December 31, 2017			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Fund – Short Government	$ 1,074,296	$ -	$ -	$ 1,074,296
Mutual Fund -- Long Government	5,518,957	-	-	$ 5,518,957
Mutual Fund – Intermediate -Term Bond	3,263,696	-	-	$ 3,263,696
Mutual Fund – Balanced	3,492,156	-	-	$ 3,492,156
Mutual Fund – Large Cap Blend	25,159,649	-	-	$ 25,159,649
Mutual Fund – Large Cap Growth	16,391,790	-	-	$ 16,391,790
Mutual Fund – Large Cap Value	11,238,703	-	-	$ 11,238,703
Mutual Fund – Mid-Cap Value	4,034,387	-	-	$ 4,034,387
Mutual Funds – Mid-Cap Growth	12,220,236	-	-	$ 12,220,236
Mutual Funds -- Mid-Cap	1,133,369	-		$ 1,133,369
Mutual Fund – Small Cap Value	4,504,832	-	-	$ 4,504,832
Mutual Fund -- Small Cap	1,873,037	-		$ 1,873,037
Mutual Fund -- Small Cap Growth	1,882,112	-		$ 1,882,112
Mutual Fund – Foreign Large Cap	8,659,538	-	-	$ 8,659,538
Mutual Fund – Emerging Markets	3,537,083	-	-	$ 3,537,083
Mutual Fund – High Yield Bond	1,256,068	-	-	$ 1,256,068
Mutual Funds – Target Retirement	2,849,998	-	-	$ 2,849,998
Mutual Fund – International Growth	6,797,556			$ 6,797,556
Mutual Fund - Retirement Income Fund	139,983			$ 139,983
Mutual Fund - High Income Fund	661,929	-	-	$ 661,929
Individually Directed Accounts:				
Common Stocks	3,051,668	-	-	$ 3,051,668
Limited Partnership	11,371	-	-	$ 11,371
Exchange Traded Funds	6,230,515	-	-	$ 6,230,515
Mutual Funds	497,811	-	-	$ 497,811
Money Market	991,618	-	-	$ 991,618
Total	$ 126,472,358	$ -	$ -	$ 126,472,358

	Plan Investments Fair Value Measurements at December 31, 2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Fund – Short Government	$ 1,352,124	$ -	$ -	$ 1,352,124
Mutual Fund -- Long Government	4,249,044	-	-	$ 4,249,044
Mutual Fund – Intermediate -Term Bond	2,963,100	-	-	$ 2,963,100
Mutual Fund – Balanced	2,832,580	-	-	$ 2,832,580
Mutual Fund – Large Cap Blend	14,927,072	-	-	$ 14,927,072
Mutual Fund – Large Cap Growth	12,420,404	-	-	$ 12,420,404
Mutual Fund – Large Cap Value	10,182,025	-	-	$ 10,182,025
Mutual Fund – Mid-Cap Value	3,482,101	-	-	$ 3,482,101
Mutual Funds – Mid-Cap Growth	10,530,177	-	-	$ 10,530,177
Mutual Funds -- Mid-Cap	269,880	-		$ 269,880
Mutual Fund – Small Cap Value	4,304,399	-	-	$ 4,304,399
Mutual Fund -- Small Cap	788,693	-		$ 788,693
Mutual Fund -- Small Cap Growth	1,199,311	-		$ 1,199,311
Mutual Fund – Foreign Large Cap	5,481,645	-	-	$ 5,481,645
Mutual Fund – Foreign Large Growth	4,892,105	-	-	$ 4,892,105
Mutual Fund – Emerging Markets	1,909,447	-	-	$ 1,909,447
Mutual Fund – High Yield Bond	1,258,816	-	-	$ 1,258,816
Mutual Funds – Target Retirement	1,481,332	-	-	$ 1,481,332
Mutual Fund -- Short High Income	157,506	-	-	$ 157,506
Individually Directed Accounts:				
Common Stocks	2,414,957	-	-	$ 2,414,957
Limited Partnership	7,664	-	-	$ 7,664
Exchange Traded Funds	4,075,843	-	-	$ 4,075,843
Mutual Funds	340,977	-	-	$ 340,977
Money Market	1,048,045	-	-	$ 1,048,045
Total	$ 92,569,247	$ -	$ -	$ 92,569,247

