

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>05/01/2014</u> and ending <u>04/30/2015</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☒ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information												
1a Name of plan <u>CEMENT MASONS LOCAL NO. 179 PENSION PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES</u> <u>33 FITCH BOULEVARD</u> <u>AUSTINTOWN, OH 44515</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1975</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-6752566</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-270-0453</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>525100</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1975</u>		2b Employer Identification Number (EIN) <u>34-6752566</u>		2c Plan Sponsor's telephone number <u>330-270-0453</u>		2d Business code (see instructions) <u>525100</u>			
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2c Plan Sponsor's telephone number <u>330-270-0453</u>													
2d Business code (see instructions) <u>525100</u>													

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.	<u>02/06/2016</u>	<u>JOHN WATKINS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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 CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN BOARD OF TRUSTEES 33 FITCH BOULEVARD AUSTINTOWN, OH 44515	3b Administrator's EIN 34-6752566 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 185
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 92 6a(2) 85 6b 56 6c 34 6d 175 6e 3 6f 178 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 57
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

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

A Name of plan CEMENT MASONS LOCAL NO. 179 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 CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-6752566

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 05 Day 01 Year 2014	
b Assets	
(1) Current value of assets	1b(1) 12881263
(2) Actuarial value of assets for funding standard account.....	1b(2) 12329219
c (1) Accrued liability for plan using immediate gain methods	1c(1) 14548494
(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) 14548494
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) 25466130
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 285602
(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) 765896

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		12/09/2015
Signature of actuary		Date
THOMAS P. WEBER		11-03496
Type or print name of actuary		Most recent enrollment number
W&W ACTUARIAL SERVICES, INC.		412-278-4830
Firm name		Telephone number (including area code)
BLDG 1200, 2275 SWALLOW HILL ROAD, PITTSBURGH, PA 15220		
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	12881263
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	58	9610520
(2) For terminated vested participants	38	4594484
(3) For active participants:		
(a) Non-vested benefits		499489
(b) Vested benefits		10761637
(c) Total active	82	11261126
(4) Total	178	25466130
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.58 %

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
10/31/2014	424455				
Totals ▶			3(b)	424455	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	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	☐

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	3.61 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		

(1) Males.....	6c(1)	A		A	
(2) Females	6c(2)	AF		AF	
d Valuation liability interest rate.....	6d	7.50%		7.50 %	
e Expense loading	6e	27.3%	☐ 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	8.7 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.5 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	86596	9126

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	175874
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	6411527
(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	66041
e Total charges. Add lines 9a through 9d.....	9e	946581
Credits to funding standard account:		
f Prior year credit balance, if any	9f	506642
g Employer contributions. Total from column (b) of line 3	9g	424455
h Amortization credits as of valuation date.....	9h	3685610
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	89273
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3119425

(2) "RPA '94" override (90% current liability FFL)	9j(2)	1086847	
(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	1491804
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	545223
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 2014 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
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☐ Yes ☒ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **05/01/2014** and ending **04/30/2015**

A Name of plan CEMENT MASONS LOCAL NO. 179 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-6752566

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, INC.

P.O. BOX 925
FAIRPORT, NY 14450

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	NONE	43818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BOGDAHN GROUP

4901 VINELAND RD STE 600
ORLANDO, FL 32811

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?
27	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN CORE REALTY, LLC

801 NORTH BRAND BOULEVARD
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	NONE	14048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BENESYS

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

38-3155388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	19800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

W&W ACTUARIAL SERVICES

2275 SWALLOW HILL ROAD
PITTSBURGH, PA 15220

23-2655612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	18208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BODINE PERRY, LLC

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	NONE	5750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

A Name of plan <u>CEMENT MASONS LOCAL NO. 179 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>34-6752566</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: E.B. MONEY MARKET FUND

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN <u>34-6514544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: E.B. MANAGED GUAR INV CONTRACT FD

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

c EIN-PN <u>34-6903863-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015		
A Name of plan CEMENT MASONS LOCAL NO. 179 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-6752566	

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	102310	153239
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	35354	31138
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	197019	12835
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	115440	230290
(2) U.S. Government securities	1c(2)	371818	1746843
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	395021	343664
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	4651090	3671226
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)	1192547	1332505
(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)	5826024	5835627
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12886623	13357367

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5360	114525
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5360	114525

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12881263	13242842
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	424455	
(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)		424455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55	
(B) U.S. Government securities	2b(1)(B)	13422	
(C) Corporate debt instruments	2b(1)(C)	11246	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	62141	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86864
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	56121	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	144812	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		200933
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10136472	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8863016	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1273456
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-657598	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-657598

		(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		1594
d Total income. Add all income amounts in column (b) and enter total.....	2d		1329704

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	828610	
(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)		828610
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)	28929	
(2) Contract administrator fees.....	2i(2)	19800	
(3) Investment advisory and management fees.....	2i(3)	75643	
(4) Other.....	2i(4)	15143	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		139515
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		968125

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		361579
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015					
A Name of plan CEMENT MASONS LOCAL NO. 179 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASON LOCAL NO. 179 PENSION PLAN BOARD OF TRUSTEES				D Employer Identification Number (EIN) 34-6752566	
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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 PALLANTE CONCRETE COMPANY

b EIN 34-1118642

c Dollar amount contributed by employer

57675

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 2015

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 4.80

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

a Name of contributing employer MADERITZ

b EIN 34-1178693

c Dollar amount contributed by employer

39924

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 2015

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 4.80

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

December 7, 2015

Board of Trustees
Cement Masons Local Union No. 179 Pension Plan
Austintown, Ohio

Report on Financial Statements

We have audited the accompanying financial statements of Cement Masons Local Union No. 179 Pension Plan, which comprise the statements of net assets available for benefits as of April 30, 2015 and 2014, and the related statement 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

