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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A This return/report is for:
- [X] 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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- [ ] 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 LOCAL NO. 8 PENSION FUND

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 LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

2b Employer Identification Number (EIN)
34-6583348

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

2d Business code (see instructions)
525100

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.	11/24/2014	JOHN WATKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

3b Administrator's EIN
34-6583348

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**	333
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**	199
b	Retired or separated participants receiving benefits	**6b**	71
c	Other retired or separated participants entitled to future benefits	**6c**	55
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	325
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	340
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**	62

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

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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

▶ **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 LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

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

1a Enter the valuation date: Month 05 Day 01 Year 2013

b Assets		
(1) Current value of assets	**1b(1)**	15569748
(2) Actuarial value of assets for funding standard account	**1b(2)**	17368461
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	19808544
(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)**	19129193
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)**	31719474
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	625382
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	
(3) Expected plan disbursements for the plan year	**1d(3)**	1193515

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

	09/10/2014
Signature of actuary	Date
JASON C. BIRKLE	
Type or print name of actuary	Most recent enrollment number
CUNI, RUST & STRENK	513-891-0270
Firm name	Telephone number (including area code)
4555 LAKE FOREST DRIVE, CINCINNATI, OH 45242-3760	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	15569748
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		89	13321646
(2) For terminated vested participants		52	4980733
(3) For active participants:			
(a) Non-vested benefits			842207
(b) Vested benefits			12574888
(c) Total active		199	13417095
(4) Total		340	31719474
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	49.09 %

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
04/30/2014	850138				
			Totals ► 3(b)	850138	3(c)

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**	3.66 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	AF		AF	
d Valuation liability interest rate	**6d**	7.00%		7.00 %	
e Expense loading	**6e**	19.3%	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	9.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	243563	24992
3	288052	29558
4	382708	39270

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.		[X] 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 [X] 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**	373260
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)**	13370501		1614123
	(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**	139117
e	Total charges. Add lines 9a through 9d			**9e**	2126500
	Credits to funding standard account:				
f	Prior year credit balance, if any			**9f**	3046566
g	Employer contributions. Total from column (b) of line 3			**9g**	850138
			Outstanding balance		
h	Amortization credits as of valuation date	**9h**	7883852		1159811
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	323698
j	Full funding limitation (FFL) and credits:				
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	8194726		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	11799665		
	(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**	5380213
m	Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	3253713
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 2013 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**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan BRICKLAYERS LOCAL NO. 8 PENSION FUND	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES	**D** Employer Identification Number (EIN) 34-6583348

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)

MANNING & NAPIER ADVISORS

PO BOX 925
NEW YORK, NY 10178

16-0995736

(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?
51		76195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMPENSATION PROGRAMS OF OHIO, INC

33 FICH BLVD
AUSTINTOWN, OH 44515

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		25200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREEN, HAINES, SGAMBATI, CO LPA

SUITE 400, PNC BANK BUILD
YOUNGSTOWN, OH 44501

34-1224415

(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		6821	Yes [ ] No [X]	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)

BODINE PERRY

3711 STARRS CENTRE DRIVE
CANFIELD, OH 44406

41-2028444

(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		5400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAH,TR&SH VALLEY CENTRAL ADMIN AGCY

33 FITCH BLVD
AUSTINTOWN, OH 44515

34-1033692

(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?
49		6871	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUNI, RUST & STRENK ACTUARIAL

4540 COOPER RD, SUITE 304
CINCINNATI, OH 45242

31-1227755

(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		11850	Yes [ ] No [X]	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)

PNC INSTITUTIONAL INVESTMENTS

1900 E 9TH STREET
216-222-9352
CLEVELAND, OH 44114

(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?
51		7267	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOGHDAN GROUP

6133 ROCKSIDE RD, STE 303
CLEVELAND, OH 44131

59-3676225

(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?
51		14000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN CORE REALTY

801 NORTH BRAND BOULEVARD
818-545-1152
GLENDALE, CA 91203

(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?
51		15904	Yes [ ] No [X]	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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	142049	101349
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	131111	135297
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7718	31475
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	207245	431016
(2) U.S. Government securities	1c(2)	5213639	2965345
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	429147	900774
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4784207	7213963
(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)	3406393	3533586
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1280185	1728904

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15601694	17041709
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	31946	19075
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	31946	19075
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15569748	17022634

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	850138	
(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)		850138
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8	
(B) U.S. Government securities	2b(1)(B)	116219	
(C) Corporate debt instruments	2b(1)(C)	83643	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	72328	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		272198
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	45338	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	99842	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		145180
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6141517	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5538301	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		603216
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	104608	
(B) Other	2b(5)(B)	861419	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		966027

		(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		2836759
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1200280	
(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)		1200280
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)	24071	
(2) Contract administrator fees	2i(2)	25200	
(3) Investment advisory and management fees	2i(3)	117402	
(4) Other	2i(4)	16920	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		183593
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1383873
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1452886
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) [X] 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 [X] No

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

(1) Name: BODINE PERRY, LLC **(2)** EIN: 41-2028444

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

D Employer Identification Number (EIN)
34-6583348

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): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LENCYK MASONRY

b EIN 34-1432884 **c** Dollar amount contributed by employer 269824

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 04 Day 30 Year 2014

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) 6.88
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer BMI REFRACTORY SERVICES

b EIN 25-1809229 **c** Dollar amount contributed by employer 182451

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 04 Day 30 Year 2014

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) 6.88
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer DESALVO CONTRUCTION

b EIN 34-1455167 **c** Dollar amount contributed by employer 101441

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 04 Day 30 Year 2014

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) 6.88
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

INDEPENDENT AUDITORS' REPORT

August 8, 2014

Board of Trustees
Ohio Bricklayers Local No. 8 Pension Fund
Austintown, Ohio

Report on Financial Statements

We have audited the accompanying financial statements of Ohio Bricklayers Local No. 8 Pension Fund, which comprise the statements of net assets available for benefits as of April 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

3711 Starrs Centre Drive, Canfield, OH 44406 • P: 330.702.8100 F: 330.702.8781
4097 Youngstown Road S.E., Warren, OH 44484 • P: 330.369.2884 F: 330.369.4742
7620 Olentangy River Road, Columbus, OH 43235 • P: 614.431.1040 F: 614.431.0553

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Ohio Bricklayers Local No. 8 Pension Fund as of April 30, 2014 and 2013, and the changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. These supplemental schedules have been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bodine Perry, LLC

BODINE PERRY, LLC

Certified Public Accountants and Business Analysts

Canfield, Ohio

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

▶ **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 Local No. 8 Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, Bricklayers Local No. 8 Pension Plan

D Employer Identification Number (EIN)
34-6583348

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

1a Enter the valuation date: Month 05 Day 01 Year 2013

b Assets:		
(1) Current value of assets	1b(1)	15,569,748
(2) Actuarial value of assets for funding standard account	1b(2)	17,368,461
c (1) Accrued liability for plan using immediate gain methods	1c(1)	19,808,544
(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)	19,129,193
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	31,719,474
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	625,382
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	1,193,515

