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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

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

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

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

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

2b Employer Identification Number (EIN)
34-6583348

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

2d Business code (see instructions)
525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/17/2017	BRIAN COLLIER
	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)

Preparer's telephone number

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

BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

3b Administrator's EIN: 34-6583348

3c Administrator's telephone number: 330-270-0453

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	325
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	193
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	148
b	Retired or separated participants receiving benefits	**6b**	69
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	284
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	300
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	55

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-6583348

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

1a	Enter the valuation date: Month 05 Day 01 Year 2015		
b	Assets		
	(1) Current value of assets	**1b(1)**	17790511
	(2) Actuarial value of assets for funding standard account	**1b(2)**	18793647
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	21408600
	(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)**	20339805
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)**	34655778
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	772713
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1155190
	(3) Expected plan disbursements for the plan year	**1d(3)**	1235190

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

JASON C. BIRKLE

Type or print name of actuary

Most recent enrollment number

CUNI, RUST & STRENK

513-891-0270

Firm name

Telephone number (including area code)

4555 LAKE FOREST DRIVE, CINCINNATI, OH 45242-3760

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		17790511
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		82	12854213
(2) For terminated vested participants		69	8171502
(3) For active participants:			
(a) Non-vested benefits			651901
(b) Vested benefits			12978162
(c) Total active		140	13630063
(4) Total		291	34655778
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		51.33%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2016	957376				
05/01/2015					
			Totals ► **3(b)**	957376	**3(c)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	0.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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**	3.37%

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

(1) Males	6c(1)	A		A		
(2) Females	6c(2)	AF		AF		
d Valuation liability interest rate	6d	7.00%		7.00 %		
e Expense loading	6e	20.4%	☐ 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	5.1 %				
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.4 %				

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	775799	79606
4	264827	27174

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a		
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☐ Yes	☒ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.		☒ Yes	☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes	☒ No
d If line c is "Yes," provide the following additional information:			
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes	☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)		
(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		392217
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)	13007947	1637890
(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		142107
e Total charges. Add lines 9a through 9d	9e		2172214
Credits to funding standard account:			
f Prior year credit balance, if any	9f		3541210
g Employer contributions. Total from column (b) of line 3	9g		957376
		Outstanding balance	
h Amortization credits as of valuation date	9h	6851784	1128343
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		359810

j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	8080123	
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	13063306	
	(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**	5986739
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	3814525
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2015 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MANNING & NAPIER ADVISORS

PO BOX 925
NEW YORK, NY 10178

16-0995736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	47135	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENESYS

33 FITCH BLVD
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	THIRD PARTY ADMINISTRATOR	25200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREEN, HAINES, SGAMBATI, CO LPA

100 FEDERAL PLAZA E 800
YOUNGSTOWN, OH 44503

34-1224415

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	8822	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BODINE PERRY

3711 STARRS CENTRE DRIVE
CANFIELD, OH 44406

41-2028444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAH,TR&SH VALLEY CENTRAL ADMIN AGCY

33 FITCH BLVD
AUSTINTOWN, OH 44515

34-1033692

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	COLLECTION AGENCY	7814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUNI, RUST & STRENK ACTUARIAL

4555 LAKE FOREST DR, 620
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	13100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PNC INSTITUTIONAL INVESTMENTS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	INVESTMENT CUSTODIAN	7293	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOGDAHN GROUP

6133 ROCKSIDE RD, STE 303
CLEVELAND, OH 44131

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	14000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN REALTY ADVISORS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19	INVESTMENT CUSTODIAN	24357	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HYLANT

6000 FREEDOM SQ DR 400
INDEPENDENCE, OH 44131

59-2472652

(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?
22	INSURANCE AGENT	5634	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-6583348

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	105933	46191
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140130	174466
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29107	4
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	475183	79004
(2) U.S. Government securities	1c(2)	4690935	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1042530	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5945363	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3529372	14410377
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2045465	2359229

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18004018	17069271
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	55471	58043
i Acquisition indebtedness	1i		
j Other liabilities	1j	158036	
k Total liabilities (add all amounts in lines 1g through1j)	1k	213507	58043
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17790511	17011228

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)	957376	
(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)		957376
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	243529	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	95673	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		339330
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	111700	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2989	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		114689
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	17955427	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17530950	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		424477
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	159306	
(B) Other	2b(5)(B)	-1473568	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1314262

		(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		105
d Total income. Add all **income** amounts in column (b) and enter total	2d		521715
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1128600	
(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)		1128600
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)	27922	
(2) Contract administrator fees	2i(2)	25200	
(3) Investment advisory and management fees	2i(3)	96399	
(4) Other	2i(4)	22877	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		172398
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1300998
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-779283
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