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 audit 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Cement Masons Local Union No. 179 Pension Plan as of April 30, 2015 and 2014 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 year end) 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

Certified Public Accountants and Business Analysts

Canfield, Ohio

CEMENT MASONS LOCAL NO. 179 PENSION PLAN

SCHEDULE MB, line 8b-
SCHEDULE OF ACTIVE PARTICIPANT DATA
EW/PN 34-6752566/001

AGE GROUP	S E R V I C E G R O U P									TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 +	
M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	5	0	0	0	0	0	0	0	0	11
30-34	6	5	0	0	0	0	0	0	0	6
35-39	0	4	2	0	0	0	0	0	0	9
40-44	1	1	6	1	0	0	0	0	0	15
45-49	5	3	3	2	1	1	0	0	0	19
50-54	0	4	5	6	2	2	0	0	0	14
55-59	2	1	3	1	4	3	0	0	0	3
60-64	0	1	0	0	0	0	2	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	19	19	19	10	7	6	2	0	0	82

F E M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, lines 9c & 9h -Schedule of Funding Standard Account Bases

	Date Established	Initial Amount	Amortization Period		Last Payment	Annual Payment	Balance 5/1/2013	Balance 5/1/2014
A. Funding Standard Account								
Combined Amount	5/1/2004	469,495	12.37	2.37	5/1/2016	55,394	171,865	125,206
Assumption Change	5/1/2007	622,874	30.00	23.00	5/1/2036	49,060	579,234	569,937
	5/1/2013	889,711	15.00	14.00	5/1/2027	93,761	889,711	855,646
Actuarial Loss	5/1/2009	424,252	29.00	24.00	5/1/2037	33,742	404,330	398,382
	5/1/2009	2,352,283	15.00	10.00	5/1/2023	247,892	1,949,439	1,829,163
	5/1/2010	140,318	28.00	24.00	5/1/2037	11,278	135,149	133,161
	5/1/2011	586,903	27.00	24.00	5/1/2037	47,718	571,799	563,387
	5/1/2012	1,190,980	26.00	24.00	5/1/2037	98,048	1,174,902	1,157,620
	5/1/2013	702,767	25.00	24.00	5/1/2037	58,647	702,767	692,429
	5/1/2014	86,596	15.00	15.00	5/1/2028	<u>9,126</u>	<u>0</u>	<u>86,596</u>
						704,666	6,579,196	6,411,527
Actuarial Gain	5/1/2005	90,593	15.00	6.00	5/1/2019	9,547	54,358	48,172
	5/1/2006	42,052	15.00	7.00	5/1/2020	4,432	27,901	25,229
	5/1/2007	586,143	15.00	8.00	5/1/2021	61,770	423,574	388,939
	5/1/2008	330,391	15.00	9.00	5/1/2022	34,818	256,914	238,753
	5/1/2010	94,507	15.00	11.00	5/1/2024	9,959	82,819	78,325
	5/1/2011	515,463	15.00	12.00	5/1/2025	54,321	474,513	451,706
	5/1/2012	297,873	15.00	13.00	5/1/2026	31,391	286,468	274,208
	5/1/2013	1,513,162	15.00	14.00	5/1/2027	159,462	1,513,162	1,455,228
Method Change	5/1/2013	780,199	10.00	9.00	5/1/2022	<u>105,734</u>	<u>780,199</u>	<u>725,050</u>
						471,434	3,899,908	3,685,610
Net Charges over Credits						233,232	2,679,288	2,725,917
Less: Funding Standard Account Credit Balance							<u>520,783</u>	<u>506,642</u>
Net Balance							2,158,505	2,219,275
B. Maximum Tax Deduction								
Fresh Start Basis	5/1/2014	2,219,275	10.00	10.00	5/1/2023	300,760		2,219,275

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, line 6 - Summary of Plan Provisions

- A. Participation: All persons covered within the bargaining unit for which the employer makes contributions upon the completion of 280 hours of Credited Employment in a Plan Year or, upon the completion of 1,000 hours of service within a period of 12 consecutive months following his date of employment.
- B. Benefit Eligibility:
1. Normal: Age 62 with at least one year of Future Credited Service.
 2. Early: Age 55 with at least ten years of Future Credited Service.
 3. Disability: Ten years of Credited Service.
 4. Deferred Vested: 5,000 hours of Credited Service.
- C. Credited Service:
1. Prior to 05/01/75: A full year which the participant was actively employed in the trade during the period prior to May 1, 1975 (maximum of 10 years).
 2. After 05/01/75: A plan year which the participant worked 1,400 or more hours. Partial credit is granted on the basis of 1/10 year credit for each 140 hours worked.
- D. Pension Benefits:
1. Normal: \$5.00 per month for each Year of Credited Service earned prior to May 1, 1975, subject to a maximum of \$50, plus 2.3% of contributions made on the participant's behalf through April 30, 1992, 3.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2007, 2.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2009, and .5% of contributions made on the participant's behalf after April 30, 2009 through April 30, 2011, and .8% thereafter.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN
EIN/PN 34-6752566/001
Schedule MB, line 6 - Summary of Plan Provisions
(continued)

2. Early: Normal retirement benefit reduced by 1/2 of 1% for each month the employee is younger than age 62 at the effective date of early retirement.
 3. Disability: Determined in same manner as normal retirement benefit. Based on accrued benefit at time of disability.
 4. Deferred Vested: Benefit payable at normal retirement.
- E. Pre-Retirement Death Benefit: A lump sum equal to 100% of the contributions made on the participant's behalf.
- Widows of vested participants may elect a 50% immediate life annuity payable at the earliest retirement age of the participant.
- F. Post-Retirement Death Benefit: Contributions made on the participants behalf, less pension payments received.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

