Southwest Ohio Regional Council of Carpenters Pension Plan
Checklist Item #38

Does the application include the required excerpts from the most recently filed Form 5500? See Section 7.08.

The required excerpts from the most recently filed Form 5500 are attached as Document 38.1.

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

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for: [X] a multiemployer plan; [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or [ ] a single-employer plan; [ ] a DFE (specify) ____

B This return/report is: [ ] the first return/report; [ ] the final return/report; [ ] an amended return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▸ [X]

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
SW OH REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 05/01/1964

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)
SW OH REGIONAL COUNCIL OF CARPENTER

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

2b Employer Identification Number (EIN) 31-6127287

2c Plan Sponsor's telephone number 330-270-0453

2d Business code (see instructions) Reda

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.	09/15/2016	RICHARD FLETCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2016	MARK TRIMBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	5448
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)**	1576
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1742
b Retired or separated participants receiving benefits	**6b**	2001
c Other retired or separated participants entitled to future benefits	**6c**	1174
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4917
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	661
f Total. Add lines **6d** and **6e**.	**6f**	5578
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**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	162

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) [X]	Trust	(3) [X]	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		**b General Schedules**	
(1) [X]	**R** (Retirement Plan Information)	(1) [X]	**H** (Financial Information)
(2) [X]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]	**I** (Financial Information – Small Plan)
		(3) [ ]	**A** (Insurance Information)
		(4) [X]	**C** (Service Provider Information)
(3) [ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X]	**D** (DFE/Participating Plan Information)
		(6) [ ]	**G** (Financial Transaction Schedules)

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 section 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
SW OH REGIONAL COUNCIL OF CARPENTERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SW OH REGIONAL COUNCIL OF CARPENTER

D Employer Identification Number (EIN)
31-6127287

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): _____ _____

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 | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 VALLEY INDUSTRIAL SYSTEMS

b EIN 31-1000882 **c** Dollar amount contributed by employer 2046857

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 05 Day 31 Year 2017

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 OK INTERIORS CORP

b EIN 31-1095124 **c** Dollar amount contributed by employer 1438845

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 05 Day 31 Year 2017

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 SOLID PLATFORMS

b EIN 35-1808713 **c** Dollar amount contributed by employer 1056079

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 05 Day 31 Year 2017

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 COMBS INTERIOR SPECIALTIES

b EIN 31-1566651 **c** Dollar amount contributed by employer 1044085

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 05 Day 31 Year 2017

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: 52% Investment-Grade Debt: 31% High-Yield Debt: 0% Real Estate: 15% Other: 2%

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?	☐ Yes	☐ No
20b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a	Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ___/___/___. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ___/___/___ and the letter's serial number _____

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ___/___/___.

23	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Form 5500
2015
Schedule R, Line 13e - Information on Contribution Rates and Base Units

Plan Name: **Southwest Ohio Regional Council of Carpenters - Pension Plan**
EIN: **31-6127287**
PN: **001**
Fiscal Year Ended: **December 31, 2015**

13	Description		Contribution Rate	Base Unit Measure
a	**Name of contributing employer:** Valley Industrial Systems			
e	**Contribution rate information:**			
	Journeyman & 2 year plus apprentices	1/1/15 - 5/31/15	$6.70	Hourly
	Journeyman & 2 year plus apprentices	6/1/15 - 12/31/15	$6.95	Hourly
a	**Name of contributing employer:** OK Interiors Corp.			
e	**Contribution rate information:**			
	Journeyman & 2 year plus apprentices	1/1/15 - 5/31/15	$6.70	Hourly
	Journeyman & 2 year plus apprentices	6/1/15 - 12/31/15	$6.95	Hourly
a	**Name of contributing employer:** Solid Platforms, Inc.			
e	**Contribution rate information:**			
	Journeyman & 2 year plus apprentices	1/1/15 - 5/31/15	$6.70	Hourly
	Journeyman & 2 year plus apprentices	6/1/15 - 12/31/15	$6.95	Hourly
a	**Name of contributing employer:** Combs Interior Specialties			
e	**Contribution rate information:**			
	Journeyman & 2 year plus apprentices	1/1/15 - 5/31/15	$6.70	Hourly
	Journeyman & 2 year plus apprentices	6/1/15 - 12/31/15	$6.95	Hourly

Schedule R, Summary of Rehabilitation Plan.
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

The Plan's Board of Trustees adopted a Rehabilitation Plan that includes benefit reductions and increases in the hourly contribution rate. This Rehabilitation Plan was designed to forestall the Plan's insolvency.