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 — 09/10/2014 Date

Jason C. Birkle — Type or print name of actuary

14-07856 — Most recent enrollment number

Cuni, Rust & Strenk — Firm name

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

4555 Lake Forest Drive - Suite 620

US Cincinnati OH 45242-3760

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a		15,569,748
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		89	13,321,646
(2) For terminated vested participants		52	4,980,733
(3) For active participants:			
(a) Non-vested benefits			842,207
(b) Vested benefits			12,574,888
(c) Total active		199	13,417,095
(4) Total		340	31,719,474
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		49.09 %

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
05/01/2013	0				
04/30/2014	850,138				
			Totals ▶ 3(b)	850,138	3(c)

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:

		Pre-retirement	Post-retirement
a Interest rate for "RPA '94" current liability	6a		3.66 %
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Expense loading	6e	19.3 % ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		9.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	243,563	24,992
3	288,052	29,558
4	382,708	39,270

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. [X] 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 [X] 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	373,260
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)	13,370,501	1,614,123
	(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	139,117
e	Total charges. Add lines 9a through 9d		9e	2,126,500

Credits to funding standard account:

f	Prior year credit balance, if any		9f	3,046,566
g	Employer contributions. Total from column (b) of line 3		9g	850,138
			Outstanding balance	
h	Amortization credits as of valuation date	9h	7,883,852	1,159,811
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	323,698
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	9j(1)	8,194,726	
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,799,665	
	(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	5,380,213
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	3,253,713
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2013 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

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

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Effective Date: May 1, 1964.

2. Plan Year: May 1st through April 30th.

3. Covered Employees: Employees covered by the Local 8 Collective Bargaining Agreement.

4. Eligibility: 200 Hours of Covered Employment.

5. Vesting Service: 1 Year of Vesting Service for each Plan Year in which 600 Hours of Credited Service are earned.

6. Credited Service: 1 Year of Credited Service for each Plan Year in which 600 Hours are worked. Hours less than 600 in a Plan Year are credited with $^{1}/_{12}$ of a Year of Credited Service for each 50 Hours worked.

7. Employer Contributions:

	Hourly Rate	
Effective Date	Local 8	Local 43
June 1, 2009	$5.76	$1.38
June 1, 2010	$6.51	$2.13
June 1, 2012	$6.88	$2.50

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

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Credited Service or age 65 and 5th anniversary of Plan participation.

b. Monthly Benefit

Based on hours worked during the Plan Year.

Hours Worked	Benefit Rate
Less than 200	$0.00
200 to 300	$9.09
300 to 400	$15.12
400 to 500	$21.17
500 to 600	$27.23
600 to 700	$33.26
700 to 800	$39.31
800 to 900	$45.36
900 to 1,000	$51.40
1,000 to 1,100	$57.45
1,100 to 1,200	$63.50
1,200 to 1,300	$69.54
1,300 to 1,400	$75.60
1,400 to 1,500	$81.64
1,500 to 1,600	$87.68
1,600 to 1,700	$93.73
1,700 to 1,800	$99.80
1,800 to 1,900	$105.82
1,900 to 2,000	$111.87
2,000 to 2,100	$117.93
2,100 to 2,200	$123.95
2,200 to 2,300	$130.00
2,300 to 2,400	$136.07
2,400 to 2,500	$142.11
2,500 to 2,600	$148.16
2,600 to 2,700	$154.21
2,700 to 2,800	$160.23
2,800 to 2,900	$166.29
2,900 to 3,000	$172.34
3,000 or more	$178.38

Participants whose contribution rate is $2.50 per hour earn 24% of the amounts shown above.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

10. Early Retirement:

a. Eligibility	Age 55 and 10 Years of Credited Service.
b. Monthly Benefit	Calculated as for Normal Retirement with monthly benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement.

11. Disability Retirement:

a. Eligibility	Total and Permanent Disability and age 35 with 10 Years of Credited Service without a break in service.
b. Monthly Benefit	Calculated as for Normal Retirement payable at commencement of Social Security disability benefits with no reduction for early commencement.

12. Pre-Retirement Death:

a. Eligibility	Immediate.
b. Monthly Benefit	Calculated as for Early Retirement, reflecting a 50% Joint & Survivor Annuity payment form, with death immediately after Early Retirement. Surviving spouses can elect a one-time payment of the total Employer contributions made on behalf of the deceased participant with the above monthly benefit reduced to reflect the one-time payment. Beneficiaries of unmarried deceased participants receive a one-time payment equal to the total Employer contributions made on behalf of the deceased participant.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

13. Vested Retirement:

a. Eligibility	5 Years of Vesting Service (7 Years of Vesting Service if no hours worked after April 30, 1996).
b. Monthly Benefit	Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

14. Payment Forms:

a. Normal	Life Annuity for single participants and a 50% Joint & Survivor Annuity with Pop-Up (QJSA) for married participants.
b. Optional	Actuarially equivalent 75% or 100% Joint & Survivor Annuity with Pop-Up (QOSA).

15. Changes Since Last Year: The monthly benefit rates were increased effective May 1, 2012. This benefit increase was allowable due to the May 1, 2012 hourly contribution rate increase.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Interest Rates: 7.00%/3.66% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

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

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

      iii. Future Mortality Improvements — 25-year projection using Scale AA.

   b. Current Liability — 2013 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	Rate
55-58	0.05
59-61	0.10
62	1.00

   The weighted average age is 61.4.

   b. Terminated Vesteds — Age 62.

4. Actuarial Cost Method: Entry Age Normal.

5. Termination/Disability Rates:

Age	Termination	Disability
25	0.0772	0.0012
35	0.0628	0.0020
45	0.0398	0.0042
55	0.0094	0.0110
65	0.0000	0.0000

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

6. Number of Hours Worked:	Based on hours worked in previous year (1,005 hours per year).
7. Expense Load:	$72,000 per year.
8. Percent Married/Spousal Age:	80% with husbands 3 years older than their wives.
9. Actuarial Value of Assets:	Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.
10. Changes Since Last Year:	The mortality rate projections were updated, the hours worked assumption was increased, the expense load was lowered, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 8b – Schedule of Active Participant Data.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Attained Age	Years of Credited Service: Under 1 Avg. No. Comp.	1 to 4 Avg. No. Comp.	5 to 9 Avg. No. Comp.	10 to 14 Avg. No. Comp.	15 to 19 Avg. No. Comp.	20 to 24 Avg. No. Comp.	25 to 29 Avg. No. Comp.	30 to 34 Avg. No. Comp.	35 to 39 Avg. No. Comp.	40 & up Avg. No. Comp.
Under 25	2	5	0	0	0	0	0	0	0	0
25 to 29	1	10	2	0	0	0	0	0	0	0
30 to 34	5	13	5	1	0	0	0	0	0	0
35 to 39	3	8	3	4	5	0	0	0	0	0
40 to 44	0	13	5	4	7	1	0	0	0	0
45 to 49	5	16	3	3	4	3	1	0	0	0
50 to 54	1	17	1	2	0	3	4	0	0	0
55 to 59	1	14	1	6	4	3	2	0	0	0
60 to 64	1	3	0	0	1	1	0	0	0	0
65 to 69	1	0	0	0	0	0	0	0	0	0
70 & up	0	1	0	0	0	0	0	0	0	0