1. Mortality: RP-2000
2. Interest: 7.5% per annum (net of investment expense)
3. Turnover: 6.7% to age 25, graded downwards to 0% at age 60.
4. Disability Retirement: RP-2000 Mortality set forward ten years.
5. Disability: 100% of the UAW 1955 Study.
6. Expenses: \$48,000 per year
7. Retirement Age: Normal Retirement Age or Attained Age, if greater.
8. Spouse: Female four years younger than male spouse, 80% married.
9. Benefit Accrual Rate: Based upon the actual number of hours worked during the prior Plan Year.
10. Asset Valuation: Each year the investment gain (excess of actual investment income including realized and unrealized appreciation over expected investment income) or loss is recognized over a five-year period. The actuarial value of assets is subject to a minimum of 80% and a maximum of 120% of fair market value.
11. Actuarial Cost Method:

Unit Credit: Under this method the portion of this Actuarial Present Value allocated to the current year is called the Normal Cost. The total Normal Cost is the sum of the present values of the benefits anticipated to be earned by active participants in the current year plus anticipated expenses. The portion of the Actuarial Present Value provided for at a Valuation Date by past service is called the Actuarial Accrued Liability. Under this method, the Actuarial Gains (Losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

**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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

▶ Round off amounts to nearest dollar.

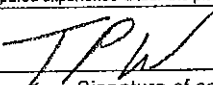
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Cement Masons Local No. 179 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
Trustees, Cement Masons Local No 179 Pension Fun**D** Employer Identification Number (EIN)
34-6752566**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 05 Day 01 Year 2014**b** Assets:

(1) Current value of assets	1b(1)	12,881,263
(2) Actuarial value of assets for funding standard account	1b(2)	12,329,219
c (1) Accrued liability for plan using immediate gain methods	1c(1)	14,548,494
(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)	14,548,494
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)	25,466,130
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	285,602
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	765,896

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

Thomas P. Weber

Type or print name of actuary

W&W Actuarial Services, Inc.

Firm name

Bldg 1200, 2275 Swallow Hill Road

US Pittsburgh

PA 15220

Address of the firm

12/09/2015

Date

14-03496

Most recent enrollment number

(412) 278-4830

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2014
v.140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	12,881,263
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	58	9,610,520
(2) For terminated vested participants	38	4,594,484
(3) For active participants:		
(a) Non-vested benefits		499,489
(b) Vested benefits		10,761,637
(c) Total active	82	11,261,126
(4) Total	178	25,466,130
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.58 %

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
10/31/2014	424,455	0			
Totals ▶			3(b)	424,455	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4a	N
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☐ Yes ☐ No	
d If the plan is in critical status, were any adjustable benefits reduced?	☐ Yes ☐ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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	3.61 %												
b Rates specified in insurance or annuity contracts	<table border="1"> <tr> <th colspan="3">Pre-retirement</th> <th colspan="3">Post-retirement</th> </tr> <tr> <td>☐ Yes</td> <td>☒ No</td> <td>☐ N/A</td> <td>☐ Yes</td> <td>☒ No</td> <td>☐ N/A</td> </tr> </table>		Pre-retirement			Post-retirement			☐ Yes	☒ No	☐ N/A	☐ Yes	☒ No	☐ N/A
Pre-retirement			Post-retirement											
☐ Yes	☒ No	☐ N/A	☐ Yes	☒ No	☐ N/A									
c Mortality table code for valuation purposes:														

(1) Males	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate	6d	7.50	%	7.50	%
e Expense loading	6e	27.3	%	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	8.7 %
h Estimated investment return on current value of assets for year ending on the valuation date				6h	13.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	86,596	9,126

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

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

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

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

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

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

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

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any 9a 0

b Employer's normal cost for plan year as of valuation date 9b 175,874

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)	6,411,527
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c 9d 66,041

e Total charges. Add lines 9a through 9d 9e 946,581

Credits to funding standard account:

f Prior year credit balance, if any 9f 506,642

g Employer contributions. Total from column (b) of line 3 9g 424,455

	Outstanding balance	
h Amortization credits as of valuation date	9h	3,685,610
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	89,273

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	3,119,425
---	-------	-----------

(2) "RPA '94" override (90% current liability FFL)	9j(2)	10,868,470	
(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		1,491,804
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		545,223
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 2014 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN
EIN/PN 34-6752566/001
Schedule MB, line 6 - Summary of Plan Provisions

- A. Participation: All persons covered within the bargaining unit for which the employer makes contributions upon the completion of 280 hours of Credited Employment in a Plan Year or, upon the completion of 1,000 hours of service within a period of 12 consecutive months following his date of employment.
- B. Benefit Eligibility:
1. Normal: Age 62 with at least one year of Future Credited Service.
 2. Early: Age 55 with at least ten years of Future Credited Service.
 3. Disability: Ten years of Credited Service.
 4. Deferred Vested: 5,000 hours of Credited Service.
- C. Credited Service:
1. Prior to 05/01/75: A full year which the participant was actively employed in the trade during the period prior to May 1, 1975 (maximum of 10 years).
 2. After 05/01/75: A plan year which the participant worked 1,400 or more hours. Partial credit is granted on the basis of 1/10 year credit for each 140 hours worked.
- D. Pension Benefits:
1. Normal: \$5.00 per month for each Year of Credited Service earned prior to May 1, 1975, subject to a maximum of \$50, plus 2.3% of contributions made on the participant's behalf through April 30, 1992, 3.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2007, 2.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2009, and .5% of contributions made on the participant's behalf after April 30, 2009 through April 30, 2011, and .8% thereafter.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN
EIN/PN 34-6752566/001
Schedule MB, line 6 - Summary of Plan Provisions
(continued)