A Name of plan
BRICKLAYERS LOCAL NO. 8 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-6583348

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LENCYK

b EIN 34-1432884 **c** Dollar amount contributed by employer 183887

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2016

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) 7.23
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer GRAYCOR

b EIN 36-3969707 **c** Dollar amount contributed by employer 171108

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2016

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) 7.23
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer YOUNGSTOWN TILE & TERRAZO

b EIN 34-0680197 **c** Dollar amount contributed by employer 142720

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2016

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) 7.23
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

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

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

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

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

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

Ohio Bricklayers Local No. 8 Pension Fund

Audited Financial Statements

For the Years Ended April 30, 2016 and 2015

BODINE PERRY LLC
Certified Public Accountants & Business Analysts
Plan. Execute. Win.

Canfield, OH • Warren, OH • Columbus, OH • Naples, FL

www.bodineperry.com

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INDEPENDENT AUDITORS' REPORT

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

Report on Financial Statements

We have audited the accompanying financial statements of Ohio Bricklayers Local No. 8 Pension Fund, which comprise the statements of net assets available for benefits as of April 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Ohio Bricklayers Local No. 8 Pension Fund as of April 30, 2016 and 2015, and the changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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

Bodine Perry, LLC

Canfield, Ohio
February 14, 2017

Ohio Bricklayers Local No. 8 Pension Fund

Statements of Net Assets Available for Benefits

As of April 30, 2016 and 2015

ASSETS	**2016**	**2015**
Cash	$ 46,191	$ 105,933
Investments at Fair Market Value		
Money Market Funds	79,004	475,183
Corporate Stocks	-	5,945,363
U.S Government Securities	-	4,690,935
Corporate Bonds	-	1,042,530
Exchange Traded Fund		2,877,253
Mutual Funds	14,410,377	652,119
Private Real Estate Invesment Trust	2,291,864	2,044,243
Total Investments	16,781,245	17,727,626
Receivables		
Employer Contributions	174,466	140,130
Interest and Dividends	4	29,107
Total Receivables	174,470	169,236
Other Assets		
Prepaid Pension Benefits	65,745	-
Prepaid Insurance	980	735
Prepaid Dues	640	487
Total Other Assets	67,365	1,222
TOTAL ASSETS	**17,069,271**	**18,004,018**
LIABILITIES		
Reciprocity Payable	57,091	53,705
Accounts Payable	952	1,766
Due to Broker for Securities Purchased	-	158,036
TOTAL LIABILITIES	58,043	213,507
NET ASSETS AVAILABLE FOR BENEFITS	**$ 17,011,228**	**$ 17,790,511**

See Independent Auditors' Report and Notes to Financial Statements.

Ohio Bricklayers Local No. 8 Pension Fund

Statements of Changes in Net Assets Available For Benefits

For the Years Ended April 30, 2016 and 2015

	2016	2015
ADDITIONS TO NET ASSETS		
Investment Income:		
Interest Income	$ 243,657	$ 174,915
Dividend Income	114,689	135,405
Real Estate, LLC Investment Income	95,673	91,278
Net (Depreciation) Appreciation in Fair Value of Investments	(889,785)	807,508
Total Investment (Loss) Income	(435,766)	1,209,106
Investment Expenses	(82,399)	(112,263)
Net Investment (Loss) Income	(518,165)	1,096,843
Contributions:		
Employer Contributions	1,164,565	1,105,691
Reciprocity Paid to Other Union Pension Funds	(207,189)	(164,177)
Total Contributions	957,376	941,514
Other Income	105	1,384
Total Additions	439,316	2,039,741
DEDUCTIONS FROM NET ASSETS		
Participant Benefits Paid	1,128,600	1,176,860
Administrative Expenses:		
Accounting Fees	6,000	5,700
Actuary Fee	13,100	14,750
Attorney Fees	8,822	13,943
Bank Service Charges	94	464
Collection Service Fees	7,814	7,911
Consultant Fee	14,000	14,000
Contract Administration	25,200	25,200
Insurance Expense	5,634	5,444
Office Supplies Expense	400	514
IRS Plan Restatement Fee	-	2,500
Pension Benefit Guaranty Corporation Premium	8,450	3,972
Trustee Conferences and Meetings Expense	485	606
Total Administrative Expenses	89,999	95,004
Total Deductions	1,218,599	1,271,864
NET (DECREASE) INCREASE	(779,283)	767,877
Net Assets Available for Benefits, Beginning of Year	17,790,511	17,022,634
Net Assets Available for Benefits, End of Year	**$ 17,011,228**	**$ 17,790,511**

See Independent Auditors' Report and Notes to Financial Statements.