The following tables set forth a summary of the Plan investments at December 31, 2017 and 2016, which are valued using the NAV practical expedient:

	Fair Value Estimated Using Net Asset Value per Share at December 31, 2017		
Plan Investment	Fair Value	Redemption Frequency	Redemption Notice Period
First Trust Target Funds	$ 2,243,482	Immediate	None

	Fair Value Estimated Using Net Asset Value per Share at December 31, 2016		
Plan Investment	Fair Value	Redemption Frequency	Redemption Notice Period
First Trust All Equity Allocation	$ 7,021,163	Immediate	None
First Trust Target Funds	$ 1,871,491	Immediate	None

The strategy for the First Trust All Equity Allocation investment is to seek above average total returns via investments that result in broad exposure to all areas of the equity markets. The strategy of the First Trust Target Funds is to provide an above average total return through an optimized portfolio of stocks, bonds and exchange-traded funds.

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2017 and 2016, and for the year ended December 31, 2017, included in the Plan's financial statements, including Note 3 (with the exception of levels), Note 5 and the supplemental schedule, that was prepared by or derived from information prepared by BMO, the Trustee of the Plan, and furnished to the Partnership. The Partnership has obtained certifications from the Trustee that such information is complete and accurate of December 31, 2017 and 2016, and for the year ended December 31, 2017.

The 2017 and 2016 Plan investments are shown below. Investments that represent a significant concentration of the Plan's net assets available for benefits as of December 31, 2017 and 2016 are marked with an asterisk:

Plan Investments	2017	Plan Investments	2016
T. Rowe Price Growth Stock Fund*	$ 16,391,790	T. Rowe Price Growth Stock Fund *	$ 12,420,404
Vanguard Short Term Federal	1,074,296	Vanguard Short Term Federal	1,352,124
Pimco Total Return	3,263,696	Pimco Total Return	2,963,100
Vanguard Balanced Index Fund	3,492,156	Vanguard Balanced Index Fund	2,832,580
First Trust All Equity Allocation	-	First Trust All Equity Allocation (a) *	7,021,163
Wells Fargo Advantage Emerging Market Equity	3,537,083	Wells Fargo Advantage Emerging Market Equity	1,909,447
Goldman Sachs High Yield	1,256,068	Goldman Sachs High Yield	1,258,816
Northern Small Cap Value	4,504,832	Northern Small Cap Value	4,304,399
Vanguard 500 Index*	25,159,649	Vanguard 500 Index *	14,927,072
T. Rowe Price Mid-Cap Growth Fund *	8,122,169	T. Rowe Price Mid-Cap Growth Fund *	7,156,991
William Blair International Growth	-	William Blair International Growth	4,892,105
Individually Directed Account *	10,782,983	Individually Directed Account *	7,887,486
Dodge and Cox Stock Fund*	11,238,703	Dodge and Cox Stock Fund *	10,182,025
Dodge and Cox International Stock *	8,659,538	Dodge and Cox International Stock *	5,481,645
Columbia Acorn Fund	4,098,067	Columbia Acorn Fund	3,373,186
First Trust Target Funds (a)	2,243,482	First Trust Target Funds (a)	1,871,491
Vanguard Target Retirement Funds	2,849,998	Vanguard Target Retirement Funds	1,481,332
Federated US Treasury Cash Reserve Fund	5,518,957	Federated US Treasury Cash Reserve Fund	4,249,044
First Trust Short Duration High Income Fund *	661,929	First Trust Short Duration High Income Fund *	157,506
Vanguard Mid Cap Value Index Fund	4,034,387	Vanguard Mid Cap Value Index Fund	3,482,101
Vanguard Mid Cap Index Fund	1,133,369	Vanguard Mid Cap Index Fund	269,880
Vanguard Small Cap Growth Index Fund	1,882,112	Vanguard Small Cap Growth Index Fund	1,199,311
Vanguard Small Cap Index Fund	1,873,037	Vanguard Small Cap Index Fund	788,693
John Hancock International Growth*	6,797,556	John Hancock International Growth	-
Vanguard Retirement Income Fund	139,983	Vanguard Retirement Income Fund	-
Total	$ 128,715,840	Total	$101,461,901

(a) Represents party-in-interest to the Plan.