2. Early: Normal retirement benefit reduced by 1/2 of 1% for each month the employee is younger than age 62 at the effective date of early retirement.
 3. Disability: Determined in same manner as normal retirement benefit. Based on accrued benefit at time of disability.
 4. Deferred Vested: Benefit payable at normal retirement.
- E. Pre-Retirement Death Benefit: A lump sum equal to 100% of the contributions made on the participant's behalf.
- Widows of vested participants may elect a 50% immediate life annuity payable at the earliest retirement age of the participant.
- F. Post-Retirement Death Benefit: Contributions made on the participants behalf, less pension payments received.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

1. Mortality: RP-2000
2. Interest: 7.5% per annum (net of investment expense)
3. Turnover: 6.7% to age 25, graded downwards to 0% at age 60.
4. Disability Retirement: RP-2000 Mortality set forward ten years.
5. Disability: 100% of the UAW 1955 Study.
6. Expenses: \$48,000 per year
7. Retirement Age: Normal Retirement Age or Attained Age, if greater.
8. Spouse: Female four years younger than male spouse, 80% married.
9. Benefit Accrual Rate: Based upon the actual number of hours worked during the prior Plan Year.
10. Asset Valuation: Each year the investment gain (excess of actual investment income including realized and unrealized appreciation over expected investment income) or loss is recognized over a five-year period. The actuarial value of assets is subject to a minimum of 80% and a maximum of 120% of fair market value.
11. Actuarial Cost Method:

Unit Credit: Under this method the portion of this Actuarial Present Value allocated to the current year is called the Normal Cost. The total Normal Cost is the sum of the present values of the benefits anticipated to be earned by active participants in the current year plus anticipated expenses. The portion of the Actuarial Present Value provided for at a Valuation Date by past service is called the Actuarial Accrued Liability. Under this method, the Actuarial Gains (Losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

CEMENT MASONS LOCAL NO. 179 PENSION PLAN

SCHEDULE MB, line 8b-
SCHEDULE OF ACTIVE PARTICIPANT DATA
EIN/PN 34-6752566/001

AGE GROUP	S E R V I C E G R O U P									TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 +	
M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	5	0	0	0	0	0	0	0	0	5
30-34	6	5	0	0	0	0	0	0	0	11
35-39	0	4	2	0	0	0	0	0	0	6
40-44	1	1	6	1	0	0	0	0	0	9
45-49	5	3	3	2	1	1	0	0	0	15
50-54	0	4	5	6	2	2	0	0	0	19
55-59	2	1	3	1	4	3	0	0	0	14
60-64	0	1	0	0	0	0	2	0	0	3
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	19	19	19	10	7	6	2	0	0	82

F E M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, lines 9c & 9h -Schedule of Funding Standard Account Bases

	Date Established	Initial Amount	Amortization Period		Last Payment	Annual Payment	Balance 5/1/2013	Balance 5/1/2014
A. Funding Standard Account								
Combined Amount	5/1/2004	469,495	12.37	2.37	5/1/2016	55,394	171,865	125,206
Assumption Change	5/1/2007	622,874	30.00	23.00	5/1/2036	49,060	579,234	569,937
	5/1/2013	889,711	15.00	14.00	5/1/2027	93,761	889,711	855,646
Actuarial Loss	5/1/2009	424,252	29.00	24.00	5/1/2037	33,742	404,330	398,382
	5/1/2009	2,352,283	15.00	10.00	5/1/2023	247,892	1,949,439	1,829,163
	5/1/2010	140,318	28.00	24.00	5/1/2037	11,278	135,149	133,161
	5/1/2011	586,903	27.00	24.00	5/1/2037	47,718	571,799	563,387
	5/1/2012	1,190,980	26.00	24.00	5/1/2037	98,048	1,174,902	1,157,620
	5/1/2013	702,767	25.00	24.00	5/1/2037	58,647	702,767	692,429
	5/1/2014	86,596	15.00	15.00	5/1/2028	<u>9,126</u>	<u>0</u>	<u>86,596</u>
						704,666	6,579,196	6,411,527
Actuarial Gain	5/1/2005	90,593	15.00	6.00	5/1/2019	9,547	54,358	48,172
	5/1/2006	42,052	15.00	7.00	5/1/2020	4,432	27,901	25,229
	5/1/2007	586,143	15.00	8.00	5/1/2021	61,770	423,574	388,939
	5/1/2008	330,391	15.00	9.00	5/1/2022	34,818	256,914	238,753
	5/1/2010	94,507	15.00	11.00	5/1/2024	9,959	82,819	78,325
	5/1/2011	515,463	15.00	12.00	5/1/2025	54,321	474,513	451,706
	5/1/2012	297,873	15.00	13.00	5/1/2026	31,391	286,468	274,208
	5/1/2013	1,513,162	15.00	14.00	5/1/2027	159,462	1,513,162	1,455,228
Method Change	5/1/2013	780,199	10.00	9.00	5/1/2022	<u>105,734</u>	<u>780,199</u>	<u>725,050</u>
						471,434	3,899,908	3,685,610
Net Charges over Credits						233,232	2,679,288	2,725,917
Less: Funding Standard Account Credit Balance							<u>520,783</u>	<u>506,642</u>
Net Balance							2,158,505	2,219,275
B. Maximum Tax Deduction								
Fresh Start Basis	5/1/2014	2,219,275	10.00	10.00	5/1/2023	300,760		2,219,275

**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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

▶ Round off amounts to nearest dollar.

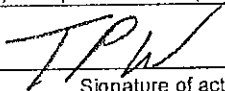
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Cement Masons Local No. 179 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
Trustees, Cement Masons Local No 179 Pension Fun**D** Employer Identification Number (EIN)
34-6752566**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 05 Day 01 Year 2014**b** Assets:

(1) Current value of assets	1b(1)	12,881,263
(2) Actuarial value of assets for funding standard account	1b(2)	12,329,219
c (1) Accrued liability for plan using immediate gain methods	1c(1)	14,548,494
(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)	14,548,494
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)	25,466,130
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	285,602
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	765,896

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

Thomas P. Weber

Type or print name of actuary

W&W Actuarial Services, Inc.