NOTE A - DESCRIPTION OF PLAN

The Plan is a multi-employer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was established in 1964 under an agreement between Local No. 8, Bricklayers, Masons, and Plasterers International Union and the Builders Association of Eastern Ohio and Western Pennsylvania. The agreement provides, among other things, that the employers will contribute to the fund for hours worked by employees, at rates specified in the collective bargaining agreements.

Ohio Bricklayers Local No. 8 in Mahoning County and Columbiana Counties merged with Ohio Bricklayers Local No. 43 in Trumbull County effective October 1, 2007. The merged local unions are now referred to as Bricklayers Local No. 8 Mahoning County, Trumbull County, and Columbiana County. Each of these local unions had their own separate defined benefit pension plans which remain and continue as separate plans. Employer pension contributions continued to be deposited and credited into each of the separate plans based on the member's local union affiliation prior to the merger. The hourly contribution rate in effect for the years ended April 30, 2016 and 2015 was $7.23 on hours worked except for Sundays and Holidays which is based on hours paid. Contributions for fiscal years 2016 and 2015 exceed the minimum funding requirements of ERISA. Of this contribution amount $4.38 is allocated to the Local No. 43 plan for former Local No. 43 members with the balance going into this plan. Benefits from this plan for former Local No. 43 members are determined on a calculated factor based on the lower level of contributions made to the plan on their behalf. Contributions held by or owed to other geographical pension plans, under reciprocity agreements, are recorded as receivables or payables.

The purpose of the Plan is to provide a systematic plan for the retirement of employees working within the jurisdiction of Ohio Bricklayers No. 8 and under the conditions set forth in the Plan document, to provide a pension upon the retirement of an employee, the amount of which takes into account the hours worked and the contributions paid by contributing employers on behalf of such employee.

Should the plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guaranty, while other benefits may not be provided for by the then existing assets and the PBGC's benefit guaranty, while other benefits may not be provided at all.

Participants should refer to the Plan agreement for more complete information concerning vesting, benefits, and other provisions. The PBGC's benefit guarantee is contained in the Plan booklet which includes the Summary Plan Description and the Plan Document. Copies of the Plan booklet are available at the Fund Office.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Pension Fund are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents
The Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold during the year.

Investment Valuation and Income Recognition Investments are held in trust for safekeeping and are shown at current market values as reported by the Association. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Employer Contributions Receivable
Contributions receivable represent employer contributions related to employee's hours worked on or prior to April 30. The balance is based on actual collections subsequent to year end. See Note A for additional information regarding employer contributions.

Payment of Benefits
Benefit payments to participants are generally recorded upon distribution.

Administrative Expenses
All expenses of maintaining the Plan are paid by the Plan.

Subsequent Events
Subsequent events have been evaluated through February 14, 2017, which is the date the financial statements were available to be issued.

NOTE C - ACCUMULATED PLAN BENEFITS

The plan's actuaries determined the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the possibility of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The most recent actuarial valuations were prepared by Cuni, Rust & Strenk Actuarial. The accumulated plan information as of April 30, 2015 and 2014 was as follows:

	April 30,	
	2015	2014
Actuarial present value of accumulated vested plan benefits:		
Active participants	$ 6,574,820	$ 6,630,315
Vested terminated participants	4,081,261	2,990,154
Retirees and beneficiaries	9,233,998	9,466,408
	19,890,079	19,086,877
Accumulated non-vested benefits	449,726	538,360
TOTAL ACCUMULATED BENEFITS	$ 20,339,805	$ 19,625,237
Net assets available for benefits	$ 17,790,511	$ 17,022,634
Value of unfunded vested accrued benefits	$ 15,503,398	$ 13,431,947

NOTE C - ACCUMULATED PLAN BENEFITS (Continued)

Based on their actuarial valuations the actuaries have determined that within the meaning of the Multiemployer Pension Plan Act of 1980 there was a withdrawal liability for the 2014-2015 and 2013-2014 plan years.