* Represents 5% or more of the Plan's net assets available for benefits as of the respective year-ended.

Regarding the Plan investments, the following information was certified by BMO as of and for the year ended December 31, 2017:

Statements of net assets available for benefits		
Notes receivable from participants	$	1,077,470
Statement of changes in net assets available for benefits		
Dividends and interest	$	1,408,077
Net appreciation (depreciation) in fair value of investments		19,324,453
Total change	$	20,732,530

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of four collective trusts and one mutual fund managed by the Partnership and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on the collective trusts and mutual fund. Certain investment managers affiliated with the Plan return a portion of the investment fees to the plan under a revenue sharing agreement.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, any unallocated amounts will be allocated to participant accounts in accordance with the Plan document; all amounts in participant accounts will then become fully vested, and participants will be entitled to a distribution equal to their entire account balance.

7. FEDERAL INCOME TAX STATUS

The plan uses a prototype plan document which the Internal Revenue Service ("IRS"), in a letter dated September 24, 2015, determined that the prototype plan was designed in accordance with the applicable regulations of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan sponsor believes the Plan has maintained its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

8. SUBSEQUENT EVENTS

Management has evaluated events subsequent to December 31, 2017, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through October 3, 2018, the date the financial statements were issued and determined that there were no additional events that require recognition or disclosure.

SUPPLEMENTAL SCHEDULE

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 36-3768815

Plan #001

Identity of Issuer, Borrower, Lessor, or similar party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Columbia Acorn Fund	Mutual Fund	**	$ 4,098,067
Dodge and Cox International Stock	Mutual Fund	**	8,659,538
Dodge and Cox Stock Fund	Mutual Fund	**	11,238,703
Federated US Treasury Cash Reserve Fund	Mutual Fund	**	5,518,957
First Trust Short Duration High IncomeFund*	Mutual Fund	**	661,929
First Trust Target Fund 2020*	Collective Trust	**	219,659
First Trust Target Fund 2030*	Collective Trust	**	383,667
First Trust Target Fund 2040*	Collective Trust	**	1,239,952
First Trust Target Fund 2050*	Collective Trust	**	400,204
Goldman Sachs High Yield Fund	Mutual Fund	**	1,256,068
John Hancock International Growth Fund	Mutual Fund	**	6,797,556
Northen Small Cap Value Fund	Mutual Fund	**	4,504,832
Pimco Total Return	Mutual Fund	**	3,263,696
T. Rowe Price Growth Stock Fund	Mutual Fund	**	16,391,790
T. Rowe Price Mid-Cap Growth Fund	Mutual Fund	**	8,122,169
Vanguard 500 Index Fund	Mutual Fund	**	25,159,649
Vanguard Balanced Index Fund	Mutual Fund	**	3,492,156
Vanguard Mid Cap Value Index Fund	Mutual Fund	**	4,034,387
Vanguard Mid Cap Index Fund	Mutual Fund	**	1,133,369
Vanguard Target Retirement Income Fund	Mutual Fund	**	139,983
Vanguard Short Term Federal Fund	Mutual Fund	**	1,074,296
Vanguard Small Cap Index Fund	Mutual Fund	**	1,873,037
Vanguard Small Cap Growth Index Fund	Mutual Fund	**	1,882,112
Vanguard Target Retirement Fund 2020	Mutual Fund	**	563,327
Vanguard Target Retirement Fund 2030	Mutual Fund	**	664,246
Vanguard Target Retirement Fund 2040	Mutual Fund	**	1,198,151
Vanguard Target Retirement Fund 2050	Mutual Fund	**	88,002
Vanguard Target Retirement Fund 2060	Mutual Fund	**	336,272
Wells Fargo Advantage Emerging Mrket Equity	Mutual Fund	**	3,537,083
Loans To Various Participants*	Interest Rate Range 5.25% To 6.25% maturing 2018-2031	**	1,077,470
Self Directed Brokerage Accounts	IDA Accounts	**	10,782,983
		Total	$ 129,793,310

* Represents parties in interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

See accompanying Independent Auditors' Report.

