

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CONNEX PIPE SYSTEM, INC. LOCAL 186-PIPE FABRICATORS	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>003</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1950</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan	01/01/1950		
1b Three-digit plan number (PN) ▶	003						
1c Effective date of plan	01/01/1950						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CB&I 4171 ESSEN LANE BATON ROUGE, LA 70809	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>72-1106167</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>225-932-2500</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>339900</td> </tr> </table>	2b Employer Identification Number (EIN)	72-1106167	2c Sponsor's telephone number	225-932-2500	2d Business code (see instructions)	339900
2b Employer Identification Number (EIN)	72-1106167						
2c Sponsor's telephone number	225-932-2500						
2d Business code (see instructions)	339900						
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	<table border="1"> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
3b Administrator's EIN							
3c Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	<table border="1"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
a Sponsor's name							
5a Total number of participants at the beginning of the plan year	5a 10						
b Total number of participants at the end of the plan year	5b 10						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	☐ Yes ☐ No ☐ Not determined						

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	ROBIN M. LOUTHEN, QPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1201685	1171345
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1201685	1171345
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	118	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		118
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15695	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	14413	
g Other expenses	8g	350	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		30458
i Net income (loss) (subtract line 8h from line 8c)	8i		-30340
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D

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

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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 <u>RETIREMENT PLAN FOR EMPLOYEES OF CONNEX PIPE SYSTEM, INC. LOCAL 186-PIPE FABRICATORS</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CB&I</u>	D Employer Identification Number (EIN) <u>72-1106167</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information																								
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>																								
2	Assets: <table><tr><td>a Market value</td><td>2a</td><td><u>1201685</u></td></tr><tr><td>b Actuarial value</td><td>2b</td><td><u>1201685</u></td></tr></table>	a Market value	2a	<u>1201685</u>	b Actuarial value	2b	<u>1201685</u>																		
a Market value	2a	<u>1201685</u>																							
b Actuarial value	2b	<u>1201685</u>																							
3	Funding target/participant count breakdown: <table><tr><td></td><td>(1) Number of participants</td><td>(2) Funding Target</td></tr><tr><td>a For retired participants and beneficiaries receiving payment.....</td><td>3a</td><td><u>10</u> <u>119514</u></td></tr><tr><td>b For terminated vested participants.....</td><td>3b</td><td><u>0</u> <u>0</u></td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td> (1) Non-vested benefits</td><td>3c(1)</td><td><u>0</u></td></tr><tr><td> (2) Vested benefits</td><td>3c(2)</td><td><u>0</u></td></tr><tr><td> (3) Total active.....</td><td>3c(3)</td><td><u>0</u> <u>0</u></td></tr><tr><td>d Total.....</td><td>3d</td><td><u>10</u> <u>119514</u></td></tr></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment.....	3a	<u>10</u> <u>119514</u>	b For terminated vested participants.....	3b	<u>0</u> <u>0</u>	c For active participants:			(1) Non-vested benefits	3c(1)	<u>0</u>	(2) Vested benefits	3c(2)	<u>0</u>	(3) Total active.....	3c(3)	<u>0</u> <u>0</u>	d Total.....	3d	<u>10</u> <u>119514</u>
	(1) Number of participants	(2) Funding Target																							
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(3) Total active.....	3c(3)	<u>0</u> <u>0</u>																							
d Total.....	3d	<u>10</u> <u>119514</u>																							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐ <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....</td><td>4b</td><td></td></tr></table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																			
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																								
5	Effective interest rate	5	<u>5.96 %</u>																						
6	Target normal cost	6	<u>15154</u>																						

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/30/2014</u>
Signature of actuary		Date
<u>MARTIN S. FOX, FSA, MAAA, MSPA</u>		<u>14-00516</u>
Type or print name of actuary		Most recent enrollment number
<u>M.S. FOX & ASSOCIATES, INC.</u>		<u>310-576-1030</u>
Firm name		Telephone number (including area code)
<u>523 22ND ST., SUITE B</u> <u>SANTA MONICA, CA 90402-3119</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	213756	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	213756	0
10 Interest on line 9 using prior year's actual return of <u>-1.22</u> %	-2608	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>4.63</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	211148	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	828.80 %
15 Adjusted funding target attainment percentage	15	5.47 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	914.14 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 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
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	15154	
b Excess assets, if applicable, but not greater than line 31a	31b	15154	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

ATTACHMENT TO 2013 SCHEDULE SB

Retirement Plan for Employees of Connex Pipe Systems, Inc.