Firm name

Bldg 1200, 2275 Swallow Hill Road

US Pittsburgh

PA 15220

Address of the firm

12/09/2015

Date

14-03496

Most recent enrollment number

(412) 278-4830

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2014
v.140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	12,881,263
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	58	9,610,520
(2) For terminated vested participants	38	4,594,484
(3) For active participants:		
(a) Non-vested benefits		499,489
(b) Vested benefits		10,761,637
(c) Total active	82	11,261,126
(4) Total	178	25,466,130
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.58 %

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
10/31/2014	424,455	0			
Totals ▶ 3(b)				424,455	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4a	N
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☐ Yes ☐ No	
d If the plan is in critical status, were any adjustable benefits reduced?	☐ Yes ☐ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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			
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	3.61 %												
b Rates specified in insurance or annuity contracts	<table border="1"> <tr> <th colspan="3">Pre-retirement</th> <th colspan="3">Post-retirement</th> </tr> <tr> <td>☐ Yes</td> <td>☒ No</td> <td>☐ N/A</td> <td>☐ Yes</td> <td>☒ No</td> <td>☐ N/A</td> </tr> </table>		Pre-retirement			Post-retirement			☐ Yes	☒ No	☐ N/A	☐ Yes	☒ No	☐ N/A
Pre-retirement			Post-retirement											
☐ Yes	☒ No	☐ N/A	☐ Yes	☒ No	☐ N/A									
c Mortality table code for valuation purposes:														

(1) Males	6c(1)	A	A	A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.50	%	7.50 %
e Expense loading	6e	27.3	%	% ☒ 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 8.7 %
h Estimated investment return on current value of assets for year ending on the valuation date				6h 13.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	86,596	9,126

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

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

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

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

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

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

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

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any 9a 0

b Employer's normal cost for plan year as of valuation date 9b 175,874

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) 6,411,527	704,666
(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 66,041

e Total charges. Add lines 9a through 9d 9e 946,581

Credits to funding standard account:

f Prior year credit balance, if any 9f 506,642

g Employer contributions. Total from column (b) of line 3 9g 424,455

	Outstanding balance	
h Amortization credits as of valuation date	9h 3,685,610	471,434
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	89,273

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1) 3,119,425	
---	-----------------	--

(2) "RPA '94" override (90% current liability FFL)	9j(2)	10,868,470	
(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		1,491,804
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		545,223
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 2014 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN
EIN/PN 34-6752566/001
Schedule MB, line 6 - Summary of Plan Provisions

- A. Participation: All persons covered within the bargaining unit for which the employer makes contributions upon the completion of 280 hours of Credited Employment in a Plan Year or, upon the completion of 1,000 hours of service within a period of 12 consecutive months following his date of employment.
- B. Benefit Eligibility:
1. Normal: Age 62 with at least one year of Future Credited Service.
 2. Early: Age 55 with at least ten years of Future Credited Service.
 3. Disability: Ten years of Credited Service.
 4. Deferred Vested: 5,000 hours of Credited Service.
- C. Credited Service:
1. Prior to 05/01/75: A full year which the participant was actively employed in the trade during the period prior to May 1, 1975 (maximum of 10 years).
 2. After 05/01/75: A plan year which the participant worked 1,400 or more hours. Partial credit is granted on the basis of 1/10 year credit for each 140 hours worked.
- D. Pension Benefits:
1. Normal: \$5.00 per month for each Year of Credited Service earned prior to May 1, 1975, subject to a maximum of \$50, plus 2.3% of contributions made on the participant's behalf through April 30, 1992, 3.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2007, 2.0% of contributions made on the participant's behalf after April 30, 1992 through April 30, 2009, and .5% of contributions made on the participant's behalf after April 30, 2009 through April 30, 2011, and .8% thereafter.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN
EIN/PN 34-6752566/001
Schedule MB, line 6 - Summary of Plan Provisions
(continued)

2. Early: Normal retirement benefit reduced by 1/2 of 1% for each month the employee is younger than age 62 at the effective date of early retirement.
 3. Disability: Determined in same manner as normal retirement benefit. Based on accrued benefit at time of disability.
 4. Deferred Vested: Benefit payable at normal retirement.
- E. Pre-Retirement Death Benefit: A lump sum equal to 100% of the contributions made on the participant's behalf.
- Widows of vested participants may elect a 50% immediate life annuity payable at the earliest retirement age of the participant.
- F. Post-Retirement Death Benefit: Contributions made on the participants behalf, less pension payments received.

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

1. Mortality: RP-2000
2. Interest: 7.5% per annum (net of investment expense)
3. Turnover: 6.7% to age 25, graded downwards to 0% at age 60.
4. Disability Retirement: RP-2000 Mortality set forward ten years.
5. Disability: 100% of the UAW 1955 Study.
6. Expenses: \$48,000 per year
7. Retirement Age: Normal Retirement Age or Attained Age, if greater.
8. Spouse: Female four years younger than male spouse, 80% married.
9. Benefit Accrual Rate: Based upon the actual number of hours worked during the prior Plan Year.
10. Asset Valuation: Each year the investment gain (excess of actual investment income including realized and unrealized appreciation over expected investment income) or loss is recognized over a five-year period. The actuarial value of assets is subject to a minimum of 80% and a maximum of 120% of fair market value.
11. Actuarial Cost Method:

Unit Credit: Under this method the portion of this Actuarial Present Value allocated to the current year is called the Normal Cost. The total Normal Cost is the sum of the present values of the benefits anticipated to be earned by active participants in the current year plus anticipated expenses. The portion of the Actuarial Present Value provided for at a Valuation Date by past service is called the Actuarial Accrued Liability. Under this method, the Actuarial Gains (Losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

