

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 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.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>05/01/2012</u> and ending <u>04/30/2013</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan; 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.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 05/01/1964</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 05/01/1964	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 05/01/1964					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST 33 FITCH BLVD. AUSTINTOWN, OH 44515	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-6550724</td> </tr> <tr> <td>2c Sponsor's telephone number 330-270-0453</td> </tr> <tr> <td>2d Business code (see instructions) 236200</td> </tr> </table>	2b Employer Identification Number (EIN) 34-6550724	2c Sponsor's telephone number 330-270-0453	2d Business code (see instructions) 236200	
2b Employer Identification Number (EIN) 34-6550724					
2c Sponsor's telephone number 330-270-0453					
2d Business code (see instructions) 236200					

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. Signature of plan administrator	02/12/2014 Date	KEVIN M. REILLY 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) JAMES DASCENZO HILL, BARTH & KING LLC 100 FEDERAL STREET EAST, SUITE 514 YOUNGSTOWN, OH 44503-1887			Preparer's telephone number (optional) 330-747-1903

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST 33 FITCH BLVD. AUSTINTOWN, OH 44515	3b Administrator's EIN 34-6550724 3c Administrator's telephone number 330-270-0453
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 189
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 67
b Retired or separated participants receiving benefits.....	6b 56
c Other retired or separated participants entitled to future benefits.....	6c 38
d Subtotal. Add lines 6a , 6b , and 6c	6d 161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 15
f Total. Add lines 6d and 6e	6f 176
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 31

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 04/30/2013

▶ **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 BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST	D Employer Identification Number (EIN) 34-6550724

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 05 Day 01 Year 2012	
b Assets	
(1) Current value of assets	1b(1) 14288123
(2) Actuarial value of assets for funding standard account.....	1b(2) 14288126
c (1) Accrued liability for plan using immediate gain methods	1c(1) 12518463
(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) 12518463
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 19617998
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 600610
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 613305
(3) Expected plan disbursements for the plan year	1d(3) 613305

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

SIGN HERE	
Signature of actuary	Date
CHRISTINE D. EHRINGER, A.S.A.	11-00430
Type or print name of actuary	Most recent enrollment number
HALLETT ASSOCIATES, INC.	
Firm name	Telephone number (including area code)
2591 WEXFORD-BAYNE RD. SUITE 402, SEWICKLY, PA 15143	
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	14288123
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	75	6625232
(2) For terminated vested participants	42	3720234
(3) For active participants:		
(a) Non-vested benefits		971122
(b) Vested benefits		8301410
(c) Total active		9272532
(4) Total	117	19617998
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
11/01/2012	385239	0			
Totals ▶ 3(b)				385239	3(c) 0

4 Information on plan status:

a 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.	4a	N
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
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, were any adjustable benefits reduced?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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	%
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	
(2) Females	6c(2)	
d Valuation liability interest rate	6d	%
e Expense loading	6e	% ☒ 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	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	%

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	
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)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	
e Total charges. Add lines 9a through 9d	9e	
Credits to funding standard account:		
f Prior year credit balance, if any	9f	
g Employer contributions. Total from column (b) of line 3	9g	385239

h Amortization credits as of valuation date	9h	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	385239
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	385239
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 2012 plan year	9o(1)	
(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)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date.....	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☐ Yes ☒ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **05/01/2012** and ending **04/30/2013**

A Name of plan BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST	D Employer Identification Number (EIN) 34-6550724

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIFTH THIRD BANK

31-0854434

(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?
21	NONE	68806	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

COMPENSATION PROGRAMS OF OHIO, INC

34-1787882

(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?
13	NONE	13300	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

HALLETT ASSOCIATES, INC

25-1592340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	12645	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)

HILL, BARTH & KING LLC

34-1897225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10655	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

GOLDSTEIN GRAGEL LLC

526 SUPERIOR AVENUE EAST
CLEVELAND, OH 44114-1498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8933	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 04/30/2013		
A Name of plan BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST	D Employer Identification Number (EIN) 34-6550724	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	42632	8159
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	69232	73440
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	41529	47414
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	221356	173651
	(2) U.S. Government securities.....	1c(2)	1630318	1475894
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	1878792	2005317
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		152968
	(B) Common	1c(4)(B)	7060588	6905165
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3354038	4345887
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	6545	5759

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14305030	15193654

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	16907	30746
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16907	30746

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14288123	15162908
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	385239	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		385239

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	396	
(B) U.S. Government securities	2b(1)(B)	56477	
(C) Corporate debt instruments	2b(1)(C)	88581	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1702	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		147156

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	177499	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	339395	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		516894

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10756293	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11218596	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-462303

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	981356	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		981356

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1568342

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	567397	
(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)		567397
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)	44054	
(2) Contract administrator fees	2i(2)	13300	
(3) Investment advisory and management fees	2i(3)	68806	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		126160
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		693557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		874785
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HILL, BARTH & KING LLC

(2) EIN: 34-1897225

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.	
For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 04/30/2013					
A Name of plan BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST				D Employer Identification Number (EIN) 34-6550724	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-6550724					
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2012 v. 120126	

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 **LENCYK MASONRY COMPANY, INC.**

b EIN **34-1432884**

c Dollar amount contributed by employer

45321

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) **4.38**

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

a Name of contributing employer **ARMORMAX CONSTRUCTION INC.**

b EIN **27-1994681**

c Dollar amount contributed by employer

22924

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) **4.38**

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

a Name of contributing employer **MICHAEL COATES CONSTRUCTION**

b EIN **34-1220908**

c Dollar amount contributed by employer

35228

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) **4.38**

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

a Name of contributing employer **BMI REFRACTORY SERVICES, INC.**

b EIN **25-1809229**

c Dollar amount contributed by employer

57758

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) **4.38**

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

a Name of contributing employer **DESALVO CONSTRUCTION**

b EIN **34-1455167**

c Dollar amount contributed by employer

55715

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) **4.38**

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

a Name of contributing employer **SHARED SYSTEMS TECHNOLOGY, INC.**

b EIN **22-3270937**

c Dollar amount contributed by employer

33815

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) **4.38**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **DB SPECIALTY CONTRACTING, INC.**

b EIN **26-3005309**

c Dollar amount contributed by employer

27301

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) **4.38**

(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	3
c The second preceding plan year	14c	6

- 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	50.00

- 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	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS
AND ACCOMPANYING INFORMATION

BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST

April 30, 2013 and 2012

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C O N T E N T S

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January 14, 2014

Trustee
Bricklayers and Masons Local
No. 43 Ohio Pension Fund Trust
Youngstown, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bricklayers and Masons Local No. 43 Ohio Pension Fund Trust (the Plan), which comprise the statements of net assets available for benefits as of April 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of May 1, 2012 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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 C, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 a certification from the trustee as of and for the years ended April 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter 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 audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets held for investment purposes at end of year, schedule H, line 4i - schedule of assets acquired and disposed of within year and schedule H, line 4j - schedule of reportable transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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.