The Plan is no longer allowed to pay any lump sum benefits, such as single sum disability benefits or death benefits, or any other payment in excess of the monthly amount paid under a single life annuity. These benefits are no longer paid since they are considered "restricted benefits" under the Pension Protection Act of 2006.

The following adjustable benefit changes have been made.

- Any participant who: (1) commences receipt of an Early Retirement Benefit ***on or after January 1, 2013***, (2) is at least age 55, and (3) has 5 or more Years of Vesting Service will receive a monthly pension benefit equal to his actuarially reduced accrued benefit.

- Any participant who: (1) is disabled ***on or after January 1, 2013***, (2) is eligible for a Total and Permanent Disability Retirement Benefit, and (3) has 5 or more Years of Vesting Service will receive a monthly pension benefit equal to his actuarially reduced accrued benefit.

- For deaths occurring ***on or after July 1, 2010***, the amount payable to the surviving spouse of a vested, married participant who has not yet retired will be calculated as though he: (1) retired on the day of his death or at his earliest retirement age, if later, (2) elected to receive his benefit as a Qualified Joint & 50% Survivor Annuity, and (3) died. His surviving spouse will then receive monthly pension payments equal to 50% of the benefit that would have been payable to the participant. These payments will be made to the participant's surviving spouse for the remainder of her lifetime. However, no benefit payments will be made to the surviving spouse before the first day of the month following the participant's 55th birthday.

- Finally, effective for retirements commencing ***on or after July 1, 2010***, the Plan's suspension of benefit rules for Disqualifying Employment before Normal Retirement Age have been expanded. A participant who is receiving a Retirement Benefit from the Plan (other than a Disability Benefit) and who works in the industry covered by the Plan will have his monthly pension benefit suspended until his Normal Retirement Date. This suspension will occur regardless of where the work was performed or the number of hours the participant worked in the industry.

In addition to the changes outlined above, the Rehabilitation Plan also requires increases in the hourly contribution rate. The contribution rate will increase by at least $0.25 per hour for each Plan Year until 2015. This means that the hourly contribution rate for a Journeyman will increase from $5.70 per hour on June 1, 2010 to $6.95 per hour by June 1, 2015.

Schedule R, Update of Funding Improvement Plan or Rehabilitation Plan.
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

On September 10, 2015 the Plan updated its Rehabilitation Plan. Based on reasonable assumptions, the Plan is not expected to emerge from Critical Status during its Rehabilitation Period. The updated Rehabilitation Plan includes the use of "exhaustion of all reasonable measures" as allowed under PPA. Further, the updated Rehabilitation Plan discontinued additional increases in the contribution rate after the rate was increased from $6.70 to $6.95 on June 1, 2015.

On an annual basis, the Board will review updated actuarial projections based on reasonable actuarial assumptions to confirm that the Rehabilitation Plan is continuing to forestall insolvency and to determine if the Plan can expect to emerge from Critical Status at a later date. Scheduled progress will be determined based on the Plan continuing to forestall its insolvency.

2015 ACTUARIAL CERTIFICATION OF FUNDED STATUS

As Required under Internal Revenue Code Section 432(b)(3)(A) as Added by the Pension Protection Act of 2006

Plan Identification
Southwest Ohio Regional Council of Carpenters Pension Plan ("Plan")
BeneSys, Inc.
33 Fitch Boulevard
Austintown, OH 44515
(330) 270-0453
EIN/PN: 31-6127287/001
Plan Year: January 1, 2015 – December 31, 2015

Information on Plan Status
As of January 1, 2015, I hereby certify that the Plan is Critical and Declining as defined by the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MEPRA).

This certification has been prepared based on the Plan's December 31, 2014 financial statements and the results of the Plan's January 1, 2014 Actuarial Valuation. The January 1, 2014 Actuarial Valuation was projected to January 1, 2015 for determination of the Plan's Funded Percentage and additional projections of later years were used for Funding Standard Account purposes. Anticipated future Plan contributions were based on 2,000,000 hours worked per year and the hourly contribution rate increasing $0.25 from $6.70 per hour to $6.95 per hour effective June 1, 2015.