CEMENT MASONS LOCAL NO. 179 PENSION PLAN

SCHEDULE MB, line 8b-
SCHEDULE OF ACTIVE PARTICIPANT DATA
EIN/PN 34-6752566/001

AGE	S E R V I C E G R O U P									
GROUP	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 +	TOTAL
M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	5	0	0	0	0	0	0	0	0	5
30-34	6	5	0	0	0	0	0	0	0	11
35-39	0	4	2	0	0	0	0	0	0	6
40-44	1	1	6	1	0	0	0	0	0	9
45-49	5	3	3	2	1	1	0	0	0	15
50-54	0	4	5	6	2	2	0	0	0	19
55-59	2	1	3	1	4	3	0	0	0	14
60-64	0	1	0	0	0	0	2	0	0	3
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	19	19	19	10	7	6	2	0	0	82

F E M A L E										
0-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0
70-74	0	0	0	0	0	0	0	0	0	0
75-79	0	0	0	0	0	0	0	0	0	0
80-84	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

CEMENT MASONS LOCAL UNION NO. 179 PENSION PLAN

EIN/PN 34-6752566/001

Schedule MB, lines 9c & 9h -Schedule of Funding Standard Account Bases

	Date Established	Initial Amount	Amortization Period		Last Payment	Annual Payment	Balance 5/1/2013	Balance 5/1/2014
A. Funding Standard Account								
Combined Amount	5/1/2004	469,495	12.37	2.37	5/1/2016	55,394	171,865	125,206
Assumption Change	5/1/2007	622,874	30.00	23.00	5/1/2036	49,060	579,234	569,937
	5/1/2013	889,711	15.00	14.00	5/1/2027	93,761	889,711	855,646
Actuarial Loss	5/1/2009	424,252	29.00	24.00	5/1/2037	33,742	404,330	398,382
	5/1/2009	2,352,283	15.00	10.00	5/1/2023	247,892	1,949,439	1,829,163
	5/1/2010	140,318	28.00	24.00	5/1/2037	11,278	135,149	133,161
	5/1/2011	586,903	27.00	24.00	5/1/2037	47,718	571,799	563,387
	5/1/2012	1,190,980	26.00	24.00	5/1/2037	98,048	1,174,902	1,157,620
	5/1/2013	702,767	25.00	24.00	5/1/2037	58,647	702,767	692,429
	5/1/2014	86,596	15.00	15.00	5/1/2028	<u>9,126</u>	<u>0</u>	<u>86,596</u>
						704,666	6,579,196	6,411,527
Actuarial Gain	5/1/2005	90,593	15.00	6.00	5/1/2019	9,547	54,358	48,172
	5/1/2006	42,052	15.00	7.00	5/1/2020	4,432	27,901	25,229
	5/1/2007	586,143	15.00	8.00	5/1/2021	61,770	423,574	388,939
	5/1/2008	330,391	15.00	9.00	5/1/2022	34,818	256,914	238,753
	5/1/2010	94,507	15.00	11.00	5/1/2024	9,959	82,819	78,325
	5/1/2011	515,463	15.00	12.00	5/1/2025	54,321	474,513	451,706
	5/1/2012	297,873	15.00	13.00	5/1/2026	31,391	286,468	274,208
	5/1/2013	1,513,162	15.00	14.00	5/1/2027	159,462	1,513,162	1,455,228
Method Change	5/1/2013	780,199	10.00	9.00	5/1/2022	<u>105,734</u>	<u>780,199</u>	<u>725,050</u>
						471,434	3,899,908	3,685,610
Net Charges over Credits						233,232	2,679,288	2,725,917
Less: Funding Standard Account Credit Balance							<u>520,783</u>	<u>506,642</u>
Net Balance							2,158,505	2,219,275
B. Maximum Tax Deduction								
Fresh Start Basis	5/1/2014	2,219,275	10.00	10.00	5/1/2023	300,760		2,219,275