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1978	Combined	$ 3,314	5	$ 227	$ 998
05/01/1985	Method	279,550	3	20,464	57,465
05/01/1985	Combined *	390,071	2	3,849	7,446
05/01/1987	Combined *	194,224	4	14,395	52,169
05/01/1989	Combined *	349,052	6	25,946	132,329
05/01/1991	Combined *	1,167,526	8	87,022	556,011
05/01/1992	Combined *	527,045	9	39,335	274,219
05/01/1993	Combined *	416,906	10	31,155	234,135
05/01/1995	Combined *	659,927	12	49,435	420,136
05/01/1996	Combined *	520,048	13	39,002	348,781
05/01/1997	Combined *	551,152	14	41,381	387,224
05/01/1998	Combined *	517,977	15	38,931	379,405
05/01/1999	Combined *	525,016	16	39,502	399,279
05/01/2000	Combined *	383,497	17	28,883	301,737
05/01/2000	Experience	1,015,793	2	104,233	201,647
05/01/2001	Experience	4,563	3	469	1,316
05/01/2002	Experience	1,565,026	4	160,590	582,032
05/01/2003	Experience	796,824	5	81,763	358,711
05/01/2007	Combined *	1,156,242	24	87,081	1,068,681
05/01/2008	Experience	1,367,857	10	140,358	1,054,827
05/01/2009	Asset Loss	4,589,908	25	349,385	4,356,595
05/01/2012	Assumption	537,284	14	55,132	515,903
05/01/2012	Experience	796,842	14	81,765	765,132
05/01/2013	Experience	243,563	15	24,992	243,563
05/01/2013	Assumption	382,708	15	39,270	382,708
05/01/2013	Amendment	288,052	15	29,558	288,052
	Total Charges			$ 1,614,123	$13,370,501

* Combined amount for Amendment/Assumption changes amortized over 30 years.

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1984	Experience	$ 259,097	1	$ 18,507	$ 18,507
05/01/1999	Experience	464,212	1	47,557	47,557
05/01/2000	Experience	813,811	17	61,291	640,292
05/01/2004	Experience	1,053,309	6	108,082	551,239
05/01/2005	Experience	180,800	7	18,552	106,983
05/01/2006	Experience	608,653	8	62,455	399,043
05/01/2007	Experience	655,892	9	67,302	469,184
05/01/2009	Experience	1,567,051	11	160,798	1,290,176
05/01/2010	Asset Method	2,472,458	7	328,993	1,897,151
05/01/2010	Experience	2,045,614	12	209,904	1,783,907
05/01/2010	Amendment	48,862	12	5,014	42,610
05/01/2010	Assumption	20,183	12	2,071	17,602
05/01/2011	Experience	390,904	13	40,111	358,703
05/01/2011	Assumption	284,318	13	29,174	260,898
	Total Credits			$ 1,159,811	$ 7,883,852

1.	Net Amortization	$ 5,486,649
2.	Credit Balance	$ 3,046,566
3.	Balance Test: [(1) - (2)]	$ 2,440,083
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$19,808,544
	b. Actuarial Value of Assets	17,368,461
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 2,440,083

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Effective with the May 1, 2013 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rate projections were updated.
- The hours worked assumption was increased from 942 to 1,005 per year.
- The expense assumption was lowered from $84,000 to $72,000.

(signed)
Jason C. Bifkle
Enrollment #14-07856

Schedule MB, line 8b – Schedule of Active Participant Data.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Attained Age	Years of Credited Service: Under 1 Avg. No. Comp.	1 to 4 Avg. No. Comp.	5 to 9 Avg. No. Comp.	10 to 14 Avg. No. Comp.	15 to 19 Avg. No. Comp.	20 to 24 Avg. No. Comp.	25 to 29 Avg. No. Comp.	30 to 34 Avg. No. Comp.	35 to 39 Avg. No. Comp.	40 & up Avg. No. Comp.
Under 25	2	5	0	0	0	0	0	0	0	0
25 to 29	1	10	2	0	0	0	0	0	0	0
30 to 34	5	13	5	1	0	0	0	0	0	0
35 to 39	3	8	3	4	5	0	0	0	0	0
40 to 44	0	13	5	4	7	1	0	0	0	0
45 to 49	5	16	3	3	4	3	1	0	0	0
50 to 54	1	17	1	2	0	3	4	0	0	0
55 to 59	1	14	1	6	4	3	2	0	0	0
60 to 64	1	3	0	0	1	1	0	0	0	0
65 to 69	1	0	0	0	0	0	0	0	0	0
70 & up	0	1	0	0	0	0	0	0	0	0

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1978	Combined	$ 3,314	5	$ 227	$ 998
05/01/1985	Method	279,550	3	20,464	57,465
05/01/1985	Combined *	390,071	2	3,849	7,446
05/01/1987	Combined *	194,224	4	14,395	52,169
05/01/1989	Combined *	349,052	6	25,946	132,329
05/01/1991	Combined *	1,167,526	8	87,022	556,011
05/01/1992	Combined *	527,045	9	39,335	274,219
05/01/1993	Combined *	416,906	10	31,155	234,135
05/01/1995	Combined *	659,927	12	49,435	420,136
05/01/1996	Combined *	520,048	13	39,002	348,781
05/01/1997	Combined *	551,152	14	41,381	387,224
05/01/1998	Combined *	517,977	15	38,931	379,405
05/01/1999	Combined *	525,016	16	39,502	399,279
05/01/2000	Combined *	383,497	17	28,883	301,737
05/01/2000	Experience	1,015,793	2	104,233	201,647
05/01/2001	Experience	4,563	3	469	1,316
05/01/2002	Experience	1,565,026	4	160,590	582,032
05/01/2003	Experience	796,824	5	81,763	358,711
05/01/2007	Combined *	1,156,242	24	87,081	1,068,681
05/01/2008	Experience	1,367,857	10	140,358	1,054,827
05/01/2009	Asset Loss	4,589,908	25	349,385	4,356,595
05/01/2012	Assumption	537,284	14	55,132	515,903
05/01/2012	Experience	796,842	14	81,765	765,132
05/01/2013	Experience	243,563	15	24,992	243,563
05/01/2013	Assumption	382,708	15	39,270	382,708
05/01/2013	Amendment	288,052	15	29,558	288,052
	Total Charges			$ 1,614,123	$13,370,501

* Combined amount for Amendment/Assumption changes amortized over 30 years.