Hill, Barth & King LLC

Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 8,159	\$ 42,632
Investments at fair value - NOTE E:		
Short-term securities	173,651	221,356
Government securities	1,475,894	1,630,318
Corporate bonds	2,158,285	1,878,792
Common stocks	6,905,165	7,060,588
Registered investment companies	4,345,887	3,354,038
TOTAL INVESTMENTS	<u>15,058,882</u>	<u>14,145,092</u>
Receivables:		
Contributions	73,440	69,232
Dividends and interest	47,414	41,529
TOTAL RECEIVABLES	<u>120,854</u>	<u>110,761</u>
Prepaid expenses	5,759	6,545
TOTAL ASSETS	<u>15,193,654</u>	<u>14,305,030</u>
 <u>LIABILITIES</u>		
Accounts payable	30,746	16,907
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,162,908</u>	<u>\$ 14,288,123</u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

Years ended April 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>ADDITIONS TO NET ASSETS</u>		
Investment income:		
Net appreciation in fair value of investments - NOTE E	\$ 519,053	\$ 54,309
Interest	147,156	147,210
Dividends	516,894	204,735
	<u>1,183,103</u>	<u>406,254</u>
Less investment expenses	<u>68,806</u>	<u>59,968</u>
	<u>1,114,297</u>	<u>346,286</u>
Employer contributions	<u>385,239</u>	<u>310,654</u>
TOTAL ADDITIONS	<u>1,499,536</u>	<u>656,940</u>
<u>DEDUCTIONS FROM NET ASSETS</u>		
Administrative expenses:		
Professional fees	44,054	66,748
Contract administrator fees	13,300	16,800
	<u>57,354</u>	<u>83,548</u>
Benefits to participants	<u>567,397</u>	<u>537,786</u>
TOTAL DEDUCTIONS	<u>624,751</u>	<u>621,334</u>
NET INCREASE	874,785	35,606
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>14,288,123</u>	<u>14,252,517</u>
End of year	<u>\$ 15,162,908</u>	<u>\$ 14,288,123</u>

See accompanying notes to financial statements

STATEMENT OF ACCUMULATED PLAN BENEFITS

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

May 1, 2012

Actuarial present value of accumulated plan
benefits - NOTE D:

Vested benefits -

Active participants	\$ 4,880,756
Deferred vested participants	2,061,612
Pensioners	4,968,173
	11,910,541
Nonvested benefits	607,922

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 12,518,463</u>
---	----------------------------

At May 1, 2011, the total actuarial present value of accumulated plan benefits was \$11,543,869. During the period from May 1, 2011 through April 30, 2012, the actuarial present value of accumulated plan benefits increased \$974,594, consisting of a change in discount period resulting in an increase of \$789,567, changes in actuarial assumptions resulting in an increase of \$244,140, and a net benefit decrease of \$59,113. There were no plan amendments. See Note D for description of current actuarial assumptions.

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST

April 30, 2013 and 2012

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Bricklayers and Masons Local No. 43 Ohio Pension Fund Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

Bricklayers and Masons Local No. 43 established the Plan effective May 1, 1964, a noncontributory defined benefit pension plan, for the benefit of their union members through their collective bargaining agreements. The Plan is subject to the reporting and disclosure requirements, the minimum participation and vesting standards and the fiduciary responsibility requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has met ERISA minimum funding requirements as of April 30, 2013.

Administration:

The Plan is administered by Compensation Programs of Ohio (CPI). CPI's powers and duties relate to the issuance of interpretive rules and regulations in accordance with the Plan document, including determination of the method and time of benefit distributions and authorization of disbursements from the Plan.

The assets of the various investment accounts are maintained and administered by Fifth Third Bank, the trustee, which is responsible for the custody of Plan assets. The Plan agreement provides that the trustee of the Plan shall hold, invest, reinvest, manage and administer all assets of the Plan for the exclusive benefit of participants and their beneficiaries.

Eligibility:

If an employee was a Plan member on April 30, 1976, they are automatically a participant in the Plan. If not, the employee can become a participant beginning in the Plan year that their employer becomes a contributor to the Plan on the employee's behalf and the employee has completed 200 credited hours.

Vesting:

A participant earns a year of credited vesting service for each plan year during which the participant completes at least 500 credited hours. A break in service occurs if a participant fails to complete at least 200 credited hours. A participant is vested upon completion of five years of uncanceled vesting service or a total of 5,000 uncanceled credited hours.

Benefits:

Benefits are payable upon reaching retirement age, or at an earlier date as provided in the Plan, provided the participant has attained age 55. Disability benefits are based upon a number of eligibility factors including membership in the local union for 10 years. For deceased participants whose spouses are not entitled to pre-retirement survivors annuity, the Plan provides death benefits equal to 100 times the participant's accrued monthly future service benefit, limited to \$30,000. Death benefits are reduced by all pension or disability payments, if any, previously made to the participant and the surviving spouse.

Contributions:

The Plan is funded by contributions that are made by the participating employers pursuant to the terms of a collective bargaining agreement.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE B - SUMMARIES OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accounting records of the Plan are maintained on the accrual basis. Investments are stated at the current market price at the statement of net assets date. The change in the difference between the current value and the cost of investments is reflected in the statements of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments.

Investment Valuation:

Investments and operations are managed by the Trust Department of Fifth Third Bank. The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Cash Equivalents:

The Company considers highly liquid debt instruments purchased with original maturity dates of three months or less to be cash equivalents.

Income Taxes:

The Plan has received a determination letter from the Internal Revenue Service dated July 19, 2011, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Plan management evaluates tax positions taken by the Plan and recognizes 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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of April 30, 2013, there are no uncertain tax 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 2010.

Use of Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts, disclosures and the actuarial present value of accumulated plan benefits. Actual results may differ from those estimates.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE B - SUMMARIES OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits under the Plan are based on members' accumulated service credits which are based upon the hours for which payments have been made by employers into the trust fund on the members' behalf. The accumulated plan benefits for active members are based on their credited benefit service as of the date on which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Subsequent Events:

Management evaluated all activity of the Plan through January 14, 2014, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTE C - TRUSTEE - CERTIFIED INFORMATION

The trustee has certified to the plan administrator that the annual account provided by the trustee, including the list of the investments and related earnings at the end of the Plan year, is accurate and complete.

NOTE D - BENEFITS

The Plan is funded in excess of current benefit levels, with the calculated Plan costs below the monthly contribution rate. The more significant assumptions underlying the actuarial computations are detailed below.

Valuation assumptions:

Contribution Rate	\$4.38 per hour worked
Future hours to be worked	Hours worked during the last plan year
Rate of investment return	Funding-7.00% per annum, net of expenses RPA Current Liability-4.13% per annum, net of expenses Accumulated Benefits-7.00% per annum, net of expenses

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE D - BENEFITS (CONTINUED)

Rates of withdrawal

Mortality	Funding- RP-2000 with Blue Collar adjustment projected to 2017 using scale AA RPA Current Liability-IRS 2012 Combined Static Mortality Table Disabled lives - RP-2000 Disabled Retiree Mortality Table projected to 2017 using scale AA													
Employee termination	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>Age 25</td><td>7.72%</td></tr><tr><td>Age 35</td><td>6.28%</td></tr><tr><td>Age 45</td><td>3.98%</td></tr><tr><td>Age 55</td><td>0.94%</td></tr><tr><td>Age 65</td><td>0.00%</td></tr></table>	Age	Rate	Age 25	7.72%	Age 35	6.28%	Age 45	3.98%	Age 55	0.94%	Age 65	0.00%	
Age	Rate													
Age 25	7.72%													
Age 35	6.28%													
Age 45	3.98%													
Age 55	0.94%													
Age 65	0.00%													
Retirement - Actives	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>55-58</td><td>5.00%</td></tr><tr><td>59-61</td><td>10.00%</td></tr><tr><td>62</td><td>100.00%</td></tr></table>	Age	Rate	55-58	5.00%	59-61	10.00%	62	100.00%					
Age	Rate													
55-58	5.00%													
59-61	10.00%													
62	100.00%													
Retirement - Terminated Vested	Age 62													
Disability	<table><tr><th>Age</th><th>Rate</th></tr><tr><td>Age 25</td><td>0.12%</td></tr><tr><td>Age 35</td><td>0.20%</td></tr><tr><td>Age 45</td><td>0.42%</td></tr><tr><td>Age 55</td><td>1.10%</td></tr><tr><td>Age 65</td><td>0.00%</td></tr></table>	Age	Rate	Age 25	0.12%	Age 35	0.20%	Age 45	0.42%	Age 55	1.10%	Age 65	0.00%	
Age	Rate													
Age 25	0.12%													
Age 35	0.20%													
Age 45	0.42%													
Age 55	1.10%													
Age 65	0.00%													
Expenses	\$70,000, which is the average of the last three years expenses, rounded to the nearest \$1,000													
Asset Valuation Method	Market value													
Actuarial cost method	Unit credit cost method													

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE E - INVESTMENTS AND FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. FASB ASC 820, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of equity securities is based on quoted prices in an active market. The fair value of money market funds is based on quoted prices of the underlying investments in an active market.