PARTY IN INTEREST -
IDENTITY - ALCOA INC.
DESCRIPTION - 8610 SHARES
COST - 88041
CURRENT VALUE - 115546

PARTY IN INTEREST -
IDENTITY - AMBEV
DESCRIPTION - 6580 SHARES
COST - 44743
CURRENT VALUE - 41651

PARTY IN INTEREST -
IDENTITY - AMC NETWORKS
DESCRIPTION - 1850 SHARES
COST - 115636
CURRENT VALUE - 139564

PARTY IN INTEREST -
IDENTITY - AMERICAN CORE REALTY
DESCRIPTION - 11.8244 UNITS
COST - 1000000
CURRENT VALUE - 1332505

PARTY IN INTEREST -
IDENTITY - AMERICAN EXP 2.125%%
DESCRIPTION - DUE 3/18/19
COST - 24953
CURRENT VALUE - 25202

PARTY IN INTEREST -
IDENTITY - APACHE CORP.
DESCRIPTION - 370 SHARES
COST - 32446
CURRENT VALUE - 25308

PARTY IN INTEREST -
IDENTITY - BAIRD AGGREGATE
DESCRIPTION - 84591.495
COST - 912742
CURRENT VALUE - 920355

PARTY IN INTEREST -
IDENTITY - BANK OF AMERICA 3.75
DESCRIPTION - 7/12/16
COST - 15817
CURRENT VALUE - 15465

PARTY IN INTEREST -
IDENTITY - CAMERON INTERNATIONAL
DESCRIPTION - 1560 SHARES
COST - 87885
CURRENT VALUE - 85519

PARTY IN INTEREST -
IDENTITY - CATERPILLAR 2.050%
DESCRIPTION - DUE 8/1/16
COST - 26029
CURRENT VALUE - 25469

PARTY IN INTEREST -
IDENTITY - CERNER CORP
DESCRIPTION - 2100 SHARES
COST - 73309
CURRENT VALUE - 150801

PARTY IN INTEREST -
IDENTITY - COMCAST CORP. 6.500%
DESCRIPTION - DUE 1/15/17
COST - 30278
CURRENT VALUE - 27345

PARTY IN INTEREST -
IDENTITY - DIAGEO
DESCRIPTION - 3110 SHARES
COST - 85908
CURRENT VALUE - 86577

PARTY IN INTEREST -
IDENTITY - EATON VANCE
DESCRIPTION - 120805.480 SHARES
COST - 3072083
CURRENT VALUE - 3198929

PARTY IN INTEREST -
IDENTITY - EBAY
DESCRIPTION - 1690 SHARES
COST - 85943
CURRENT VALUE - 98459

PARTY IN INTEREST -
IDENTITY - ELECTRONIC ARTS
DESCRIPTION - 2410 SHARES
COST - 41055
CURRENT VALUE - 139997

PARTY IN INTEREST -
IDENTITY - EMC CORP / MASS
DESCRIPTION - 3390 SHARES
COST - 82841
CURRENT VALUE - 91225

PARTY IN INTEREST -
IDENTITY - EOG RES INC
DESCRIPTION - 200 SHARES
COST - 10542
CURRENT VALUE - 19790

PARTY IN INTEREST -
IDENTITY - EXPRESS SCRIPTS
DESCRIPTION - 650 SHARES
COST - 47011
CURRENT VALUE - 56160

PARTY IN INTEREST -
IDENTITY - FANNIE MAE
DESCRIPTION - DUE 4/27/17
COST - 262969
CURRENT VALUE - 262491

PARTY IN INTEREST -
IDENTITY - FEDERAL HOME LN
DESCRIPTION - DUE 7/28/17
COST - 125091
CURRENT VALUE - 125144

PARTY IN INTEREST -
IDENTITY - FG AB - 9870 4.50%
DESCRIPTION - DUE 11/1/39
COST - 90485
CURRENT VALUE - 83290

PARTY IN INTEREST -
IDENTITY - FG C0-09044 3.500%
DESCRIPTION - DUE 6/1/43
COST - 90483
CURRENT VALUE - 91037

PARTY IN INTEREST -
IDENTITY - FIFTH THIRD FEDERATE
DESCRIPTION - 230290 SHARES
COST - 230290
CURRENT VALUE - 230290

PARTY IN INTEREST -
IDENTITY - FN AB8464 2.500%
DESCRIPTION - DUE 2/1/43
COST - 50517
CURRENT VALUE - 51982

PARTY IN INTEREST -
IDENTITY - FN A00800 3.000%
DESCRIPTION - DUE 4/1/27
COST - 55452
CURRENT VALUE - 55022

PARTY IN INTEREST -
IDENTITY - FN AT8912 3.000%
DESCRIPTION - DUE 7/1/43
COST - 48380
CURRENT VALUE - 49129

PARTY IN INTEREST -
IDENTITY - FREDDIE MAC
DESCRIPTION - DUE 9/10/15
COST - 191989
CURRENT VALUE - 191121

PARTY IN INTEREST -
IDENTITY - FREDDIE MAC
DESCRIPTION - DUE 3/18/17
COST - 181210
CURRENT VALUE - 181139

PARTY IN INTEREST -
IDENTITY - FREDDIE MAC
DESCRIPTION - DUE 7/28/17
COST - 210734

CURRENT VALUE - 211176

PARTY IN INTEREST -
IDENTITY - GANNET INC
DESCRIPTION - 1610 SHARES
COST - 51834
CURRENT VALUE - 55255

PARTY IN INTEREST -
IDENTITY - GENERAL ELECTRIC
DESCRIPTION - 5540 SHARES
COST - 137476
CURRENT VALUE - 150023

PARTY IN INTEREST -
IDENTITY - GOOGLE CL A
DESCRIPTION - 160 SHARES
COST - 65121
CURRENT VALUE - 87803

PARTY IN INTEREST -
IDENTITY - GOOGLE INC
DESCRIPTION - 170 SHARES
COST - 65565
CURRENT VALUE - 91348

PARTY IN INTEREST -
IDENTITY - HESS CORP
DESCRIPTION - 1850 SHARES
COST - 98183
CURRENT VALUE - 142265

PARTY IN INTEREST -
IDENTITY - HOME DEPOT 5.400%
DESCRIPTION - DUE 3/1/16
COST - 28985
CURRENT VALUE - 26013

PARTY IN INTEREST -
IDENTITY - INBEV
DESCRIPTION - 840 SHARES
COST - 72436
CURRENT VALUE - 102503

PARTY IN INTEREST -
IDENTITY - JOHNSON & JOHNSON
DESCRIPTION - 540 SHARES
COST - 40097
CURRENT VALUE - 53568

PARTY IN INTEREST -
IDENTITY - JOY GLOBAL INC
DESCRIPTION - 1480 SHARES
COST - 81278
CURRENT VALUE - 63107

PARTY IN INTEREST -
IDENTITY - JP MORGAN 3.150%
DESCRIPTION - DUE 7/5/16

COST - 62669
CURRENT VALUE - 61543

PARTY IN INTEREST -
IDENTITY - JUNIPER NETWORKS INC
DESCRIPTION - 2860 SHARES
COST - 54370
CURRENT VALUE - 75590

PARTY IN INTEREST -
IDENTITY - LIBERTY GLOBAL CL A
DESCRIPTION - 870 SHARES
COST - 36100
CURRENT VALUE - 45362

PARTY IN INTEREST -
IDENTITY - LILY & CO
DESCRIPTION - 1250 SHARES
COST - 89747
CURRENT VALUE - 89838

PARTY IN INTEREST -
IDENTITY - LULULEMON ATHLETICA
DESCRIPTION - 1490 SHARES
COST - 86890
CURRENT VALUE - 94824

PARTY IN INTEREST -
IDENTITY - MANNING & NAPIER COR
DESCRIPTION - 4304.255 SHARES
COST - 46035
CURRENT VALUE - 45797

PARTY IN INTEREST -
IDENTITY - MANNING & NAPIER GLO
DESCRIPTION - 476.886 SHARES
COST - 4714
CURRENT VALUE - 4592

PARTY IN INTEREST -
IDENTITY - MANNING & NAPIER COR
DESCRIPTION - 100471.460 SHARES
COST - 1131588
CURRENT VALUE - 1069016