EIN: 72-1106167 Plan Number: 003

Line 26 - 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		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up			
	No.	Avg	Comp	No.	Avg	Comp	No.	Avg	Comp	No.	Avg	Comp	No.	Avg	Comp	No.	Avg	Comp	No.	Avg	Comp
Under 25																					
25 to 29																					
30 to 34																					
35 to 39																					
40 to 44																					
45 to 49																					
50 to 54																					
55 to 59																					
60 to 64																					
65 to 69																					
70 & up																					

THIS PLAN HAS NO ACTIVE EMPLOYEES

**RETIREMENT PLAN FOR EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC.**

72-1106167

PLAN # - 003

ATTACHMENT TO SCHEDULE SB, 2013 FORM 5500SF

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Year Ended December 31, 2013**

The weighted average retirement age is equal to the normal retirement age of 65. All participants are assumed to retire at the normal retirement age of 65.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. LOCAL 168 PIPE FABRICATORS**

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2013 to 12/31/2013

Valuation Date: 1/1/2013

		<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
		<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	4.94%	1.62%	Seg 1 1.00%	Pre-Retirement 5.00%
	Seg 2	6.15%	4.40%	Seg 2 3.57%	Post-Retirement 5.00%
	Seg 3	6.76%	5.45%	Seg 3 4.77%	
Pre-Retirement					
Turnover	None			None	None
Mortality	None			None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Pln-reltd expenses	\$15,154				
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs			2013 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form For Funding				Normal Form	
Calculated Effective Interest Rate				5.96%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2013****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CONNEX PIPE SYSTEM, INC. LOCAL 186- PIPE FABRICATORS		1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 01/01/1950
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CB&I 4171 ESSEN LANE BATON ROUGE LA 70809		2b Employer Identification Number (EIN) 72-1106167
		2c Sponsor's telephone number 225-932-2500
		2d Business code (see instructions) 339900
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		4b EIN
		4c PN
5a Total number of participants at the beginning of the plan year		5a 10
b Total number of participants at the end of the plan year		5b 10
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined		

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Dennis Fox</u>	<u>10-9-14</u>	<u>Dennis Fox</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1201685	1171345
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1201685	1171345
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	118	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		118
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15695	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	14413	
g Other expenses	8g	350	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		30458
i Net income (loss) (subtract line 8h from line 8c)	8i		-30340
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No
c 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.)		

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit 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 2013 This Form Is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ 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 RETIREMENT PLAN FOR EMPLOYEES OF CONNEX PIPE SYSTEM, INC. LOCAL 186-PIPE FABRICATORS	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CB&I	D Employer Identification Number (EIN) 72-1106167	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	1201685
	b Actuarial value	2b	1201685
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	119514
	b For terminated vested participants.....	3b	0
	c For active participants:		
	(1) Non-vested benefits	3c(1)	0
	(2) Vested benefits	3c(2)	0
	(3) Total active.....	3c(3)	0
	d Total.....	3d	119514
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.96%
6	Target normal cost	6	15154

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 MARTIN S. FOX, FSA, MAAA, MSPA Type or print name of actuary M.S. FOX & ASSOCIATES, INC. Firm name 523 22ND ST., SUITE B SANTA MONICA CA 90402-3119 Address of the firm	<div style="text-align: center; margin-bottom: 10px;"> Date 1400516 Most recent enrollment number 310-576-1030 Telephone number (including area code) </div>
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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 5500-SF.