Level 2 Fair Value Measurements

The fair value of government securities and corporate bonds is based upon the value of similar investments using a matrix pricing model.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Investments at Fair Value			
	Level 1	Level 2	Total
<u>April 30, 2013</u>			
Short-term securities	\$ 173,651	\$ 0	\$ 173,651
Government securities	0	1,475,894	1,475,894
Corporate bonds	0	2,158,285	2,158,285
Common stocks	6,905,165	0	6,905,165
Registered investment companies	4,345,887	0	4,345,887
TOTAL INVESTMENTS	<u>\$ 11,424,703</u>	<u>\$ 3,634,179</u>	<u>\$ 15,058,882</u>
<u>April 30, 2012</u>			
Short-term securities	\$ 221,356	\$ 0	\$ 221,356
Government securities	0	1,630,318	1,630,318
Corporate bonds	0	1,878,792	1,878,792
Common stocks	7,060,588	0	7,060,588
Registered investment companies	3,354,038	0	3,354,038
TOTAL INVESTMENTS	<u>\$ 10,635,982</u>	<u>\$ 3,509,110</u>	<u>\$ 14,145,092</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE E - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investment which exceeds 5% of net assets available for benefits as of December 31 is as follows:

	<u>2013</u>	<u>2012</u>
Ishares Russell 1000 Value Index Fund	\$ 1,326,479	\$ 1,117,179

	<u>April 30, 2013</u>		<u>April 30, 2012</u>	
	UNITS, NUMBER OF SHARES FOR PRINCIPAL AMOUNT	FAIR VALUE	UNITS, NUMBER OF SHARES FOR PRINCIPAL AMOUNT	FAIR VALUE
<u>INVESTMENTS AT FAIR VALUE</u>				
Short-term securities	173,651	\$ 173,651	221,356	\$ 221,356
Government securities	1,283,348	1,475,894	1,435,902	1,630,318
Corporate bonds	1,950,000	2,158,285	1,700,000	1,878,792
Common stocks	127,616	6,905,165	155,434	7,060,588
Registered investment companies	196,000	4,345,887	110,726	3,354,038
TOTAL INVESTMENTS AT FAIR VALUE		<u>\$ 15,058,882</u>		<u>\$ 14,145,092</u>

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) as follows:

	<u>2013</u>	<u>2012</u>
<u>INVESTMENTS AT FAIR VALUE</u>		
Government securities	\$ (19,626)	\$ 37,198
Corporate bonds	1,146	12,955
Common stocks	376,072	(79,675)
Registered investment companies	161,461	83,831
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	<u>\$ 519,053</u>	<u>\$ 54,309</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

April 30, 2013 and 2012

NOTE F - RISKS AND UNCERTAINTIES

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

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

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. One of the Plan's investments represents a money market fund managed by Fifth Third Bank. Fifth Third Bank is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, in the event of termination of the Plan or the complete discontinuance of contributions, the Plan shall continue in existence for the purpose of disbursing any funds remaining in the fund to persons entitled to receive benefits as provided, until such time as the funds in the Plan have been fully disbursed, subject to the provisions of ERISA.

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

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

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Short-term Securities:			
		Federated Government Obligations Fund	\$ 56,830	\$ 56,830
		Federated Prime Cash Obligations Fund	116,821	116,821
		Total Short-Term Securities	<u>173,651</u>	<u>173,651</u>
	Government Securities:			
		FHLB 5.00%	86,220	89,409
		FHLMC 3.75%	114,108	115,499
		FRMC 5.00%	102,765	105,801
		FRMC 5.50%	226,834	271,469
		FRMC 4.875%	119,384	120,062
		FRMC 2.875%	50,436	52,320
		FNMA 5.25%	202,190	231,848
		FN 5.00%	32,598	35,823
		TSY INFL 1.875%	25,783	32,994
		US TRSY 1.875%	75,759	77,666
		US TRSY 3.00%	78,189	81,516
		US TRSY 3.50%	128,818	145,518
		US TRSY 3.875%	115,551	115,969
		Total Government Securities	<u>1,358,635</u>	<u>1,475,894</u>
	Corporate Bonds:			
		American Express Co.	105,463	125,410
		BHP Billiton Financial	51,199	51,573
		Bank of America Corp.	102,240	107,672
		Berkshire Hathaway Financial Corp.	103,968	100,141
		Boeing Co.	110,215	119,727
		Caterpillar, Inc.	101,443	134,169
		Coca Cola Co. NT	103,857	118,607
		Conocophillips Gtd.	115,343	122,515
		Carried Forward	<u>793,728</u>	<u>879,814</u>

* Represents party-in-interest

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 793,728	\$ 879,814
	Corporate Bonds (Continued):			
		John Deere Cap Corp.	100,000	107,788
		General Electric	113,174	114,287
		Goldman Sachs	100,791	118,147
		Hewlett Packard Co.	100,953	99,769
		JP Morgan Chase & Company	59,716	59,601
		McDonald's Corp.	158,454	150,426
		Morgan Stanley	103,052	116,495
		Oracle Corp.	107,547	103,928
		Philip Morris Internal Inc.	51,894	50,083
		Praxair Inc.	107,100	100,283
		SBC Communication	102,646	106,170
		Total Cap Canada Limited	99,904	101,395
		US Bancorp	49,938	50,099
		Total Corporate Bonds	<u>2,048,897</u>	<u>2,158,285</u>
	Common Stocks:			
		Aaron Rents, Inc.	7,203	6,948
		Abbvie, Inc.	63,271	85,837
		Activision Blizzard, Inc.	7,452	8,752
		Agilent Technologies, Inc.	4,756	7,045
		Akamai Technologies, Inc.	11,466	11,856
		Allegheny Technologies, Inc.	7,825	6,826
		Alliance Data Systems	116,018	159,918
		Allstate Corp.	25,243	27,093
		Altria Group, Inc.	50,442	63,673
		American Cap Agy Corp.	24,983	26,615
		American Electric Power Inc.	84,502	95,094
		American Tower Corp.	103,547	130,856
		Amerisourcebergen Corp.	8,292	9,200
		Amgen, Inc.	86,545	93,685
		Carried Forward	<u>601,545</u>	<u>733,398</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 601,545	\$ 733,398
	Common Stocks (Continued):			
		Ansys, Inc.	5,601	10,916
		Apple, Inc.	17,477	25,238
		Astrazeneca, PLC	59,932	68,223
		AT&T, Inc.	50,852	63,158
		Autodesk, Inc.	6,112	8,585
		Axis Capital Holdings, Ltd.	26,531	28,697
		BB&T Corporation	23,479	24,554
		BCE, Inc.	105,711	119,446
		BP, PLC	56,770	57,639
		Bard C R, Inc.	5,398	6,756
		Bio-Rad Labs, Inc.	4,956	6,946
		Biogen IDEC, Inc.	61,256	119,536
		Blackrock, Inc.	20,610	27,983
		Borg-Warner Automotive, Inc.	6,432	10,944
		Boston PPTYS, Inc.	6,605	8,754
		Bristol Myers Squibb, Co.	53,111	60,533
		CBS Corp.	22,456	28,796
		CB Richard Ellis Group, Inc.	9,304	11,359
		Cigna Corp.	29,977	32,159
		CMS Energy Corp.	25,259	29,251
		CSX Corp.	8,508	12,147
		CVS Caremark Corporation	17,916	30,835
		Carefusion Corp.	27,470	32,336
		Chevron Corporation	29,609	45,510
		Church & Dwight, Inc.	71,226	85,421
		Cisco Systems Inc.	23,306	26,652
		Clorox, Co.	62,078	63,394
		Coach, Inc.	7,832	8,299
		Coca Cola Co.	15,182	16,763
		Coca-Cola Enterprises, Inc.	26,941	27,582
		Carried Forward	1,489,442	1,831,810