Changes in the value of accumulated plan benefits for the plan year ending April 30, 2015 are as follows:

Value of Accumulated Plan Benefits as of April 30, 2013		$ 19,129,193
Increase (Decrease) in value due to:		
Decrease in discount period	$ 1,297,744	
Plan amendment	194,239	
Assumption change	(134,179)	
Benefits paid	(1,200,280)	
Plan experience and benefit accrual	338,520	
Total Net Increase		$ 496,044
Value of Accumulated Plan Benefits as of April 30, 2014		$ 19,625,237
Increase (Decrease) in value due to:		
Decrease in discount period	$ 1,333,273	
Plan amendment	-0-	
Assumption change	228,231	
Benefits paid	(1,176,860)	
Plan experience and benefit accrual	329,924	
Total Net Increase		$ 714,568
Value of Accumulated Plan Benefits as of April 30, 2015		$ 20,339,805

NOTE C - ACCUMULATED PLAN BENEFITS (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investments – 7.0% per annum.

Mortality Rates-

Non-Disabled RP-2000 with Blue Collar adjustment.

Disabled RP-2000 Disabled Retiree Mortality Table.

Retirement Rates:

Actives

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

Terminated Vested Age 62

Retirement age prior year – Normal retirement age 62 or attained age if greater

Expense Load – $80,000 per year (2014 was $66,000 per year)

Actuarial cost method – Entry age normal

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE D - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

NOTE D - FAIR VALUE MEASUREMENTS (continued)

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are delivered principally from or corroborated by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used to maximize the use of observable inputs and minimize the use of unobservable measurements.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2016 and 2015.

Money Market Funds: Valued at the closing price reported on an actively traded exchange.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds: Valued using the pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Exchange Traded Funds: Valued at the daily closing price as reported on the active market on which they are traded.

NOTE D - FAIR VALUE MEASUREMENTS (continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Valuation of Private REITS: The Fund may invest a significant portion of its assets in Private Real Estate Investment Trusts ("Private REITs"). The Private REITs measure their investment assets at fair value and report a NAV per share on a calendar quarter basis. In accordance with Accounting Standards Codification ("ASC") 820, the Fund has elected to apply the practical expedient and to value its investments in Private REITs at their respective NAVs at each quarter. For non-calendar quarter-end days, the Pricing Committee estimates the fair value of each private REIT by adjusting the most recent NAV for each REIT by the change in a proprietary benchmark that the Pricing Committee has deemed to be representative of the entire Private REIT market. In the event that a price is not provided by the Private REIT, the fair valuation procedures will be followed. As of April 30, 2016 and 2015, all of the Fund's investments in Private REITs were valued at the respective NAVs of the Private REITs.

The preceding method described may produce fair value calculations that may not be indicative of net realizable value or reflective of future values. Furthermore, although the plan believes its valuation is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

	ASSETS AT FAIR VALUE AS OF APRIL 30, 2016			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 79,004	$ -0-	$ -0-	$ 79,004
Mutual Funds	14,410,377	-0-	-0-	14,410,377
Private REIT	-0-	-0-	-0-	2,291,864
TOTAL	$ 14,489,381	$ -0-	$ -0-	$ 16,781,245

	ASSETS AT FAIR VALUE AS OF APRIL 30, 2015			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 475,183	$ -0-	$ -0-	$ 475,183
Corporate Stocks	5,945,363	-0-	-0-	5,945,363
U.S. Government Securities	4,690,935	-0-	-0-	4,690,935
Corporate Bonds	1,042,530	-0-	-0-	1,042,530
Exchange Traded Fund	2,877,253	-0-	-0-	2,877,253
Mutual Funds	652,119	-0-	-0-	652,119
Private REIT	-0-	-0-	-0-	2,044,243
TOTAL	$ 15,683,383	$ -0-	$ -0-	$ 17,727,626

NOTE E - INCOME TAX STATUS

The Internal Revenue Service issued its latest determination letter to the Fund on December 8, 2015 stating that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

NOTE F - CONCENTRATIONS

During the year ended April 30, 2016, there were three employers which represented 16%, 15%, and 12% of total employer contributions to the Plan. During the year ended April 30, 2015, there were two employers which represented 27% and 17% of total employer contributions to the Plan.

NOTE G – RISKS AND UNCERTAINTIES

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

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

NOTE H– RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by PNC Bank and American Core Realty Fund, LLC, custodians of the Plan. The Plan also has several arrangements with service providers for administrative expenses. These transactions are party in interest transactions under ERISA.

NOTE I – ACCOUNTING CHANGES – PLAN INVESTMENT DISCLOSURES

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2016, with early adoption permitted, and is to be applied retrospectively. The Plan has elected to adopt early ASU 2015-07 for the years ended December 31, 2015 and 2014. Plan management does not believe the adoption of the ASU had a material impact on the financial statements.