PARTY IN INTEREST -
IDENTITY - MANNING & NAPIER GLO
DESCRIPTION - 19221.747 SHARES
COST - 191969
CURRENT VALUE - 185105

PARTY IN INTEREST -
IDENTITY - MASTERCARD INC.
DESCRIPTION - 560 SHARES
COST - 41175
CURRENT VALUE - 50517

PARTY IN INTEREST -
IDENTITY - MERCK & CO.

DESCRIPTION - 1580 SHARES
COST - 94942
CURRENT VALUE - 94105

PARTY IN INTEREST -
IDENTITY - MONSANTO CO
DESCRIPTION - 1500 SHARES
COST - 138792
CURRENT VALUE - 170940

PARTY IN INTEREST -
IDENTITY - MORGAN STAN 1.750%
DESCRIPTION - DUE 2/25/16
COST - 74866
CURRENT VALUE - 75541

PARTY IN INTEREST -
IDENTITY - POPULAR INC.
DESCRIPTION - 1400 SHARES
COST - 47475
CURRENT VALUE - 45402

PARTY IN INTEREST -
IDENTITY - PRICELINE GROUP, INC
DESCRIPTION - 100 SHARES
COST - 115218
CURRENT VALUE - 123781

PARTY IN INTEREST -
IDENTITY - RANGE RES CORP.
DESCRIPTION - 560 SHARES
COST - 38478
CURRENT VALUE - 35594

PARTY IN INTEREST -
IDENTITY - REALOGY HOLDINGS
DESCRIPTION - 1180 SHARES
COST - 51235
CURRENT VALUE - 55944

PARTY IN INTEREST -
IDENTITY - SANOFI
DESCRIPTION - 780 SHARES
COST - 38880
CURRENT VALUE - 39429

PARTY IN INTEREST -
IDENTITY - SCHLUMBERGER LTD
DESCRIPTION - 830 SHARES
COST - 67988
CURRENT VALUE - 78526

PARTY IN INTEREST -
IDENTITY - SINCLAIR BROADCAST
DESCRIPTION - 2250 SHARES
COST - 64869
CURRENT VALUE - 68940

PARTY IN INTEREST -

IDENTITY - SLM CORP
DESCRIPTION - 6170 SHARES
COST - 57515
CURRENT VALUE - 62872

PARTY IN INTEREST -
IDENTITY - TEMPLETON GLOBAL
DESCRIPTION - 32894.034 SHARES
COST - 443596
CURRENT VALUE - 411833

PARTY IN INTEREST -
IDENTITY - TIME WARNER INC.
DESCRIPTION - 1320 SHARES
COST - 104938
CURRENT VALUE - 111421

PARTY IN INTEREST -
IDENTITY - TRIBUNE WARNER
DESCRIPTION - 700 SHARES
COST - 40441
CURRENT VALUE - 39249

PARTY IN INTEREST -
IDENTITY - TRIP ADVISORS
DESCRIPTION - 820 SHARES
COST - 69958
CURRENT VALUE - 66002

PARTY IN INTEREST -
IDENTITY - TWENTY FIRST CENTURY
DESCRIPTION - 3300 SHARES
COST - 84188
CURRENT VALUE - 112464

PARTY IN INTEREST -
IDENTITY - UNILEVER PC
DESCRIPTION - 1450 SHARES
COST - 45809
CURRENT VALUE - 63539

PARTY IN INTEREST -
IDENTITY - US TREASURY
DESCRIPTION - DUE 5/31/16
COST - 445070
CURRENT VALUE - 445312

PARTY IN INTEREST -
IDENTITY - VERIFONE SYSTEMS INC
DESCRIPTION - 1520 SHARES
COST - 42701
CURRENT VALUE - 54370

PARTY IN INTEREST -
IDENTITY - VERIZON INC 2.000%
DESCRIPTION - DUE 11/1/16
COST - 26066
CURRENT VALUE - 25362

PARTY IN INTEREST -
IDENTITY - VIACOM INC.
DESCRIPTION - 1430 SHARES
COST - 84971
CURRENT VALUE - 99314

PARTY IN INTEREST -
IDENTITY - VISA INC., CL A
DESCRIPTION - 400 SHARES
COST - 20907
CURRENT VALUE - 26420

PARTY IN INTEREST -
IDENTITY - WEATHERFORD INTL
DESCRIPTION - 4170 SHARES
COST - 82814
CURRENT VALUE - 60674

PARTY IN INTEREST -
IDENTITY - WELLS FARGO 2.625%
DESCRIPTION - 12/15/16
COST - 31307
CURRENT VALUE - 30797

PARTY IN INTEREST -
IDENTITY - WESTERN UNION 2.875%
DESCRIPTION - DUE 12/10/17
COST - 29943
CURRENT VALUE - 30927

PARTY IN INTEREST -
IDENTITY - WEYERHAEUSER
DESCRIPTION - 1870 SHARES
COST - 53929
CURRENT VALUE - 58924

PARTY IN INTEREST -
IDENTITY - YUM! BRANDS INC.
DESCRIPTION - 590 SHARES
COST - 39840
CURRENT VALUE - 50716