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1984	Experience	$ 259,097	1	$ 18,507	$ 18,507
05/01/1999	Experience	464,212	1	47,557	47,557
05/01/2000	Experience	813,811	17	61,291	640,292
05/01/2004	Experience	1,053,309	6	108,082	551,239
05/01/2005	Experience	180,800	7	18,552	106,983
05/01/2006	Experience	608,653	8	62,455	399,043
05/01/2007	Experience	655,892	9	67,302	469,184
05/01/2009	Experience	1,567,051	11	160,798	1,290,176
05/01/2010	Asset Method	2,472,458	7	328,993	1,897,151
05/01/2010	Experience	2,045,614	12	209,904	1,783,907
05/01/2010	Amendment	48,862	12	5,014	42,610
05/01/2010	Assumption	20,183	12	2,071	17,602
05/01/2011	Experience	390,904	13	40,111	358,703
05/01/2011	Assumption	284,318	13	29,174	260,898
	Total Credits			$ 1,159,811	$ 7,883,852

1.	Net Amortization	$ 5,486,649
2.	Credit Balance	$ 3,046,566
3.	Balance Test: [(1) - (2)]	$ 2,440,083
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$19,808,544
	b. Actuarial Value of Assets	17,368,461
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 2,440,083

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Interest Rates: 7.00%/3.66% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

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

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

      iii. Future Mortality Improvements — 25-year projection using Scale AA.

   b. Current Liability — 2013 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	Rate
55-58	0.05
59-61	0.10
62	1.00

   The weighted average age is 61.4.

   b. Terminated Vesteds — Age 62.

4. Actuarial Cost Method: Entry Age Normal.

5. Termination/Disability Rates:

Age	Termination	Disability
25	0.0772	0.0012
35	0.0628	0.0020
45	0.0398	0.0042
55	0.0094	0.0110
65	0.0000	0.0000

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

6. Number of Hours Worked:	Based on hours worked in previous year (1,005 hours per year).
7. Expense Load:	$72,000 per year.
8. Percent Married/Spousal Age:	80% with husbands 3 years older than their wives.
9. Actuarial Value of Assets:	Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.
10. Changes Since Last Year:	The mortality rate projections were updated, the hours worked assumption was increased, the expense load was lowered, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Effective Date: May 1, 1964.

2. Plan Year: May 1st through April 30th.

3. Covered Employees: Employees covered by the Local 8 Collective Bargaining Agreement.

4. Eligibility: 200 Hours of Covered Employment.

5. Vesting Service: 1 Year of Vesting Service for each Plan Year in which 600 Hours of Credited Service are earned.

6. Credited Service: 1 Year of Credited Service for each Plan Year in which 600 Hours are worked. Hours less than 600 in a Plan Year are credited with $^{1}/_{12}$ of a Year of Credited Service for each 50 Hours worked.

7. Employer Contributions:

	Hourly Rate	
Effective Date	Local 8	Local 43
June 1, 2009	$5.76	$1.38
June 1, 2010	$6.51	$2.13
June 1, 2012	$6.88	$2.50

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

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Credited Service or age 65 and 5th anniversary of Plan participation.

b. Monthly Benefit

Based on hours worked during the Plan Year.

Hours Worked	Benefit Rate
Less than 200	$0.00
200 to 300	$9.09
300 to 400	$15.12
400 to 500	$21.17
500 to 600	$27.23
600 to 700	$33.26
700 to 800	$39.31
800 to 900	$45.36
900 to 1,000	$51.40
1,000 to 1,100	$57.45
1,100 to 1,200	$63.50
1,200 to 1,300	$69.54
1,300 to 1,400	$75.60
1,400 to 1,500	$81.64
1,500 to 1,600	$87.68
1,600 to 1,700	$93.73
1,700 to 1,800	$99.80
1,800 to 1,900	$105.82
1,900 to 2,000	$111.87
2,000 to 2,100	$117.93
2,100 to 2,200	$123.95
2,200 to 2,300	$130.00
2,300 to 2,400	$136.07
2,400 to 2,500	$142.11
2,500 to 2,600	$148.16
2,600 to 2,700	$154.21
2,700 to 2,800	$160.23
2,800 to 2,900	$166.29
2,900 to 3,000	$172.34
3,000 or more	$178.38

Participants whose contribution rate is $2.50 per hour earn 24% of the amounts shown above.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

10. Early Retirement:

a. Eligibility	Age 55 and 10 Years of Credited Service.
b. Monthly Benefit	Calculated as for Normal Retirement with monthly benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement.

11. Disability Retirement:

a. Eligibility	Total and Permanent Disability and age 35 with 10 Years of Credited Service without a break in service.
b. Monthly Benefit	Calculated as for Normal Retirement payable at commencement of Social Security disability benefits with no reduction for early commencement.

12. Pre-Retirement Death:

a. Eligibility	Immediate.
b. Monthly Benefit	Calculated as for Early Retirement, reflecting a 50% Joint & Survivor Annuity payment form, with death immediately after Early Retirement. Surviving spouses can elect a one-time payment of the total Employer contributions made on behalf of the deceased participant with the above monthly benefit reduced to reflect the one-time payment. Beneficiaries of unmarried deceased participants receive a one-time payment equal to the total Employer contributions made on behalf of the deceased participant.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

13. Vested Retirement:

a. Eligibility	5 Years of Vesting Service (7 Years of Vesting Service if no hours worked after April 30, 1996).
b. Monthly Benefit	Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

14. Payment Forms:

a. Normal	Life Annuity for single participants and a 50% Joint & Survivor Annuity with Pop-Up (QJSA) for married participants.
b. Optional	Actuarially equivalent 75% or 100% Joint & Survivor Annuity with Pop-Up (QOSA).

15. Changes Since Last Year: The monthly benefit rates were increased effective May 1, 2012. This benefit increase was allowable due to the May 1, 2012 hourly contribution rate increase.

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

▶ **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 Local No. 8 Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, Bricklayers Local No. 8 Pension Plan

D Employer Identification Number (EIN)
34-6583348

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

1a Enter the valuation date: Month 05 Day 01 Year 2013

b Assets:		
(1) Current value of assets	1b(1)	15,569,748
(2) Actuarial value of assets for funding standard account	1b(2)	17,368,461
c (1) Accrued liability for plan using immediate gain methods	1c(1)	19,808,544
(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)	19,129,193
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	31,719,474
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	625,382
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	1,193,515

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 — 09/10/2014 Date

Jason C. Birkle — Type or print name of actuary

14-07856 — Most recent enrollment number

Cuni, Rust & Strenk — Firm name

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

4555 Lake Forest Drive - Suite 620

US Cincinnati OH 45242-3760

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a		15,569,748
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		89	13,321,646
(2) For terminated vested participants		52	4,980,733
(3) For active participants:			
(a) Non-vested benefits			842,207
(b) Vested benefits			12,574,888
(c) Total active		199	13,417,095
(4) Total		340	31,719,474
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		49.09 %

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
05/01/2013	0				
04/30/2014	850,138				
			Totals ▶ 3(b)	850,138	3(c)

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:

		Pre-retirement	Post-retirement
a Interest rate for "RPA '94" current liability	6a		3.66 %
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Expense loading	6e	19.3 % ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		9.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	243,563	24,992
3	288,052	29,558
4	382,708	39,270

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. [X] 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 [X] 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	373,260
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)	13,370,501	1,614,123
	(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	139,117
e	Total charges. Add lines 9a through 9d		9e	2,126,500

Credits to funding standard account:

f	Prior year credit balance, if any		9f	3,046,566
g	Employer contributions. Total from column (b) of line 3		9g	850,138
			Outstanding balance	
h	Amortization credits as of valuation date	9h	7,883,852	1,159,811
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	323,698
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	9j(1)	8,194,726	
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,799,665	
	(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	5,380,213
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	3,253,713
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2013 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

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

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Effective Date: May 1, 1964.