Schedule SB (Form 5500) 2013

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	213756	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	213756	0
10	Interest on line 9 using prior year's actual return of <u>-1.22%</u>	-2608	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>4.63%</u> except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	211148	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	828.80 %
15	Adjusted funding target attainment percentage	15	1005.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	914.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 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
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.94%2nd segment:
6.15%3rd segment:
6.76%☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

15154

b Excess assets, if applicable, but not greater than line 31a**31b**

15154

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

0

0

b Waiver amortization installment.....

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected

2 plus 7 years



15 years

b Eligible plan year(s) for which the election in line 41a was made

2008



2009



2010



2011

42 Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

**RETIREMENT PLAN FOR EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC.**

72-1106167

PLAN # - 003

ATTACHMENT TO SCHEDULE SB, 2013 FORM 5500SF

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Year Ended December 31, 2013**

The weighted average retirement age is equal to the normal retirement age of 65. All participants are assumed to retire at the normal retirement age of 65.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. LOCAL 168 PIPE FABRICATORS**

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2013 to 12/31/2013

Valuation Date: 1/1/2013

		<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
		<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	4.94%	1.62%	Seg 1 1.00%	Pre-Retirement 5.00%
	Seg 2	6.15%	4.40%	Seg 2 3.57%	Post-Retirement 5.00%
	Seg 3	6.76%	5.45%	Seg 3 4.77%	
Pre-Retirement					
Turnover	None			None	None
Mortality	None			None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Pln-reltd expenses	\$15,154				
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs			2013 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form For Funding				Normal Form	
Calculated Effective Interest Rate				5.96%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. - LOCAL 168
72-1106167
PLAN # - 003**

ATTACHMENT TO 2013 SCHEDULE SB, PART V, FORM 5500-SF

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	July 1, 1950. Last amended January 1, 2002.
PLAN ENTRY	The first of the month following one year of service and election to make employee contributions to the plan.
NORMAL RETIREMENT DATE	The first of the month coincident with or next following the participant's attainment of age 65.
EARLY RETIREMENT DATE	The first of the month coincident with or next following age 55.
NORMAL FORM OF BENEFIT	Life Annuity
NORMAL RETIREMENT BENEFIT	Monthly retirement income payable as a life annuity and equal to \$14.00 times Credited Service.
EARLY RETIREMENT BENEFIT	The normal monthly retirement benefit calculated using Credited Service at retirement and reduced .5% for each month by which the Early Retirement Date precedes the Normal Retirement Date.
DISABILITY BENEFIT	A participant who has attained age 50 and has at least 15 year of Credit Service is entitled to his Accrued Benefit at the disability date.
CREDITED SERVICE	An employee is credited with one year credited service for each year he worked and contributed to the plan.
PRE-RETIREMENT DEATH BENEFIT	The spouse of a participant who dies after their vested date will receive a Qualified Preretirement Survivor Annuity.
VESTED RETIREMENT BENEFIT	A participant shall become fully vested in his Accrued Benefit attributable to Employer Contributions after he completes five (5) years of Credited Service, or has completed at least three (3) years of Benefit Service and the sum of his age and Benefit Service equals 50 or more.
ACCRUED RETIREMENT BENEFIT	The amount of the normal retirement benefit earned as of the determination date payable at Normal Retirement Date.

ATTACHMENT TO 2013 SCHEDULE SB

Retirement Plan for Employees of Connex Pipe Systems, Inc.

EIN: 72-1106167 Plan Number: 003

Line 26 - 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		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25																				
25 to 29																				
30 to 34																				
35 to 39																				
40 to 44																				
45 to 49																				
50 to 54																				
55 to 59																				
60 to 64																				
65 to 69																				
70 & up																				

THIS PLAN HAS NO ACTIVE EMPLOYEES

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit 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 2013 This Form Is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CONNEX PIPE SYSTEM, INC. LOCAL 186-PIPE FABRICATORS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN)</td> <td style="width:40%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN)	003
B Three-digit plan number (PN)	003		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CB&I	D Employer Identification Number (EIN) 72-1106167		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	1201685	
b Actuarial value	2b	1201685	
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	10	119514
b For terminated vested participants.....	3b	0	0
c For active participants.			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	10	119514
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	5.96%	
6 Target normal cost.....	6	15154	

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 MARTIN S. FOX, PSA, MAAA, MSPA Type of print name of actuary M.S. FOX & ASSOCIATES, INC. Firm name 523 22ND ST., SUITE B SANTA MONICA CA 90402-3119 Address of the firm	<div style="text-align: center; margin-bottom: 10px;"> Date 1400516 </div> <div style="text-align: center;"> Most recent enrollment number 310-576-1030 Telephone number (including area code) </div>
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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 5500-SF.