Actuarial Certification
I hereby certify that the Plan's most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of January 1, 2014. The mortality rates used to calculate Current Liability are mandated by the IRS. In my opinion, all other assumptions used to determine the Plan's liabilities and costs are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The January 1, 2014 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,

Redacted by the U.S. Department of the Treasury

Enrollment Number: Redacte

Cuni, Rust & Strenk
4555 Lake Forest Drive, Suite 620
Cincinnati, OH 45242
(513) 891-0270

March 30, 2015

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	2015 This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► 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
Southwest Ohio Regional Council of Carpenters Pension Plan

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, SWORCC Pension Plan

D Employer Identification Number (EIN)
31-6127287

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2015		
b	Assets:		
	(1) Current value of assets	1b(1)	221,295,712
	(2) Actuarial value of assets for funding standard account	1b(2)	244,239,334
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	408,066,808
	(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)	408,066,808
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
	(2) "RPA '94" Information:		
	(a) Current liability	1d(2)(a)	663,669,502
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,312,890
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	31,906,588
	(3) Expected plan disbursements for the plan year	1d(3)	32,696,588

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.

Redacted by the U.S. Department of the Treasury

Signature of actuary

08/03/2016
Date

Jason C. Birkle
Type or print name of actuary

Redacte
Most recent enrollment number

Cuni, Rust & Strenk
Firm name

(513) 891-0270
Telephone number (including area code)

4555 Lake Forest Drive, Suite 620
US Cincinnati OH 45242-3760
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a		221,295,712
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		2,705	398,974,389
(2) For terminated vested participants		1,167	110,365,197
(3) For active participants:			
(a) Non-vested benefits			6,248,448
(b) Vested benefits			148,081,468
(c) Total active		1,576	154,329,916
(4) Total		5,448	663,669,502
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		33.34 %

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
01/01/2015	0				
12/31/2015	17,760,186				
			Totals ▶ 3(b)	17,760,186	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	59.8%
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	D

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	2034

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 ☐ Reorganization j ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.51 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			

(1) Males	6c(1)	A			A		
(2) Females	6c(2)	A			A		
d Valuation liability interest rate	6d	7.50	%		7.50	%	
e Expense loading	6e	23.3	%	☐ N/A		%	☒ N/A
f Salary scale	6f		%	☒ N/A			
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g				3.4	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h				7.2	%	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	7,505,775	790,985
4	429,906	45,305

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	26,466,448	

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	3,386,387
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)	272,915,796		29,855,138
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	2,493,114
e Total charges. Add lines 9a through 9d			9e	35,734,639
Credits to funding standard account:				
f Prior year credit balance, if any			9f	11,534,358
g Employer contributions. Total from column (b) of line 3			9g	17,760,186
		Outstanding balance		
h Amortization credits as of valuation date	9h	97,553,964		13,068,881
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	2,499,210

j	Full funding limitation (FFL) and credits:				
	(1) ERISA FFL (accrued liability FFL)	9j(1)	216,818,730		
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	366,193,476		
	(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	44,862,635
m	Credit balance: If line 9l is greater than line 9e, enter the difference			9m	9,127,996
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 2015 plan year		9o(1)	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
	(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
	(3) Total as of valuation date		9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)		10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Schedule MB, line 4a – Illustration Supporting Actuarial Certification of Status

Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan

EIN: 31-6127287

PN: 001

2015 Pension Protection Act of 2006 (PPA) Funded Status = Critical and Declining

Critical Status Eligible: Projected Funding Deficiency in 2016

Funded Percentage is less than 80% and Projected Insolvency in 2034

1/1 Plan Year	Actuarial Value of Assets (1)	PPA Accrued Liability (2)	PPA Funded Ratio (1) / (2)	12/31 Credit Balance	Minimum Required Contribution	Expected Contributions
2015 *	$243,479,472	$410,227,949	59.3%	$10,790,800	$10,122,971	$17,602,359
2016*	$231,548,110	$410,624,930	56.4%	$4,466,599	$17,879,402	$14,430,942
2017*	$221,295,711	$411,022,748	53.8%	($4,590,549)	$29,172,501	$13,451,884
2018*	$209,469,798	$411,187,918	50.9%	($16,299,483)	$42,177,499	$13,451,884
2019*	$204,436,094	$411,303,084	49.7%	($29,783,352)	$57,217,699	$13,451,884
2020*	$198,927,497	$411,151,190	48.4%	($45,377,363)	$73,335,129	$13,451,884
2021*	$192,429,280	$410,354,625	46.9%	($62,088,270)	$89,984,515	$13,451,884
2022*	$184,998,923	$408,999,344	45.2%	($79,350,721)	$105,170,735	$13,451,884
2023*	$176,449,985	$406,931,892	43.4%	($95,096,129)	$117,995,257	$13,451,884
2024*	$166,778,524	$404,189,266	41.3%	($108,392,876)	$132,378,200	$13,451,884
2025*	$155,978,699	$400,792,671	38.9%	($123,305,429)	$148,882,273	$13,451,884
2026*	$143,917,882	$396,643,000	36.3%	($140,417,216)	$165,491,508	$13,451,884
2027*	$130,740,896	$391,944,655	33.4%	($157,638,038)	$184,603,642	$13,451,884
2028*	$116,365,528	$386,647,418	30.1%	($177,453,920)	$204,773,315	$13,451,884
2029*	$100,915,972	$380,940,169	26.5%	($198,366,282)	$226,178,037	$13,451,884
2030*	$84,345,636	$374,844,343	22.5%	($220,559,170)	$247,969,255	$13,451,884
2031*	$66,609,546	$368,395,938	18.1%	($243,152,786)	$269,935,951	$13,451,884
2032*	$47,910,868	$361,854,063	13.2%	($265,928,341)	$291,685,827	$13,451,884
2033*	$27,963,629	$354,986,489	7.9%	($288,479,092)	$313,780,772	$13,451,884
2034*	$0	$347,971,145	0.0%	($304,283,427)	$328,201,788	$13,451,884

* Projected

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

Based on reasonable assumptions, the Plan is not expected to emerge from Critical Status by the end of the Rehabilitation Period. On an annual basis, the Board will review updated actuarial projections based on reasonable actuarial assumptions to confirm that the Rehabilitation Plan is continuing to forestall insolvency and to determine if the Plan can expect to emerge from Critical Status at a later date.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

1. Interest Rates: 7.50%/3.51% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

      i. Non-Disabled: RP-2000 Table with Blue Collar adjustment.

      ii. Disabled: RP-2000 Disabled Retiree Mortality Table.

      iii. Future Mortality Improvements: Projected generationally using Scale AA.

   b. Current Liability: 2015 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	Rate
55	0.10
56-57	0.01
58	0.05
59-61	0.01
62	1.00

   The weighted average retirement age is 61.2.

   b. Terminated Vesteds: Age 62.

4. Actuarial Cost Method: Unit Credit.

5. Termination Rates:

Age	< 3 Years of Service	> 3 Years of Service
25	0.300	0.097
35	0.300	0.087
45	0.300	0.064
55	0.300	0.015
65	0.000	0.000

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

6. Disability Rates:

Age	Rate
25	0.0012
35	0.0020
45	0.0042
55	0.0110
65	0.0000

7. Number of Hours Worked: 1,375 per year.

8. Expense Load: $790,000 per year.

9. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

10. Actuarial Value of Assets: Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

11. Changes Since Last Year: The mortality rates projections were updated, the expense load was decreased, the hours worked assumption was increased, and the Current Liability interest and mortality rates were updated as mandated by the IRS.

Schedule MB, line 6 – Rationale for Selection of Significant Actuarial Assumptions
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

1. Interest Rate:	Based on the Plan's target asset allocation reflecting asset class future return expectations as determined by the Plan's investment consultant.
2. Mortality Rates:	RP-2000 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2000 Disabled Retiree table used to reflect expected disabled mortality experience. Other adjustments based on the Plan's most recent experience study and expected generational mortality improvement.
3. Retirement Rates:	Based on the Plan's most recent experience study.
4. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates:	Based on the Plan's most recent experience study.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

1. Effective Date: January 1, 1999.

2. Plan Year: January 1st through December 31st.

3. Covered Employees: All Employees covered by the Collective Bargaining Agreement.

4. Eligibility: 500 Hours of Service (200 Hours if first Hour of Service was completed before December 31, 2001).

5. Vesting Service: 1 Year for each Plan Year in which 1,000 or more Hours of Service are earned. $^1/_{10}$ of a Year is earned for each 100 Hours of Service less than 1,000 to a minimum of 100 Hours of Service.