2. Plan Year: May 1st through April 30th.

3. Covered Employees: Employees covered by the Local 8 Collective Bargaining Agreement.

4. Eligibility: 200 Hours of Covered Employment.

5. Vesting Service: 1 Year of Vesting Service for each Plan Year in which 600 Hours of Credited Service are earned.

6. Credited Service: 1 Year of Credited Service for each Plan Year in which 600 Hours are worked. Hours less than 600 in a Plan Year are credited with $^{1}/_{12}$ of a Year of Credited Service for each 50 Hours worked.

7. Employer Contributions:

	Hourly Rate	
Effective Date	Local 8	Local 43
June 1, 2009	$5.76	$1.38
June 1, 2010	$6.51	$2.13
June 1, 2012	$6.88	$2.50

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

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

9. Normal Retirement:

a. Eligibility

Age 62 and 5 Years of Credited Service or age 65 and 5th anniversary of Plan participation.

b. Monthly Benefit

Based on hours worked during the Plan Year.

Hours Worked	Benefit Rate
Less than 200	$0.00
200 to 300	$9.09
300 to 400	$15.12
400 to 500	$21.17
500 to 600	$27.23
600 to 700	$33.26
700 to 800	$39.31
800 to 900	$45.36
900 to 1,000	$51.40
1,000 to 1,100	$57.45
1,100 to 1,200	$63.50
1,200 to 1,300	$69.54
1,300 to 1,400	$75.60
1,400 to 1,500	$81.64
1,500 to 1,600	$87.68
1,600 to 1,700	$93.73
1,700 to 1,800	$99.80
1,800 to 1,900	$105.82
1,900 to 2,000	$111.87
2,000 to 2,100	$117.93
2,100 to 2,200	$123.95
2,200 to 2,300	$130.00
2,300 to 2,400	$136.07
2,400 to 2,500	$142.11
2,500 to 2,600	$148.16
2,600 to 2,700	$154.21
2,700 to 2,800	$160.23
2,800 to 2,900	$166.29
2,900 to 3,000	$172.34
3,000 or more	$178.38

Participants whose contribution rate is $2.50 per hour earn 24% of the amounts shown above.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

10. Early Retirement:

a. Eligibility	Age 55 and 10 Years of Credited Service.
b. Monthly Benefit	Calculated as for Normal Retirement with monthly benefit reduced $^1/_2$ of 1% for each month that Early Retirement precedes Normal Retirement.

11. Disability Retirement:

a. Eligibility	Total and Permanent Disability and age 35 with 10 Years of Credited Service without a break in service.
b. Monthly Benefit	Calculated as for Normal Retirement payable at commencement of Social Security disability benefits with no reduction for early commencement.

12. Pre-Retirement Death:

a. Eligibility	Immediate.
b. Monthly Benefit	Calculated as for Early Retirement, reflecting a 50% Joint & Survivor Annuity payment form, with death immediately after Early Retirement. Surviving spouses can elect a one-time payment of the total Employer contributions made on behalf of the deceased participant with the above monthly benefit reduced to reflect the one-time payment. Beneficiaries of unmarried deceased participants receive a one-time payment equal to the total Employer contributions made on behalf of the deceased participant.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

13. Vested Retirement:

a. Eligibility	5 Years of Vesting Service (7 Years of Vesting Service if no hours worked after April 30, 1996).
b. Monthly Benefit	Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

14. Payment Forms:

a. Normal	Life Annuity for single participants and a 50% Joint & Survivor Annuity with Pop-Up (QJSA) for married participants.
b. Optional	Actuarially equivalent 75% or 100% Joint & Survivor Annuity with Pop-Up (QOSA).

15. Changes Since Last Year: The monthly benefit rates were increased effective May 1, 2012. This benefit increase was allowable due to the May 1, 2012 hourly contribution rate increase.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

1. Interest Rates: 7.00%/3.66% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

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

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

      iii. Future Mortality Improvements — 25-year projection using Scale AA.

   b. Current Liability — 2013 Static Mortality Table.

3. Retirement Rates:

   a. Actives

Age	Rate
55-58	0.05
59-61	0.10
62	1.00

   The weighted average age is 61.4.

   b. Terminated Vesteds — Age 62.

4. Actuarial Cost Method: Entry Age Normal.

5. Termination/Disability Rates:

Age	Termination	Disability
25	0.0772	0.0012
35	0.0628	0.0020
45	0.0398	0.0042
55	0.0094	0.0110
65	0.0000	0.0000

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

6. Number of Hours Worked:	Based on hours worked in previous year (1,005 hours per year).
7. Expense Load:	$72,000 per year.
8. Percent Married/Spousal Age:	80% with husbands 3 years older than their wives.
9. Actuarial Value of Assets:	Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.
10. Changes Since Last Year:	The mortality rate projections were updated, the hours worked assumption was increased, the expense load was lowered, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 8b – Schedule of Active Participant Data.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Attained Age	Years of Credited Service: Under 1 Avg. No. Comp.	1 to 4 Avg. No. Comp.	5 to 9 Avg. No. Comp.	10 to 14 Avg. No. Comp.	15 to 19 Avg. No. Comp.	20 to 24 Avg. No. Comp.	25 to 29 Avg. No. Comp.	30 to 34 Avg. No. Comp.	35 to 39 Avg. No. Comp.	40 & up Avg. No. Comp.
Under 25	2	5	0	0	0	0	0	0	0	0
25 to 29	1	10	2	0	0	0	0	0	0	0
30 to 34	5	13	5	1	0	0	0	0	0	0
35 to 39	3	8	3	4	5	0	0	0	0	0
40 to 44	0	13	5	4	7	1	0	0	0	0
45 to 49	5	16	3	3	4	3	1	0	0	0
50 to 54	1	17	1	2	0	3	4	0	0	0
55 to 59	1	14	1	6	4	3	2	0	0	0
60 to 64	1	3	0	0	1	1	0	0	0	0
65 to 69	1	0	0	0	0	0	0	0	0	0
70 & up	0	1	0	0	0	0	0	0	0	0