Schedule SB (Form 5500) 2013

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	213756	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	213756	0
10	Interest on line 9 using prior year's actual return of <u>-1.22%</u>	-2608	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>4.63%</u> except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	211148	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	828.80 %
15	Adjusted funding target attainment percentage	15	1005.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	914.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 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
Totals ►			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	15154
b Excess assets, if applicable, but not greater than line 31a		31b	15154
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**RETIREMENT PLAN FOR EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC.**

72-1106167

PLAN # - 003

ATTACHMENT TO SCHEDULE SB, 2013 FORM 5500SF

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Year Ended December 31, 2013**

The weighted average retirement age is equal to the normal retirement age of 65. All participants are assumed to retire at the normal retirement age of 65.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. LOCAL 168 PIPE FABRICATORS**

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2013 to 12/31/2013

Valuation Date: 1/1/2013

	<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	4.94% 1.62%	Seg 1 1.00%	Pre-Retirement 5.00%
	Seg 2	6.15% 4.40%	Seg 2 3.57%	Post-Retirement 5.00%
	Seg 3	6.76% 5.45%	Seg 3 4.77%	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Pln-reltd expenses	\$15,154			
Post-Retirement				
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs		2013 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form For Funding			Normal Form	
Calculated Effective Interest Rate			5.96%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. - LOCAL 168
72-1106167
PLAN # - 003**

ATTACHMENT TO 2013 SCHEDULE SB, PART V, FORM 5500-SF

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	July 1, 1950. Last amended January 1, 2002.
PLAN ENTRY	The first of the month following one year of service and election to make employee contributions to the plan.
NORMAL RETIREMENT DATE	The first of the month coincident with or next following the participant's attainment of age 65.
EARLY RETIREMENT DATE	The first of the month coincident with or next following age 55.
NORMAL FORM OF BENEFIT	Life Annuity
NORMAL RETIREMENT BENEFIT	Monthly retirement income payable as a life annuity and equal to \$14.00 times Credited Service.
EARLY RETIREMENT BENEFIT	The normal monthly retirement benefit calculated using Credited Service at retirement and reduced .5% for each month by which the Early Retirement Date precedes the Normal Retirement Date.
DISABILITY BENEFIT	A participant who has attained age 50 and has at least 15 year of Credit Service is entitled to his Accrued Benefit at the disability date.
CREDITED SERVICE	An employee is credited with one year credited service for each year he worked and contributed to the plan.
PRE-RETIREMENT DEATH BENEFIT	The spouse of a participant who dies after their vested date will receive a Qualified Preretirement Survivor Annuity.
VESTED RETIREMENT BENEFIT	A participant shall become fully vested in his Accrued Benefit attributable to Employer Contributions after he completes five (5) years of Credited Service, or has completed at least three (3) years of Benefit Service and the sum of his age and Benefit Service equals 50 or more.
ACCRUED RETIREMENT BENEFIT	The amount of the normal retirement benefit earned as of the determination date payable at Normal Retirement Date.

ATTACHMENT TO 2013 SCHEDULE SB

Retirement Plan for Employees of Connex Pipe Systems, Inc.

EIN: 72-1106167 Plan Number: 003

Line 26 - 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		20 to 24	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

THIS PLAN HAS NO ACTIVE EMPLOYEES

**RETIREMENT PLAN FOR THE EMPLOYEES OF
CONNEX PIPE SYSTEMS, INC. - LOCAL 168**

72-1106167

PLAN # - 003

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