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

SPONSOR: FIRST TRUST PORTFOLIOS, LP
EIN: 36-3768815
PLAN NUMBER: 001
NAME: FIRST TRUST PORTFOLIOS LP
401(K) PLAN

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	FIRST TRUST TARGET DATE FUND 2020 R0	COMMON COLLECTIVE FUND	**	219,659
*	FIRST TRUST TARGET DATE FUND 2030 R0	COMMON COLLECTIVE FUND	**	383,667
*	FIRST TRUST TARGET DATE FUND 2040 R0	COMMON COLLECTIVE FUND	**	1,239,952
*	FIRST TRUST TARGET DATE FUND 2050 R0	COMMON COLLECTIVE FUND	**	400,204
	COLUMBIA ACORN FUND CLASS Z #492	MUTUAL FUND	**	4,098,067
	DODGE & COX INTERNATIONAL STOCK FUND #1048	MUTUAL FUND	**	8,659,538
	DODGE & COX STOCK FUND #145	MUTUAL FUND	**	11,238,703
	FEDERATED US TREASURY CASH RESERVE FUND CLASS I #125	MUTUAL FUND	**	5,518,957
*	FIRST TRUST SHORT DURATION HIGH INCOME FUND CL I #114	MUTUAL FUND	**	661,929
	GOLDMAN SACHS HIGH YIELD FUND #527	MUTUAL FUND	**	1,256,068
	JOHN HANCOCK INTERNATIONAL GROWTH FUND	MUTUAL FUND	**	6,797,556
	NORTHERN SMALL CAP VALUE FD #603	MUTUAL FUND	**	4,504,832
	PIMCO TOTAL RETURN CLASS D	MUTUAL FUND	**	3,263,696
	T ROWE PRICE GROWTH STOCK FUND #40	MUTUAL FUND	**	16,391,790
	T ROWE PRICE MID-CAP GROWTH FUND #64	MUTUAL FUND	**	8,122,169
	VANGUARD BALANCED INDEX FUND ADM #502	MUTUAL FUND	**	3,492,156
	VANGUARD MID CAP VALUE INDEX FUND ADM #5835	MUTUAL FUND	**	4,034,387
	VANGUARD MID-CAP INDEX FUND - ADM #5859	MUTUAL FUND	**	1,133,369
	VANGUARD SHORT TERM FEDERAL FUND #49	MUTUAL FUND	**	1,074,296
	VANGUARD SMALL CAP INDEX FUND ADM #548	MUTUAL FUND	**	1,873,037
	VANGUARD SMALL-CAP GROWTH INDEX FUND ADM #5861	MUTUAL FUND	**	1,882,112
	VANGUARD TARGET RETIREMENT 2020 FUND	MUTUAL FUND	**	563,327
	VANGUARD TARGET RETIREMENT 2030 FUND	MUTUAL FUND	**	664,246
	VANGUARD TARGET RETIREMENT 2040 FUND	MUTUAL FUND	**	1,198,151
	VANGUARD TARGET RETIREMENT 2050 FUND	MUTUAL FUND	**	88,002
	VANGUARD TARGET RETIREMENT 2060 FUND	MUTUAL FUND	**	336,272
	VANGUARD TARGET RETIREMENT INCOME FUND	MUTUAL FUND	**	139,983
	VANGUARD INSTITUTIONAL INDEX FUND	MUTUAL FUND	**	25,159,649
	WELLS FARGO EMERGING MARKETS EQUITY FUND - INST #4146	MUTUAL FUND	**	3,537,083
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE 5.25% TO 6.25%	**	1,077,470
	BLACKSTONE GROUP LO COM UNIT REPSTG LTD	LIMITED PARTNERSHIP	**	4,803
	EMERGE ENERGY SVCS LP COM REP PARTN	LIMITED PARTNERSHIP	**	1,704
	UNITED STS OIL FD LP UNITS	LIMITED PARTNERSHIP	**	4,864
	SELF DIRECTED BROKERAGE ACCOUNTS	IDA ACCOUNTS	**	10,771,612

* A party-in-interest as defined by ERISA
** Cost ommitted for participant directed accounts