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1978	Combined	$ 3,314	5	$ 227	$ 998
05/01/1985	Method	279,550	3	20,464	57,465
05/01/1985	Combined *	390,071	2	3,849	7,446
05/01/1987	Combined *	194,224	4	14,395	52,169
05/01/1989	Combined *	349,052	6	25,946	132,329
05/01/1991	Combined *	1,167,526	8	87,022	556,011
05/01/1992	Combined *	527,045	9	39,335	274,219
05/01/1993	Combined *	416,906	10	31,155	234,135
05/01/1995	Combined *	659,927	12	49,435	420,136
05/01/1996	Combined *	520,048	13	39,002	348,781
05/01/1997	Combined *	551,152	14	41,381	387,224
05/01/1998	Combined *	517,977	15	38,931	379,405
05/01/1999	Combined *	525,016	16	39,502	399,279
05/01/2000	Combined *	383,497	17	28,883	301,737
05/01/2000	Experience	1,015,793	2	104,233	201,647
05/01/2001	Experience	4,563	3	469	1,316
05/01/2002	Experience	1,565,026	4	160,590	582,032
05/01/2003	Experience	796,824	5	81,763	358,711
05/01/2007	Combined *	1,156,242	24	87,081	1,068,681
05/01/2008	Experience	1,367,857	10	140,358	1,054,827
05/01/2009	Asset Loss	4,589,908	25	349,385	4,356,595
05/01/2012	Assumption	537,284	14	55,132	515,903
05/01/2012	Experience	796,842	14	81,765	765,132
05/01/2013	Experience	243,563	15	24,992	243,563
05/01/2013	Assumption	382,708	15	39,270	382,708
05/01/2013	Amendment	288,052	15	29,558	288,052
	Total Charges			$ 1,614,123	$13,370,501

* Combined amount for Amendment/Assumption changes amortized over 30 years.

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Credit Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1984	Experience	$ 259,097	1	$ 18,507	$ 18,507
05/01/1999	Experience	464,212	1	47,557	47,557
05/01/2000	Experience	813,811	17	61,291	640,292
05/01/2004	Experience	1,053,309	6	108,082	551,239
05/01/2005	Experience	180,800	7	18,552	106,983
05/01/2006	Experience	608,653	8	62,455	399,043
05/01/2007	Experience	655,892	9	67,302	469,184
05/01/2009	Experience	1,567,051	11	160,798	1,290,176
05/01/2010	Asset Method	2,472,458	7	328,993	1,897,151
05/01/2010	Experience	2,045,614	12	209,904	1,783,907
05/01/2010	Amendment	48,862	12	5,014	42,610
05/01/2010	Assumption	20,183	12	2,071	17,602
05/01/2011	Experience	390,904	13	40,111	358,703
05/01/2011	Assumption	284,318	13	29,174	260,898
	Total Credits			$ 1,159,811	$ 7,883,852

1.	Net Amortization	$ 5,486,649
2.	Credit Balance	$ 3,046,566
3.	Balance Test: [(1) - (2)]	$ 2,440,083
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$19,808,544
	b. Actuarial Value of Assets	17,368,461
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 2,440,083

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Effective with the May 1, 2013 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality rate projections were updated.
- The hours worked assumption was increased from 942 to 1,005 per year.
- The expense assumption was lowered from $84,000 to $72,000.

(signed)
Jason C. Bifkle
Enrollment #14-07856

2013 Form 5500 *e-file* Signature Authorization

BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES
BRICKLAYERS LOCAL NO. 8 PENSION FUND 001
33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

Employer Identification Number: 34-6583348

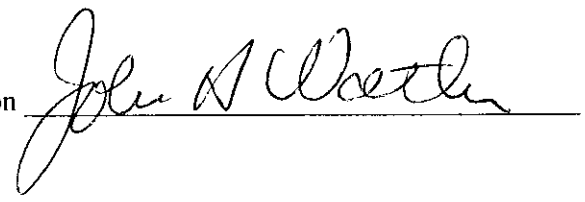
Client Identification Number: OHIOBRICKPF

You, as plan administrator, are authorizing that Bodine Perry, LLC electronically file the 2013 Form 5500 for BRICKLAYERS LOCAL NO. 8 PENSION FUND as an EFAST2 Service Provider.

Authorization

As plan administrator for BRICKLAYERS LOCAL NO. 8 PENSION FUND, I authorize Bodine Perry, LLC to electronically file Form 5500 for the tax year 2013. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization 

Date: 11/17/14

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), 6047(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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A This return/report is for: [X] 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 ▶ [X]

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 LOCAL NO. 8 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1964

2a Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan)

BRICKLAYERS LOCAL NO. 8 PENSION
FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD

AUSTINTOWN OH 44515

2b Employer Identification Number (EIN) 34-6583348

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

2d Business code (see instructions) 525100

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	Signature of plan administrator	11/17/2014 Date	JOHN WATKINS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	DENNIS HAGEMAN 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)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BRICKLAYERS LOCAL NO. 8 PENSION
FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD

AUSTINTOWN OH 44515

3b Administrator's EIN: 34-6583348

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**	333
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**	199
b Retired or separated participants receiving benefits	**6b**	71
c Other retired or separated participants entitled to future benefits	**6c**	55
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	15
f Total. Add lines **6d** and **6e**	**6f**	340
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**	62

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

1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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)

PARTY IN INTEREST -
IDENTITY - Alcoa, Inc
DESCRIPTION - 18860 SHARES
COST - 166401
CURRENT VALUE - 254044

PARTY IN INTEREST -
IDENTITY - Alexandria Real Esta
DESCRIPTION - 360 SHARES
COST - 23811
CURRENT VALUE - 26575

PARTY IN INTEREST -
IDENTITY - Amazon.com, Inc.
DESCRIPTION - 330 SHARES
COST - 106935
CURRENT VALUE - 100363

PARTY IN INTEREST -
IDENTITY - Ambev
DESCRIPTION - 9500 SHARES
COST - 64629
CURRENT VALUE - 68875

PARTY IN INTEREST -
IDENTITY - AMC Networks, Inc,
DESCRIPTION - 1330 SHARES
COST - 86493
CURRENT VALUE - 87341

PARTY IN INTEREST -
IDENTITY - American Express
DESCRIPTION - 2.125% Due 3/18/19
COST - 44915
CURRENT VALUE - 45029

PARTY IN INTEREST -
IDENTITY - Apache Corp
DESCRIPTION - 430 SHARES
COST - 39900
CURRENT VALUE - 37324

PARTY IN INTEREST -
IDENTITY - Apollo Education Gr
DESCRIPTION - 2620 SHARES
COST - 87158
CURRENT VALUE - 75613

PARTY IN INTEREST -
IDENTITY - Apple, Inc.
DESCRIPTION - 252 SHARES
COST - 106163
CURRENT VALUE - 148703

PARTY IN INTEREST -
IDENTITY - Baker Hughes, Inc
DESCRIPTION - 2400 SHARES
COST - 99423
CURRENT VALUE - 167760

PARTY IN INTEREST -
IDENTITY - Bank of america
DESCRIPTION - 3.75% Due 7/12/16
COST - 26362
CURRENT VALUE - 26394

PARTY IN INTEREST -
IDENTITY - Becton Dickinson & C
DESCRIPTION - 1130 SHARES
COST - 85419
CURRENT VALUE - 127724

PARTY IN INTEREST -
IDENTITY - Biomed Realty Trust
DESCRIPTION - 1410 SHARES
COST - 24617
CURRENT VALUE - 29469

PARTY IN INTEREST -
IDENTITY - Blackrock Funds Mone
DESCRIPTION - MONEY MARKET
COST - 418133
CURRENT VALUE - 418133

PARTY IN INTEREST -
IDENTITY - Cameron Internationa
DESCRIPTION - 2620 SHARES
COST - 147632
CURRENT VALUE - 170195