6. Credited Service: 1 Year for each Plan Year in which 1,500 Hours of Service are earned at the base journeyman rate prorated for Hours other than 1,500.

7. Normal Retirement:

   a. Eligibility: Age 62 and 5th anniversary of Plan participation.

   b. Monthly Benefit: Credit per Year of Credited Service:

Effective Date	Credit
01/01/1999 - 12/31/2001	$99
01/01/2002 - 05/31/2003	$80
06/01/2003 and later	$50

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

8. Early Retirement:

a. Eligibility	Age 55 and 5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal Retirement actuarially reduced from age 62.

9. Vested Retirement:

a. Eligibility	5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal or Early Retirement.

10. Total and Permanent Disability:

a. Eligibility	Total and Permanent Disability and 5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Early Retirement payable at commencement of Social Security disability benefits actuarially reduced from age 55.

11. Trade Disability:

a. Eligibility	Trade Disability and 5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal Retirement payable immediately actuarially reduced for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

12. Pre-Retirement Death:

a. Eligibility	Married and 5 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.

13. Payment Forms:

a. Normal	Life Annuity for single participants and an Actuarially Equivalent 100% Joint & Survivor Annuity (QJSA) for married participants.
b. Optional	Actuarially Equivalent 50% or 75% Joint & Survivor Annuity (QOSA), or a 10-Year Certain & Life Annuity.

14. Actuarial Equivalency: UP 1984 Mortality Table at 7.00%.

15. Employer Contributions:

Effective Date	Hourly Rate
06/01/2009	$5.20
06/01/2010	$5.70
06/01/2011	$5.95
06/01/2012	$6.20
06/01/2013	$6.45
06/01/2014	$6.70
06/01/2015	$6.95

16. Changes Since Last Year: The Rehabilitation Plan was updated to contain no additional contribution rate increases.

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

Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan

EIN: 31-6127287

PN: 001

1/1 Plan Year	Expected Annual Benefit Payments
2015	$31,840,547
2016	$31,756,840
2017	$31,899,942
2018	$31,858,293
2019	$31,992,123
2020	$32,391,313
2021	$32,709,735
2022	$33,006,951
2023	$33,293,350
2024	$33,464,763

Schedule MB, line 8b(2) – Schedule of Active Participant Data
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

Years of Credited Service:

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	12		47		4		0		0		0		0		0		0		0	
25 to 29	13		62		35		7		0		0		0		0		0		0	
30 to 34	26		77		52		31		1		0		0		0		0		0	
35 to 39	19		44		57		49		34		0		0		0		0		0	
40 to 44	18		40		49		65		58		20		2		0		0		0	
45 to 49	13		40		26		60		58		32		21		2		0		0	
50 to 54	13		31		27		36		57		37		37		15		1		0	
55 to 59	8		19		17		26		47		30		26		7		2		0	
60 to 64	1		7		5		16		10		6		11		3		1		0	
65 to 69	0		0		2		1		3		0		0		0		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1981	Composite	$3,724,048	6.3	$ 103,756	$ 544,221
05/01/1986	Amendment	5,399,766	6.3	148,817	780,579
05/01/1987	Amendment	4,755,500	7.3	174,461	1,025,703
05/01/1989	Amendment	3,384,674	9.3	160,513	1,126,445
05/01/1990	Assumption	6,433,663	10.3	330,311	2,486,633
01/01/1991	Amendment	11,032,180	11.0	589,971	4,639,577
01/01/1992	Amendment	6,858,204	12.0	383,264	3,187,003
01/01/1993	Amendment	10,146,687	13.0	596,866	5,213,793
01/01/1995	Assumption	631,649	15.0	39,738	377,082
01/01/1995	Amendment	1,611,057	15.0	101,148	959,808
01/01/1996	Amendment	3,082,414	16.0	198,494	1,950,623
01/01/1997	Amendment	18,354,587	17.0	1,209,051	12,261,603
01/01/1998	Amendment	18,969,171	18.0	1,272,650	13,278,781
01/01/1999	Amendment	28,264,371	19.0	1,927,615	20,637,065
01/01/2000	Amendment	4,676,721	20.0	323,363	3,543,763
01/01/2000	Assumption	11,529,884	20.0	797,213	8,736,720
01/01/2001	Assumption	2,944,005	21.0	206,039	2,306,506
01/01/2001	Experience	11,951,634	6.0	426,976	2,154,473
01/01/2002	Experience	50,823,246	7.0	2,377,926	13,539,545
01/01/2003	Experience	65,234,115	8.0	3,609,606	22,728,252
01/01/2004	Assumption	1,132,736	24.0	81,595	963,369
01/01/2005	Experience	30,999,810	10.0	2,096,143	15,467,202
01/01/2006	Experience	19,251,537	11.0	1,389,182	10,924,641
01/01/2007	Experience	7,435,008	12.0	564,785	4,696,429
01/01/2008	Assumption	632,510	13.0	50,086	437,520
01/01/2009	Assumption	641,332	14.0	52,555	479,612
01/01/2009	Asset Loss	59,091,401	23.0	4,699,724	54,597,586
01/01/2010	Asset Loss	6,752,073	23.0	542,711	6,304,775
01/01/2011	Assumption	877,367	16.0	75,812	745,009
01/01/2011	Asset Loss	9,144,285	23.0	743,469	8,637,021
01/01/2012	Assumption	5,515,974	17.0	486,656	4,935,427
01/01/2012	Asset Loss	24,251,624	23.0	1,996,520	23,193,959
01/01/2013	Assumption	5,141,073	18.0	461,819	4,818,598
01/01/2014	Experience	2,987,146	14.0	314,796	2,872,776
01/01/2014	Assumption	4,604,302	14.0	485,217	4,428,016
01/01/2015	Experience	7,505,775	15.0	790,985	7,505,775
01/01/2015	Assumption	429,906	15.0	45,305	429,906
	Total Charges			$ 29,855,138	$272,915,796

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1997	Assumption	$3,769,805	12.0	$ 296,924	$ 2,469,055
01/01/1999	Assumption	7,330,281	14.0	577,362	5,268,910
01/01/2002	Amendment	8,434,016	17.0	664,296	6,736,969
01/01/2003	Amendment	13,244,284	18.0	1,043,172	10,884,418
01/01/2003	Assumption	3,050,251	18.0	240,250	2,506,754
01/01/2004	Experience	9,653,334	4.0	1,017,302	3,662,817
01/01/2006	Assumption	2,999,284	21.0	236,235	2,644,539
01/01/2007	Cost Method	8,010,317	2.0	1,085,571	2,095,405
01/01/2007	Assumption	3,103,632	22.0	244,454	2,790,078
01/01/2008	Experience	3,008,316	8.0	317,027	1,996,190
01/01/2009	Experience	6,273,030	9.0	661,074	4,533,180
01/01/2009	Amendment	588,763	9.0	62,046	425,468
01/01/2010	Experience	19,353,084	10.0	2,039,495	15,049,207
01/01/2010	Amendment	7,226,883	10.0	761,594	5,619,717
01/01/2010	Assumption	5,907,377	10.0	622,540	4,593,652
01/01/2011	Experience	9,548,645	11.0	1,006,269	7,913,386
01/01/2012	Amendment	15,611,970	12.0	1,645,244	13,680,897
01/01/2012	Experience	2,346,818	12.0	247,316	2,056,536
01/01/2013	Experience	2,853,484	13.0	300,710	2,626,786
	Total Credits			$ 13,068,881	$ 97,553,964

1.	Net Amortization	$175,361,832
2.	Credit Balance	$ 11,534,358
3.	Balance Test: [(1) - (2)]	$163,827,474
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$408,066,808
	b. Actuarial Value of Assets	244,239,334
	c. Unfunded Accrued Liability: [(a) - (b)]	$163,827,474

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions
Plan Name: Southwest Ohio Regional Council of Carpenters Pension Plan
EIN: 31-6127287
PN: 001

Effective with the January 1, 2015 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rates projections were updated.
- The expense load was decreased from $840,000 per year to $790,000 per year.
- The hours worked assumption was increased from 1,300 hours per year to 1,375 hours per year.

Redacted by the U.S. Department of the Treasury

_____ (signed)
Jason C. Birkle
Enrollment # Redacte