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 1,489,442	\$ 1,831,810
	Common Stocks (Continued):			
		Comcast Corp.	58,618	70,706
		Conagra Foods, Inc.	27,072	28,367
		ConocoPhillips	73,769	85,174
		Costco Wholesale Corp.	46,558	68,961
		Covance, Inc.	5,389	9,991
		Crown Castle International	59,869	73,689
		Cummins, Inc.	9,606	12,980
		D R Horton, Inc.	9,125	21,699
		Darden Restaurants, Inc.	7,272	8,932
		Delta Air Lines, Inc.	25,855	30,355
		Disney Walt, Co.	60,889	73,523
		Discover Financial Services	96,162	112,062
		Dominion Resources, Inc.	30,362	34,726
		Dover Corp.	25,736	24,764
		Duke Energy Corp.	54,678	62,867
		Eastman Chemical Co.	27,505	38,390
		Eaton Vance Corp.	8,831	12,602
		eBay, Inc.	72,629	72,560
		Echostar Holding Corp.	8,131	8,090
		Ensco PLC	27,526	24,687
		Equinix, Inc.	95,374	112,617
		Express Scripts Holdings	7,973	10,390
		Exxon Mobil Corp.	20,877	27,498
		Fleetcor Technologies, Inc.	55,129	56,522
		Gatx Corp.	4,777	8,814
		General Dynamics Corp.	5,924	7,248
		Glaxosmithkline PLC	45,436	51,743
		Global Pmts, Inc.	6,273	7,331
		HCP, Inc.	21,056	24,571
		Harsco Corp.	5,521	4,890
		Carried Forward	2,493,364	3,018,559

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 2,493,364	\$ 3,018,559
	Common Stocks (Continued):			
		Health Care Reit, Inc.	32,337	39,509
		Helix Energy Solutions Group	5,798	13,617
		Helmerich & Payne, Inc.	27,809	24,445
		Hersey Company	54,369	67,583
		Hertz Global Holdings, Inc.	27,625	34,001
		Hollyfrontier Corp.	74,893	66,263
		Home Depot Inc.	72,388	115,893
		Integrus Energy Group, Inc.	9,039	11,204
		Intercontinental Exchange, Inc.	8,445	13,523
		International Business Machines	18,036	26,938
		International Game Technology	6,896	7,492
		International Paper Co.	15,248	30,396
		International Rectifier Corp.	5,436	6,151
		Intuit	10,241	15,327
		JP Morgan Chase & Company	24,938	24,995
		Johnson & Johnson	38,267	48,070
		Joy Global, Inc.	11,918	11,417
		KLA Tencor Corp.	21,904	25,552
		Keycorp	7,174	8,883
		Kimberly Clark Corp.	114,001	129,194
		Kraft Foods Group Inc.	44,555	49,379
		Kroger Co.	21,930	32,180
		Lilly (Eli) & Co.	37,660	49,288
		Linkedin Corp.	77,512	87,977
		Lorillard, Inc.	26,158	25,434
		Lowe's, Inc.	77,862	92,976
		Macy's, Inc.	15,240	29,436
		Magna International, Inc.	28,660	30,627
		Marathon Pete Corp.	85,570	118,559
		Mastercard, Inc.	55,565	84,045
		Carried Forward	3,550,838	4,338,913

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

E.I.N.: 34-6550724

PLAN NUMBER: 001

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 3,550,838	\$ 4,338,913
	Common Stocks (Continued):			
		Mattel, Inc.	19,064	32,373
		Maxim Integrated Products, Inc.	26,902	25,486
		McDonald's, Corp.	34,660	40,345
		McKesson Corp.	61,504	61,270
		Mednax, Inc.	5,738	7,365
		Merck & Co. Inc.	52,850	68,385
		Microsoft Corp.	23,924	31,511
		Murphy Oil Corp.	7,337	7,327
		Mylan, Inc.	94,903	98,159
		Nabors Industries, Ltd.	8,759	6,922
		National Grid PLC	56,401	71,944
		Newfield Expl. Co.	11,323	4,772
		Nextera Energy, Inc.	18,909	28,382
		Nisource, Inc.	60,546	73,598
		Oneok, Inc.	5,237	12,018
		Oracle Corporation	24,052	24,946
		PPG Industries, Inc.	59,541	62,093
		PPL Corp.	37,683	43,260
		PepsiCo, Inc.	15,183	18,143
		Philip Morris Intl., Inc.	24,321	26,383
		Proctor & Gamble Co.	15,874	18,962
		Progressive Corp.	7,222	9,383
		Pulte Group, Inc.	69,949	70,233
		Qualcomm, Inc.	26,491	25,010
		Raymond James Financial, Inc.	7,241	11,101
		Raytheon Co.	78,985	86,300
		Reinsurance Group America, Inc.	6,802	9,070
		Republic Services, Inc.	12,545	14,382
		Resmed, Inc.	64,815	64,971
		Reynolds American, Inc.	55,293	58,469
		Carried Forward	4,544,892	5,451,476

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 4,544,892	\$ 5,451,476
	Common Stocks (Continued):			
		Royal Dutch Shell PLC	62,259	61,345
		Scotts Miracle-Gro Company	7,210	6,757
		Seagate Technology PLC	79,724	101,329
		Sealed Air Corp.	7,697	10,219
		Sempra Energy	66,012	75,145
		Senior Housing Properties Trust	14,801	17,001
		Snap On, Inc.	33,933	42,497
		Southern Co.	59,358	60,432
		Synopsys, Inc.	7,453	8,359
		TJX Cos, Inc.	96,984	116,268
		Thermo Fisher Scientific, Inc.	30,186	32,595
		Toll Brothers, Inc.	65,199	62,376
		Total S.A.	53,985	60,338
		US Bancorp	23,079	25,126
		URS Corp.	6,221	7,247
		Unilever PLC	13,330	17,155
		Union Pacific Corp.	15,551	28,112
		United Technologies Corp.	25,540	26,018
		Valspar Corporation	7,392	14,296
		Verizon Communications	77,221	98,494
		Virgin Media, Inc.	68,533	83,609
		Visa, Inc.	88,037	113,205
		Vodafone Group PLC	60,984	66,717
		Wal-Mart Stores, Inc.	75,743	87,979
		Wells Fargo & Company	23,576	27,877
		Whiting Petroleum Corp.	7,307	7,254
		Williams Companies, Inc.	61,011	67,871
		Windstream Corp.	11,123	9,730
		Wyndham Worldwide Corp.	82,721	107,423
		Xilinx, Inc.	7,667	10,915
		Total Common Stocks	<u>5,784,729</u>	<u>6,905,165</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Registered Investment Companies:			
	Europacific Growth Fund Class F-2		\$ 423,871	\$ 482,657
	Hotchkis & Wiley Funds		153,255	156,400
	Ishares Iboxx		99,592	122,130
	Ishares Cohen & Steers Realty		413,658	529,920
	Ishares Russell 1000 Value Index Fund		1,000,232	1,326,479
	Oppenheimer Developing Markets-Y		174,999	176,064
	T. Rowe Price GNMA Fund - Income		6,792	7,259
	T. Rowe Price GNMA Fund		376,645	397,192
	TCW Funds, Inc.		177,610	177,619
	Vanguard GNMA Fund		264,069	274,233
	Vanguard Small Cap Growth		107,050	152,181
	Vanguard Small Cap Value		122,154	164,440
	Virtus Insight Trust		324,257	379,313
	Total Registered Investment Companies		<u>3,644,184</u>	<u>4,345,887</u>
	Total Investments		<u>\$ 13,010,096</u>	<u>\$ 15,058,882</u>