PARTY IN INTEREST -
IDENTITY - Catepillar Financial
DESCRIPTION - 2.050% Due 8/1/16
COST - 46853
CURRENT VALUE - 46319

PARTY IN INTEREST -
IDENTITY - Cerner Corp
DESCRIPTION - 3830 SHARES
COST - 109356
CURRENT VALUE - 196479

PARTY IN INTEREST -
IDENTITY - CH Robinson
DESCRIPTION - 2240 SHARES
COST - 125143
CURRENT VALUE - 131936

PARTY IN INTEREST -
IDENTITY - Citigroup Inc
DESCRIPTION - 3.953% Due 6/15/16
COST - 26457
CURRENT VALUE - 26480

PARTY IN INTEREST -
IDENTITY - Comcast Corp.
DESCRIPTION - 6.500% Due 1/15/17
COST - 48445
CURRENT VALUE - 45714

PARTY IN INTEREST -
IDENTITY - Corporate Office PPT
DESCRIPTION - 1140 SHARES
COST - 28376
CURRENT VALUE - 30495

PARTY IN INTEREST -
IDENTITY - Digital Reality Trus
DESCRIPTION - 420 SHARES
COST - 23386
CURRENT VALUE - 22428

PARTY IN INTEREST -
IDENTITY - DirectTV CL A
DESCRIPTION - 3290 SHARES
COST - 154266
CURRENT VALUE - 255304

PARTY IN INTEREST -
IDENTITY - DR Horton, Inc.
DESCRIPTION - 2190 SHARES
COST - 44666
CURRENT VALUE - 48793

PARTY IN INTEREST -
IDENTITY - DuPont Fabros Tech
DESCRIPTION - 1120 SHARES
COST - 24556
CURRENT VALUE - 27138

PARTY IN INTEREST -
IDENTITY - Ebay, Inc.
DESCRIPTION - 2440 SHARES
COST - 124100
CURRENT VALUE - 126465

PARTY IN INTEREST -
IDENTITY - Electronic Art
DESCRIPTION - 4530 SHARES
COST - 77364
CURRENT VALUE - 128199

PARTY IN INTEREST -
IDENTITY - EMC Corp
DESCRIPTION - 10870 SHARES
COST - 257645
CURRENT VALUE - 280446

PARTY IN INTEREST -
IDENTITY - EOG Resource, Inc
DESCRIPTION - 330 SHARES
COST - 17403
CURRENT VALUE - 32340

PARTY IN INTEREST -
IDENTITY - Equifax, Inc.
DESCRIPTION - 1300 SHARES
COST - 91858

CURRENT VALUE - 92053

PARTY IN INTEREST -
IDENTITY - Express Scripts Hold
DESCRIPTION - 1180 SHARES
COST - 89148
CURRENT VALUE - 78564

PARTY IN INTEREST -
IDENTITY - Fannie Mae Bond
DESCRIPTION - 5.375% Due 6/12/17
COST - 382809
CURRENT VALUE - 362624

PARTY IN INTEREST -
IDENTITY - Fannie Mae Pool 257
DESCRIPTION - 5.50% Due 9/1/23
COST - 69876
CURRENT VALUE - 67967

PARTY IN INTEREST -
IDENTITY - Fannie Mae Pool 995
DESCRIPTION - 6.00% Due 7/1/38
COST - 55224
CURRENT VALUE - 55541

PARTY IN INTEREST -
IDENTITY - Fannie mae Pool AB84
DESCRIPTION - 2.500% Due 2/1/43
COST - 91604
CURRENT VALUE - 89096

PARTY IN INTEREST -
IDENTITY - Fannie Mae Pool AO80
DESCRIPTION - 3.000% Due 4/1/27
COST - 108187
CURRENT VALUE - 107216

PARTY IN INTEREST -
IDENTITY - Fannie Mae Pool AT89
DESCRIPTION - 3.000% Due 7/1/43
COST - 88758
CURRENT VALUE - 86257

PARTY IN INTEREST -
IDENTITY - Freddie Mac Med Term
DESCRIPTION - 3.75% Due 3/27/19
COST - 879012
CURRENT VALUE - 985212

PARTY IN INTEREST -
IDENTITY - Freddie Mac Med Term
DESCRIPTION - 2.375% Due 1/13/22
COST - 145803
CURRENT VALUE - 139852

PARTY IN INTEREST -
IDENTITY - Freddie Mac med Term
DESCRIPTION - .875% Due 3/7/18

COST - 234091
CURRENT VALUE - 235414

PARTY IN INTEREST -
IDENTITY - Freddie Mac Pool # A
DESCRIPTION - 4.50% Due 11/01/39
COST - 187188
CURRENT VALUE - 190468

PARTY IN INTEREST -
IDENTITY - Freddie Mac Pool #C0
DESCRIPTION - 3.500% Due 6/1/43
COST - 168824
CURRENT VALUE - 165648

PARTY IN INTEREST -
IDENTITY - General Electric
DESCRIPTION - 5360 SHARES
COST - 127945
CURRENT VALUE - 144130

PARTY IN INTEREST -
IDENTITY - General Electric Cap
DESCRIPTION - 1.500% Due 7/12/16
COST - 54982
CURRENT VALUE - 55763

PARTY IN INTEREST -
IDENTITY - Goldman Sachs
DESCRIPTION - 3.625% Due 2/7/16
COST - 130869
CURRENT VALUE - 130699

PARTY IN INTEREST -
IDENTITY - Google, Inc CL A
DESCRIPTION - 150 SHARES
COST - 39244
CURRENT VALUE - 80232

PARTY IN INTEREST -
IDENTITY - Google, Inc CL C
DESCRIPTION - 150 SHARES
COST - 39347
CURRENT VALUE - 78999

PARTY IN INTEREST -
IDENTITY - Hess Corp
DESCRIPTION - 4860 SHARES
COST - 250303
CURRENT VALUE - 433318

PARTY IN INTEREST -
IDENTITY - Home Depot Inc.
DESCRIPTION - 5.400% Due 3/1/16
COST - 46376
CURRENT VALUE - 43468

PARTY IN INTEREST -
IDENTITY - IShares Core S&P

DESCRIPTION - EXCHANGE TRADED FD
COST - 1869870
CURRENT VALUE - 2469706

PARTY IN INTEREST -
IDENTITY - Johnson & Johnson
DESCRIPTION - 1990 SHARES
COST - 147495
CURRENT VALUE - 201567

PARTY IN INTEREST -
IDENTITY - Joy Global Inc.
DESCRIPTION - 1230 SHARES
COST - 66490
CURRENT VALUE - 74267

PARTY IN INTEREST -
IDENTITY - JP Morgan Chase
DESCRIPTION - 3.150% Due 7/5/16
COST - 104360
CURRENT VALUE - 104556

PARTY IN INTEREST -
IDENTITY - Juniper Networks, In
DESCRIPTION - 6290 SHARES
COST - 120248
CURRENT VALUE - 155300

PARTY IN INTEREST -
IDENTITY - Lennar Corp
DESCRIPTION - 1190 SHARES
COST - 45609
CURRENT VALUE - 45922

PARTY IN INTEREST -
IDENTITY - Liberty Global PLC
DESCRIPTION - 1440 SHARES
COST - 60493
CURRENT VALUE - 57341

PARTY IN INTEREST -
IDENTITY - Liberty Global C
DESCRIPTION - 1470 SHARES
COST - 60972
CURRENT VALUE - 56492

PARTY IN INTEREST -
IDENTITY - Lululemon Athletica
DESCRIPTION - 2480 SHARES
COST - 148778
CURRENT VALUE - 113906

PARTY IN INTEREST -
IDENTITY - Mastercard
DESCRIPTION - 920 SHARES
COST - 67645
CURRENT VALUE - 67666

PARTY IN INTEREST -

IDENTITY - McGraw Hill Inc.
DESCRIPTION - 1240 SHARES
COST - 69068
CURRENT VALUE - 91673

PARTY IN INTEREST -
IDENTITY - Mead Johnson
DESCRIPTION - 1390 SHARES
COST - 104996
CURRENT VALUE - 122681

PARTY IN INTEREST -
IDENTITY - Monsanto Co
DESCRIPTION - 1270 SHARES
COST - 78710
CURRENT VALUE - 140589

PARTY IN INTEREST -
IDENTITY - Morgan Stanley
DESCRIPTION - 1.750% Due 2/25/16
COST - 129467
CURRENT VALUE - 131743

PARTY IN INTEREST -
IDENTITY - Mosaic
DESCRIPTION - 2860 SHARES
COST - 138060
CURRENT VALUE - 143114

PARTY IN INTEREST -
IDENTITY - Nestle S.A.
DESCRIPTION - 2980 SHARES
COST - 190405
CURRENT VALUE - 229996

PARTY IN INTEREST -
IDENTITY - Nexstar Broadcasting
DESCRIPTION - 1140 SHARES
COST - 42754
CURRENT VALUE - 45429

PARTY IN INTEREST -
IDENTITY - Peabody Energy
DESCRIPTION - 4190 SHARES
COST - 80665
CURRENT VALUE - 79652

PARTY IN INTEREST -
IDENTITY - Pesico Inc
DESCRIPTION - .8000% Due 8/25/14
COST - 50391
CURRENT VALUE - 50066

PARTY IN INTEREST -
IDENTITY - Pimco Total Return O
DESCRIPTION - MUTUAL FUND
COST - 810362
CURRENT VALUE - 811769

PARTY IN INTEREST -
IDENTITY - PNC Money Market Fun
DESCRIPTION - MONEY MARKET
COST - 12882
CURRENT VALUE - 12882

PARTY IN INTEREST -
IDENTITY - Qiagen NV FGN
DESCRIPTION - 2910 SHARES
COST - 50743
CURRENT VALUE - 63729

PARTY IN INTEREST -
IDENTITY - Qualcomm, Inc
DESCRIPTION - 1810 SHARES
COST - 101700
CURRENT VALUE - 142465

PARTY IN INTEREST -
IDENTITY - Range Res Corp
DESCRIPTION - 370 SHARES
COST - 22541
CURRENT VALUE - 33467

PARTY IN INTEREST -
IDENTITY - Real Estate Invetmen
DESCRIPTION - REIT
COST - 1400000
CURRENT VALUE - 1638320

PARTY IN INTEREST -
IDENTITY - Realogy Holdings
DESCRIPTION - 1990 SHARES
COST - 82159
CURRENT VALUE - 83680

PARTY IN INTEREST -
IDENTITY - Sanofi Sponsored
DESCRIPTION - 1800 SHARES
COST - 86313
CURRENT VALUE - 96840

PARTY IN INTEREST -
IDENTITY - Schlumberger LTD FGN
DESCRIPTION - 1680 SHARES
COST - 110359
CURRENT VALUE - 170604

PARTY IN INTEREST -
IDENTITY - Sinclair Broadcast
DESCRIPTION - 3720 SHARES
COST - 109673
CURRENT VALUE - 99436

PARTY IN INTEREST -
IDENTITY - Starz
DESCRIPTION - 3800 SHARES
COST - 88101
CURRENT VALUE - 122626

PARTY IN INTEREST -
IDENTITY - Templeton Global
DESCRIPTION - MUTUAL FUND
COST - 252640
CURRENT VALUE - 252111

PARTY IN INTEREST -
IDENTITY - Time Warner, Inc
DESCRIPTION - 3030 SHARES
COST - 91992
CURRENT VALUE - 201374

PARTY IN INTEREST -
IDENTITY - Toll Brothers
DESCRIPTION - 1270 SHARES
COST - 46140
CURRENT VALUE - 43485

PARTY IN INTEREST -
IDENTITY - Tribune Co
DESCRIPTION - 730 SHARES
COST - 44232
CURRENT VALUE - 56758

PARTY IN INTEREST -
IDENTITY - Twenty First Century
DESCRIPTION - 5670 SHARES
COST - 119343
CURRENT VALUE - 181553

PARTY IN INTEREST -
IDENTITY - Unilever PLC FGN
DESCRIPTION - 3490 SHARES
COST - 103327
CURRENT VALUE - 156143

PARTY IN INTEREST -
IDENTITY - Verifone Systems
DESCRIPTION - 2560 SHARES
COST - 69230
CURRENT VALUE - 85606

PARTY IN INTEREST -
IDENTITY - Verizon Comm
DESCRIPTION - 2.000% Due 11/1/16
COST - 46920
CURRENT VALUE - 46094

PARTY IN INTEREST -
IDENTITY - Viacom Inc.
DESCRIPTION - 2800 SHARES
COST - 119830
CURRENT VALUE - 176758

PARTY IN INTEREST -
IDENTITY - VISA inc
DESCRIPTION - 330 SHARES
COST - 68992

CURRENT VALUE - 66861

PARTY IN INTEREST -
IDENTITY - Wal-Mart Stores Inc.
DESCRIPTION - 3.200% Due 5/15/14
COST - 47327
CURRENT VALUE - 45042

PARTY IN INTEREST -
IDENTITY - Weatherford Internat
DESCRIPTION - 7450 SHARES
COST - 123786
CURRENT VALUE - 156450

PARTY IN INTEREST -
IDENTITY - Wells Fargo
DESCRIPTION - 2.652% Due 12/15/16
COST - 52178
CURRENT VALUE - 52131

PARTY IN INTEREST -
IDENTITY - Western Union Co.
DESCRIPTION - 2.875% Due 12/10/17
COST - 49752
CURRENT VALUE - 51277

PARTY IN INTEREST -
IDENTITY - Weyerhaeuser
DESCRIPTION - 3090 SHARES
COST - 89112
CURRENT VALUE - 92238

PARTY IN INTEREST -
IDENTITY - Yum! Brands
DESCRIPTION - 1000 SHARES
COST - 66277
CURRENT VALUE - 76990

The mortality rate projections were updated, the hours worked assumption and expense load were increased, and the current liability mortality and interest rates were changed as mandated by the IRS.