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS ACQUIRED
AND DISPOSED OF WITHIN YEAR**

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

Year ended April 30, 2013

(a) Identity of issuer, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
	Agco Corp.	\$ 27,806	\$ 31,133
	Autozone, Inc.	86,653	85,002
	Beam, Inc.	54,706	55,135
	Cerner Corp.	86,277	84,005
	Chipotle Mexican Grill, Inc.	55,086	55,505
	Companhia De Bebidas Das America	67,123	66,114
	Deutsche Bank Ag London	25,118	25,000
	Dollar Gen Corp.	74,664	66,953
	Dollar Tree, Inc.	80,629	57,869
	Ecolab, Inc.	39,316	38,212
	General Motors Co.	26,118	22,632
	H.J. Heinz Co.	52,913	69,918
	Ingersoll Rand PLC	27,539	31,963
	Macy's, Inc.	84,420	87,588
	Mead Johnson Nutrition Company	67,948	60,526
	Monsanto Co.	33,810	34,089
	Monster Beverage Corp.	101,625	79,142
	Motorola, Inc.	67,511	67,557
	O Reilly Automotive, Inc.	69,616	68,722
	Quest Diagnostics, Inc.	27,381	24,570
	Starbucks Corp.	73,195	77,878
	Tractor Supply Co.	45,539	44,648
	Ulta Salon Cosmetics & Fragrance	84,489	87,165
	Ventas, Inc.	16,612	16,222
	Verisign, Inc.	72,697	55,909
	Whole Foods Market, Inc.	109,067	101,034
	Yahoo, Inc.	26,339	29,347
	Total Assets Acquired and Disposed of Within Year	<u>\$1,584,197</u>	<u>\$1,523,838</u>

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

Year ended April 30, 2013

(a) Identity of party involved	(b) Description of asset	(c) Transactions aggregate purchase price	(d) Transactions aggregate sale price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
* Fifth Third Bank	Institutional Money Market Fund	14 \$ 583,103	**	\$ 583,103	\$ 583,103	\$ 0
* Fifth Third Bank	Institutional Money Market Fund	11 \$ 583,103	\$ 745,706 \$ 745,706	\$ 745,706 \$ 1,328,809	\$ 745,706 \$ 1,328,809	0 0

* Represents party-in-interest transaction

** Not applicable for this transaction

BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN

N. Summary of Principal Plan Provisions

1. Effective Date November 1, 1965, as restated June 7, 2001 and last amended effective May 1, 2005
2. Plan Year Ends April 30
3. Eligibility for Participation First day of the Plan Year in which one has employer contributions made on his behalf and completes 200 Credited Hours
4. Normal Retirement Age Age 62
5. Early Retirement Age Age 55
6. Disability Retirement A participant is eligible for Disability Retirement if he has been a member of the union for 10 years, has accrued 400 Credited Hours in 1 of the last 3 Plan Years, is totally disabled and has been awarded a disability benefit by the Social Security Administration
7. Accrued Benefit The sum of yearly benefit accruals based on the negotiated accrual tables. The current table, effective May 1, 2008, is as follows:

<u>Credited Hours During Plan Year</u>	<u>Future Service Benefits</u>
3000 or more	\$ 292.43
2900 to 2999	282.53
2800 to 2899	272.61
2700 to 2799	262.69
2600 to 2699	252.80
2500 to 2599	242.88
2400 to 2499	232.96
2300 to 2399	223.06
2200 to 2299	213.13
2100 to 2199	203.21
2000 to 2099	193.32
1900 to 1999	183.40
1800 to 1899	173.48
1700 to 1799	163.60
1600 to 1699	153.67
1500 to 1599	143.75
1400 to 1499	133.85
1300 to 1399	123.94
1200 to 1299	114.00
1100 to 1199	104.10
1000 to 1099	94.18
900 to 999	84.27
800 to 899	74.37
700 to 799	64.45
600 to 699	55.70
500 to 599	44.64
400 to 499	40.10
300 to 399	24.78
200 to 299	23.40
Less than 200	0.00

The accrued benefit for actives, retirees and survivors was increased 15% on May 1, 2008

BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN

N. Summary of Principal Plan Provisions (continued)

- | | | |
|-----|---|--|
| 8. | <u>Normal Retirement Benefit</u> | Accrued Benefit |
| 9. | <u>Early Retirement Benefit</u> | Accrued Benefit reduced by 0.5% for each month retirement precedes age 62 |
| 10. | <u>Disability Benefit</u> | Accrued Benefit |
| 11. | <u>Credited Hour</u> | An hour for which an employee is paid or entitled to payment for the performance of duties during the applicable Plan Year for an employer making contributions to the trust with such hours being credited for the Plan Year in which duties are performed |
| 12. | <u>Year of Credited Vesting Service</u> | Plan Year in which a participant has accumulated at least 500 Credited Hours. A break in service occurs if a participant fails to complete at least 200 Credited Hours |
| 13. | <u>Vesting</u> | A participant shall be vested in his Accrued Benefit once he has completed 5 Years of uncanceled Credited Vesting Service or has a total of 5,000 uncanceled Credited Hours |
| 14. | <u>Automatic Death Benefit</u> | <p>\$100 for each \$1.00 of normal monthly retirement benefit accrued at the time of the participant's death up to a maximum of \$30,000</p> <p>If at the time of his death, a participant is receiving his benefits in the form of a joint and survivor annuity and he has a qualified surviving spouse, no death benefit is payable until the qualified surviving spouse's death</p> <p>The Automatic Death Benefit will be reduced by the aggregate amount of any retirement or disability benefits received by the participant or their surviving spouse</p> |
| 15. | <u>Pre-Retirement Death Benefit</u> | <p>A. Automatic Death Benefit up to a maximum of \$30,000</p> <p>B. Pre-Retirement Spouse's Benefit</p> <p>1. The spouse of a vested participant who is a member of the union and dies after attaining age 55 is entitled to receive an immediate monthly annuity equal to 100% of the actuarially reduced Joint & 100% Survivor benefit</p> <p>2. The spouse of a vested participant who is (a) not a member of the union or (b) dies prior to attaining age 55 is entitled to receive a deferred monthly annuity commencing when the participant would have attained age 55 equal to 50% of the actuarially reduced Joint & 50% Survivor benefit</p> <p>However, the Pre-Retirement Spouse's Benefit shall be offset by the value of the Automatic Death Benefit</p> |
| 16. | <u>Normal Form of Benefit</u> | An annuity payable during the lifetime of the participant |

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Short-term Securities:			
		Federated Government Obligations Fund	\$ 56,830	\$ 56,830
		Federated Prime Cash Obligations Fund	116,821	116,821
		Total Short-Term Securities	<u>173,651</u>	<u>173,651</u>
	Government Securities:			
		FHLB 5.00%	86,220	89,409
		FHLMC 3.75%	114,108	115,499
		FRMC 5.00%	102,765	105,801
		FRMC 5.50%	226,834	271,469
		FRMC 4.875%	119,384	120,062
		FRMC 2.875%	50,436	52,320
		FNMA 5.25%	202,190	231,848
		FN 5.00%	32,598	35,823
		TSY INFL 1.875%	25,783	32,994
		US TRSY 1.875%	75,759	77,666
		US TRSY 3.00%	78,189	81,516
		US TRSY 3.50%	128,818	145,518
		US TRSY 3.875%	115,551	115,969
		Total Government Securities	<u>1,358,635</u>	<u>1,475,894</u>
	Corporate Bonds:			
		American Express Co.	105,463	125,410
		BHP Billiton Financial	51,199	51,573
		Bank of America Corp.	102,240	107,672
		Berkshire Hathaway Financial Corp.	103,968	100,141
		Boeing Co.	110,215	119,727
		Caterpillar, Inc.	101,443	134,169
		Coca Cola Co. NT	103,857	118,607
		Conocophillips Gtd.	115,343	122,515
		Carried Forward	<u>793,728</u>	<u>879,814</u>

* Represents party-in-interest

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 793,728	\$ 879,814
	Corporate Bonds (Continued):			
		John Deere Cap Corp.	100,000	107,788
		General Electric	113,174	114,287
		Goldman Sachs	100,791	118,147
		Hewlett Packard Co.	100,953	99,769
		JP Morgan Chase & Company	59,716	59,601
		McDonald's Corp.	158,454	150,426
		Morgan Stanley	103,052	116,495
		Oracle Corp.	107,547	103,928
		Philip Morris Internal Inc.	51,894	50,083
		Praxair Inc.	107,100	100,283
		SBC Communication	102,646	106,170
		Total Cap Canada Limited	99,904	101,395
		US Bancorp	49,938	50,099
		Total Corporate Bonds	<u>2,048,897</u>	<u>2,158,285</u>
	Common Stocks:			
		Aaron Rents, Inc.	7,203	6,948
		Abbvie, Inc.	63,271	85,837
		Activision Blizzard, Inc.	7,452	8,752
		Agilent Technologies, Inc.	4,756	7,045
		Akamai Technologies, Inc.	11,466	11,856
		Allegheny Technologies, Inc.	7,825	6,826
		Alliance Data Systems	116,018	159,918
		Allstate Corp.	25,243	27,093
		Altria Group, Inc.	50,442	63,673
		American Cap Agy Corp.	24,983	26,615
		American Electric Power Inc.	84,502	95,094
		American Tower Corp.	103,547	130,856
		Amerisourcebergen Corp.	8,292	9,200
		Amgen, Inc.	86,545	93,685
		Carried Forward	<u>601,545</u>	<u>733,398</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 601,545	\$ 733,398
	Common Stocks (Continued):			
		Ansys, Inc.	5,601	10,916
		Apple, Inc.	17,477	25,238
		Astrazeneca, PLC	59,932	68,223
		AT&T, Inc.	50,852	63,158
		Autodesk, Inc.	6,112	8,585
		Axis Capital Holdings, Ltd.	26,531	28,697
		BB&T Corporation	23,479	24,554
		BCE, Inc.	105,711	119,446
		BP, PLC	56,770	57,639
		Bard C R, Inc.	5,398	6,756
		Bio-Rad Labs, Inc.	4,956	6,946
		Biogen IDEC, Inc.	61,256	119,536
		Blackrock, Inc.	20,610	27,983
		Borg-Warner Automotive, Inc.	6,432	10,944
		Boston PPTYS, Inc.	6,605	8,754
		Bristol Myers Squibb, Co.	53,111	60,533
		CBS Corp.	22,456	28,796
		CB Richard Ellis Group, Inc.	9,304	11,359
		Cigna Corp.	29,977	32,159
		CMS Energy Corp.	25,259	29,251
		CSX Corp.	8,508	12,147
		CVS Caremark Corporation	17,916	30,835
		Carefusion Corp.	27,470	32,336
		Chevron Corporation	29,609	45,510
		Church & Dwight, Inc.	71,226	85,421
		Cisco Systems Inc.	23,306	26,652
		Clorox, Co.	62,078	63,394
		Coach, Inc.	7,832	8,299
		Coca Cola Co.	15,182	16,763
		Coca-Cola Enterprises, Inc.	26,941	27,582
		Carried Forward	1,489,442	1,831,810

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 1,489,442	\$ 1,831,810
	Common Stocks (Continued):			
		Comcast Corp.	58,618	70,706
		Conagra Foods, Inc.	27,072	28,367
		ConocoPhillips	73,769	85,174
		Costco Wholesale Corp.	46,558	68,961
		Covance, Inc.	5,389	9,991
		Crown Castle International	59,869	73,689
		Cummins, Inc.	9,606	12,980
		D R Horton, Inc.	9,125	21,699
		Darden Restaurants, Inc.	7,272	8,932
		Delta Air Lines, Inc.	25,855	30,355
		Disney Walt, Co.	60,889	73,523
		Discover Financial Services	96,162	112,062
		Dominion Resources, Inc.	30,362	34,726
		Dover Corp.	25,736	24,764
		Duke Energy Corp.	54,678	62,867
		Eastman Chemical Co.	27,505	38,390
		Eaton Vance Corp.	8,831	12,602
		eBay, Inc.	72,629	72,560
		Echostar Holding Corp.	8,131	8,090
		Ensco PLC	27,526	24,687
		Equinix, Inc.	95,374	112,617
		Express Scripts Holdings	7,973	10,390
		Exxon Mobil Corp.	20,877	27,498
		Fleetcor Technologies, Inc.	55,129	56,522
		Gatx Corp.	4,777	8,814
		General Dynamics Corp.	5,924	7,248
		Glaxosmithkline PLC	45,436	51,743
		Global Pmts, Inc.	6,273	7,331
		HCP, Inc.	21,056	24,571
		Harsco Corp.	5,521	4,890
		Carried Forward	2,493,364	3,018,559

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 2,493,364	\$ 3,018,559
	Common Stocks (Continued):			
	Health Care Reit, Inc.		32,337	39,509
	Helix Energy Solutions Group		5,798	13,617
	Helmerich & Payne, Inc.		27,809	24,445
	Hersey Company		54,369	67,583
	Hertz Global Holdings, Inc.		27,625	34,001
	Hollyfrontier Corp.		74,893	66,263
	Home Depot Inc.		72,388	115,893
	Integrus Energy Group, Inc.		9,039	11,204
	Intercontinental Exchange, Inc.		8,445	13,523
	International Business Machines		18,036	26,938
	International Game Technology		6,896	7,492
	International Paper Co.		15,248	30,396
	International Rectifier Corp.		5,436	6,151
	Intuit		10,241	15,327
	JP Morgan Chase & Company		24,938	24,995
	Johnson & Johnson		38,267	48,070
	Joy Global, Inc.		11,918	11,417
	KLA Tencor Corp.		21,904	25,552
	Keycorp		7,174	8,883
	Kimberly Clark Corp.		114,001	129,194
	Kraft Foods Group Inc.		44,555	49,379
	Kroger Co.		21,930	32,180
	Lilly (Eli) & Co.		37,660	49,288
	Linkedin Corp.		77,512	87,977
	Lorillard, Inc.		26,158	25,434
	Lowe's, Inc.		77,862	92,976
	Macy's, Inc.		15,240	29,436
	Magna International, Inc.		28,660	30,627
	Marathon Pete Corp.		85,570	118,559
	Mastercard, Inc.		55,565	84,045
		Carried Forward	3,550,838	4,338,913

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

E.I.N.: 34-6550724

PLAN NUMBER: 001

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 3,550,838	\$ 4,338,913
	Common Stocks (Continued):			
		Mattel, Inc.	19,064	32,373
		Maxim Integrated Products, Inc.	26,902	25,486
		McDonald's, Corp.	34,660	40,345
		McKesson Corp.	61,504	61,270
		Mednax, Inc.	5,738	7,365
		Merck & Co. Inc.	52,850	68,385
		Microsoft Corp.	23,924	31,511
		Murphy Oil Corp.	7,337	7,327
		Mylan, Inc.	94,903	98,159
		Nabors Industries, Ltd.	8,759	6,922
		National Grid PLC	56,401	71,944
		Newfield Expl. Co.	11,323	4,772
		Nextera Energy, Inc.	18,909	28,382
		Nisource, Inc.	60,546	73,598
		Oneok, Inc.	5,237	12,018
		Oracle Corporation	24,052	24,946
		PPG Industries, Inc.	59,541	62,093
		PPL Corp.	37,683	43,260
		PepsiCo, Inc.	15,183	18,143
		Philip Morris Intl., Inc.	24,321	26,383
		Proctor & Gamble Co.	15,874	18,962
		Progressive Corp.	7,222	9,383
		Pulte Group, Inc.	69,949	70,233
		Qualcomm, Inc.	26,491	25,010
		Raymond James Financial, Inc.	7,241	11,101
		Raytheon Co.	78,985	86,300
		Reinsurance Group America, Inc.	6,802	9,070
		Republic Services, Inc.	12,545	14,382
		Resmed, Inc.	64,815	64,971
		Reynolds American, Inc.	55,293	58,469
		Carried Forward	4,544,892	5,451,476

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Brought Forward	\$ 4,544,892	\$ 5,451,476
	Common Stocks (Continued):			
		Royal Dutch Shell PLC	62,259	61,345
		Scotts Miracle-Gro Company	7,210	6,757
		Seagate Technology PLC	79,724	101,329
		Sealed Air Corp.	7,697	10,219
		Sempra Energy	66,012	75,145
		Senior Housing Properties Trust	14,801	17,001
		Snap On, Inc.	33,933	42,497
		Southern Co.	59,358	60,432
		Synopsys, Inc.	7,453	8,359
		TJX Cos, Inc.	96,984	116,268
		Thermo Fisher Scientific, Inc.	30,186	32,595
		Toll Brothers, Inc.	65,199	62,376
		Total S.A.	53,985	60,338
		US Bancorp	23,079	25,126
		URS Corp.	6,221	7,247
		Unilever PLC	13,330	17,155
		Union Pacific Corp.	15,551	28,112
		United Technologies Corp.	25,540	26,018
		Valspar Corporation	7,392	14,296
		Verizon Communications	77,221	98,494
		Virgin Media, Inc.	68,533	83,609
		Visa, Inc.	88,037	113,205
		Vodafone Group PLC	60,984	66,717
		Wal-Mart Stores, Inc.	75,743	87,979
		Wells Fargo & Company	23,576	27,877
		Whiting Petroleum Corp.	7,307	7,254
		Williams Companies, Inc.	61,011	67,871
		Windstream Corp.	11,123	9,730
		Wyndham Worldwide Corp.	82,721	107,423
		Xilinx, Inc.	7,667	10,915
		Total Common Stocks	<u>5,784,729</u>	<u>6,905,165</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

April 30, 2013

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Registered Investment Companies:			
	Europacific Growth Fund Class F-2		\$ 423,871	\$ 482,657
	Hotchkis & Wiley Funds		153,255	156,400
	Ishares Iboxx		99,592	122,130
	Ishares Cohen & Steers Realty		413,658	529,920
	Ishares Russell 1000 Value Index Fund		1,000,232	1,326,479
	Oppenheimer Developing Markets-Y		174,999	176,064
	T. Rowe Price GNMA Fund - Income		6,792	7,259
	T. Rowe Price GNMA Fund		376,645	397,192
	TCW Funds, Inc.		177,610	177,619
	Vanguard GNMA Fund		264,069	274,233
	Vanguard Small Cap Growth		107,050	152,181
	Vanguard Small Cap Value		122,154	164,440
	Virtus Insight Trust		324,257	379,313
	Total Registered Investment Companies		<u>3,644,184</u>	<u>4,345,887</u>
	Total Investments		<u>\$ 13,010,096</u>	<u>\$ 15,058,882</u>

Plan Name: Bricklayers and Masons Local No. 43 Ohio Pension Plan

EIN: 34-6550724

Plan Number: 001

Schedule MB, Line 8b - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	n/a	1	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	3	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	2	n/a	4	n/a	0	n/a
35 to 39	0	n/a	0	n/a	2	n/a	0	n/a	1	n/a
40 to 44	0	n/a	0	n/a	1	n/a	1	n/a	7	n/a
45 to 49	0	n/a	1	n/a	2	n/a	4	n/a	4	n/a
50 to 54	0	n/a	0	n/a	0	n/a	1	n/a	2	n/a
55 to 59	0	n/a	0	n/a	0	n/a	1	n/a	3	n/a
60 to 64	0	n/a	0	n/a	0	n/a	0	n/a	1	n/a
65 to 69	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

Attained Age	YEARS OF CREDITED SERVICE									
	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.
Under 25	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
25 to 29	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
30 to 34	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
35 to 39	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
40 to 44	1	n/a	0	n/a	0	n/a	0	n/a	0	n/a
45 to 49	5	n/a	2	n/a	0	n/a	0	n/a	0	n/a
50 to 54	2	n/a	2	n/a	0	n/a	0	n/a	0	n/a
55 to 59	1	n/a	3	n/a	1	n/a	0	n/a	0	n/a
60 to 64	0	n/a	1	n/a	0	n/a	1	n/a	1	n/a
65 to 69	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a
70 & up	0	n/a	0	n/a	0	n/a	0	n/a	0	n/a

Please note: Average Compensation has not been provided as this is not a compensation based plan.

EIN: 34-6550724
 Plan: 001
 Schedule MB: Lines 9(c) and 9(h)

BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN

G. Amortization Schedules as of May 1, 2012

	<u>Date Established</u>	<u>Original Balance</u>	<u>Balance as of 5/1/2012</u>	<u>Years Remaining as of 5/1/2012</u>	<u>Payment as of 5/1/2012</u>
1. <u>Minimum Funding</u>					
Charges					
Actuarial Loss	5/1/2009	\$ 2,261,462	\$ 1,972,139	12	\$ 232,053
Actuarial Loss	5/1/2010	\$ 73,610	\$ 67,547	13	\$ 7,553
Actuarial Loss	5/1/2012	\$ 87,187	\$ 87,187	15	\$ 8,946
Sub Total			\$ 2,126,873		\$ 248,552
Credits					
Actuarial Gain	5/1/2011	\$ 87,418	\$ 83,939	14	\$ 8,970
Sub Total			\$ 83,939		\$ 8,970
Total			\$ 2,042,934		\$ 239,582
Credit Balance as of 5/1/2012			\$ 2,042,934		
Unfunded Accrued Liability			\$ 0		
2. <u>Maximum Funding</u>					
Fresh Start	5/1/2012		\$ 0	10	\$ 0

Schedule MB, line 11 – Justification for Change in Actuarial Assumption

Plan Name: Pension Plan of Bricklayers & Masons Local 43 OH

EIN: 34-6550724

Plan Number: 001

The following assumptions were changed since the last valuation to better reflect anticipated experience.

- The projection of the RP-2000 Mortality Table with Blue Collar adjustment for healthy lives has been changed from 2011 to 2017 using scale AA.
- The mortality table for disabled lives was changed from the RP-2000 Disabled Retiree Mortality Table to the RP-2000 Disabled Retiree Mortality Table projected to 2017 using Scale AA.

BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN

**O. Actuarial Assumptions and Funding Methods
 for the May 1, 2012 Valuation**

1. Data

- | | | |
|----|---------------------------|---|
| a. | Valuation Date | May 1, 2012 |
| b. | Employee Data | Employee data was supplied by Compensation Programs of Ohio |
| c. | Asset Data | Asset data as audited by Hill, Barth & King |
| d. | Contribution Rate | \$4.38 per hour worked |
| e. | Future Hours to be Worked | Hours worked during last plan year |

2. Rate of Investment Return

- | | | |
|----|-----------------------|---|
| a. | Funding | 7.00% per year, net of expenses |
| b. | RPA Current Liability | 4.13% per year, net of expenses (4.50% last year) |
| c. | Accumulated Benefits | 7.00% per year, net of expenses |

3. Rates of Withdrawal

- | | | | |
|----|----------------------|-----------------------|--|
| a. | Mortality | | |
| | i. | Healthy lives | |
| | | Funding | RP-2000 Mortality Table with Blue Collar Adjustment projected to 2017 using scale AA |
| | | RPA Current Liability | IRS 2012 Combined Static Mortality Table |
| | ii. | Disabled lives | RP-2000 Disabled Retiree Mortality Table projected to 2017 using scale AA |
| b. | Employee Termination | <u>Age</u> | <u>Rate</u> |
| | | 25 | 0.077242 |
| | | 35 | 0.062764 |
| | | 45 | 0.039753 |
| | | 55 | 0.009394 |
| | | 65 | 0.000000 |
| c. | Retirement | | |
| | i. | Actives | <u>Age</u> <u>Rate</u> |
| | | | 55-58 0.05 |
| | | | 59-61 0.10 |
| | | | 62 1.00 |
| | ii. | Terminated Vesteds | Age 62 |

BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN

**O. Actuarial Assumptions and Funding Methods
 for the May 1, 2012 Valuation (continued)**

d.	Disability	<table><tr><th><u>Age</u></th><th><u>Rate</u></th></tr><tr><td>25</td><td>0.0012</td></tr><tr><td>35</td><td>0.0020</td></tr><tr><td>45</td><td>0.0042</td></tr><tr><td>55</td><td>0.0110</td></tr><tr><td>65</td><td>0.0000</td></tr></table>	<u>Age</u>	<u>Rate</u>	25	0.0012	35	0.0020	45	0.0042	55	0.0110	65	0.0000
<u>Age</u>	<u>Rate</u>													
25	0.0012													
35	0.0020													
45	0.0042													
55	0.0110													
65	0.0000													
4.	<u>Reciprocity Reserves</u>	None												
5.	<u>Expenses</u>	\$70,000, which is the average of the last 3 years' expenses, rounded to the nearest \$1,000												
6.	<u>Marriage Rate</u>	For participants not receiving benefits, 80% of the participants will have a surviving spouse. Females are four years younger than males												
7.	<u>Methods</u>													
a.	Asset Valuation Method	Market Value												
b.	Actuarial Cost Method	Unit credit cost method												
8.	<u>Changes in Actuarial Assumptions or Cost Methods</u>	To better reflect anticipated experience under the Plan, the projection of the RP-2000 Mortality Table with Blue Collar Adjustment for healthy lives has been changed from 2011 to 2017 using Scale AA. The mortality table for disabled lives was changed from the RP-2000 Disabled Retiree Mortality Table to the RP-2000 Disabled Retiree Mortality Table projected to 2017 using Scale AA The interest rates and mortality used to determine the plan's current liability were updated as required by law												

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 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.	OMB Nos. 1510 - 0110 1510 - 0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 04/30/2013			
A	This return/report is for:	☒ a multiemployer plan; ☐ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B	This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here ☒		
D	Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information - enter all requested information			
1a	Name of plan BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION P	1b	Three-digit plan number (PN) ► 001
		1c	Effective date of plan 05/01/1964
2a	Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FU 33 FITCH BLVD. AUSTINTOWN OH 44515	2b	Employer Identification Number (EIN) 34-6550724
		2c	Sponsor's telephone number (330) 270-0453
		2d	Business code (see instructions) 236200

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		1/20/14	KEVIN M. REILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/30/14	DONALD ARBOGAST
	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. (optional) JAMES DASCENZO HILL, BARTH & KING LLC 100 FEDERAL STREET EAST, SUITE 514 YOUNGSTOWN OH 44503-1887			Preparer's telephone number (optional) (330) 747-1903

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2012) v. 120126

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BRICKLAYERS AND MASONS LOCAL NO. 43 OHIO PENSION FUND TRUST 33 FITCH BLVD. AUSTINTOWN OH 44515	3b Administrator's EIN 34-6550724 3c Administrator's telephone number (330) 270-0453
---	--

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 189
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants	6a 67
b Retired or separated participants receiving benefits	6b 56
c Other retired or separated participants entitled to future benefits	6c 38
d Subtotal. Add lines 6a , 6b , and 6c	6d 161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 15
f Total. Add lines 6d and 6e	6f 176
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 31

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**BRICKLAYERS AND MASONS LOCAL NO. 43
OHIO PENSION FUND TRUST**

**E.I.N.: 34-6550724
PLAN NUMBER: 001**

Year ended April 30, 2013

(a) Identity of party involved	(b) Description of asset	Number of transactions	(c) Transactions aggregate purchase price	(d) Transactions aggregate sale price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
* Fifth Third Bank	Institutional Money Market Fund	14	\$ 583,103	**	\$ 583,103	\$ 583,103	\$ 0
* Fifth Third Bank	Institutional Money Market Fund	11	**	\$ 745,706	745,706	745,706	0
			\$ 583,103	\$ 745,706	\$ 1,328,809	\$ 1,328,809	\$ 0

* Represents party-in-interest transaction

** Not applicable for this transaction

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 05/01/2012 and ending 04/30/2013▶ **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 BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO 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 BRICKLAYERS AND MASONS LOCAL NO. 43, OHIO PENSION PLAN	D Employer Identification Number (EIN) 34-6550724

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 05 Day 01 Year 2012**b** Assets

- (1) Current value of assets
(2) Actuarial value of assets for funding standard account.....

- c** (1) Accrued liability for plan using immediate gain methods
(2) Information for plans using spread gain methods:

- (a) Unfunded liability for methods with bases.....
(b) Accrued liability under entry age normal method.....
(c) Normal cost under entry age normal method.....

- (3) Accrued liability under unit credit cost method.....

d Information on current liabilities of the plan:

- (1) Amount excluded from current liability attributable to pre-participation service (see instructions).....

- (2) "RPA '94" information:

- (a) Current liability
(b) Expected increase in current liability due to benefits accruing during the plan year
(c) Expected release from "RPA '94" current liability for the plan year

- (3) Expected plan disbursements for the plan year

1b(1)	14288123
1b(2)	14288123
1c(1)	12518463
1c(2)(a)	
1c(2)(b)	
1c(2)(c)	
1c(3)	12518463
1d(1)	
1d(2)(a)	19617998
1d(2)(b)	600610
1d(2)(c)	613305
1d(3)	613305

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

CHRISTINE D. EHRINGER, A.S.A., E.A.

Type or print name of actuary

HALLETT ASSOCIATES, INC.

Firm name

2591 WEXFORD-BAYNE ROAD SUITE 402 SEWICKLEY, PA 15143

Address of the firm

02/11/2014

Date

1100430

Most recent enrollment number

(724) 934-2790

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2012
v. 120126

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	14288123
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	75	6625232
(2) For terminated vested participants	42	3720234
(3) For active participants:		
(a) Non-vested benefits		971122
(b) Vested benefits		8301410
(c) Total active	61	9272532
(4) Total	178	19617998
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
11/01/2012	385239				
Totals ▶			3(b)	385239	3(c) 0

4 Information on plan status:

a 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.	4a	N
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
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, were any adjustable benefits reduced?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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	4.13 %
b Rates specified in Insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability Interest rate	6d	7.00 %
e Expense loading	6e	24.0 % ☐ N/A
f Salary scale	6f	0.0 % ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	87187	8946

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.

☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....

☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....

☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.....

8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....

☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....

8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....

8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....

☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....

8e

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

a Prior year funding deficiency, if any.....

9a

0

b Employer's normal cost for plan year as of valuation date.....

9b

362160

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)

2126873

248552

(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

42750

e Total charges. Add lines 9a through 9d.....

9e

653462

Credits to funding standard account:

f Prior year credit balance, if any.....

9f

2042934

g Employer contributions. Total from column (b) of line 3.....

9g

385239

Outstanding balance

h Amortization credits as of valuation date.....

9h

83939

8970

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

9i

157116

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1)

679915

(2) "RPA '94" override (90% current liability FFL).....

9j(2)

3731132

(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

2594259

m Credit balance: If line 9l is greater than line 9e, enter the difference.....

9m

1940797

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 2012 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**

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☒ Yes ☐ No