For the Plan year ended April 30, 2016, the Plan changed its method of accounting and reporting to comply with the provisions of ASU 2015-12 issued by the Financial Accounting Standards Board. ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. ASU 2015-12 also simplifies the level of disaggregation of investments that are measured using fair value. The Plan will continue to disaggregate investments that are measured using fair value by general type, however, the Plan no longer is required to also disaggregate by nature characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of Plan asset.

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348

Schedule H, Part IV, Line 4i

SCHEDULE OF ASSETS (HELD AT YEAR END)

For the Years Ended April 30, 2016 and 2015

(a)	(b) Identity/Description	(c) Par Value	(d) Cost	(e) Current Value
	PRIVATE REAL ESTATE INVESTEMENT TRUST			
*	American Core Realty Fund	19.023	1,600,000	2,291,864
	MUTUAL FUNDS			
	Equity Funds:			
	Ishares Core S&P 500	35,181.000	6,720,733	7,298,650
	American Europacific Growth Fund	27,800.063	1,300,592	1,247,111
	Vanguard Extended Market Index	23,088.887	1,625,165	1,474,687
	Bond Funds:			
	Baird Aggregate Bond Fund	341,095.935	3,657,702	3,721,357
	Templeton Global Total Return Fund	58,390.555	773,555	668,572
	TOTAL MUTUAL FUNDS		14,077,747	14,410,377
	MONEY MARKET FUNDS			
*	PNC Treasury Money Market Funds	78,816.380	78,816	78,816
*	PNC Money Market Fund	187.830	188	188
			79,004	79,004
	TOTAL ASSETS HELD FOR INVESTMENT		**$ 15,756,751**	**$ 16,781,245**

See Independent Auditors' Report.

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348

Schedule H, Part IV, Line 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended April 30, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Gain or (Loss)
PNC Bank Trust	Vanguard Total Intl Stock Index 1 Sale	-	1,258,746	-	-	1,420,680	1,258,746	(161,934)
PNC Bank Trust	Baird Aggregate Bond Fund 2 Purchases	3,690,000	-	-	-	3,690,000	3,690,000	-
PNC Bank Trust	American Europacific Growth Fund 1 Purchase	1,258,746	-	-	-	1,258,746	1,258,746	-
PNC Bank Trust	Vanguard Total Intl Stock Index Fund 1 Purchase	1,400,000	-	-	-	1,400,000	1,400,000	-
PNC Bank Trust	Vanguard Extended Mkt Index 1 Purchase	1,700,000	-	-	-	1,700,000	1,700,000	-
PNC Bank Trust	Ishares Core S&P 500 1 Sale	-	2,820,378	-	-	2,789,082	2,820,378	31,296
PNC Bank Trust	Ishares Core S&P 500 1 Purchase	955,031	-	-	-	955,031	955,031	-
		$ 9,003,777	$ 4,079,124			$ 13,213,539	$ 13,082,901	$ (130,638)

See Independent Auditors' Report.

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 04/30/2016

► **Round off amounts to nearest dollar.**

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

A Name of plan
Bricklayers Local No. 8 Pension Plan

B Three-digit plan number (PN) ► 001

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

D Employer Identification Number (EIN)
34-6583348

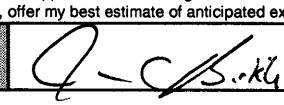
E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 05 Day 01 Year 2015

b	Assets:		
	(1) Current value of assets	1b(1)	17,790,511
	(2) Actuarial value of assets for funding standard account	1b(2)	18,793,647
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	21,408,600
	(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)	20,339,805
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)	34,655,778
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	772,713
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,155,190
	(3) Expected plan disbursements for the plan year	1d(3)	1,235,190

Statement by Enrolled Actuary

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

SIGN HERE 

Signature of actuary — Date: 02/16/2017

Jason C. Birkle — 14-07856

Type or print name of actuary — Most recent enrollment number

Cuni, Rust & Strenk — (513) 891-0270

Firm name — Telephone number (including area code)

4555 Lake Forest Drive - Suite 620

US Cincinnati OH 45242-3760

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		2a	17,790,511
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		82	12,854,213
(2) For terminated vested participants		69	8,171,502
(3) For active participants:			
(a) Non-vested benefits			651,901
(b) Vested benefits			12,978,162
(c) Total active		140	13,630,063
(4) Total		291	34,655,778
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.33 %	

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2015	0				
04/30/2016	957,376				
			Totals ▶ 3(b)	957,376	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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 3.37 %

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

(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Expense loading	6e	20.4 % ☐ 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		5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		6.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial Balance	(3) Amortization Charge/Credit
1	775,799	79,606
4	264,827	27,174

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☐ Yes ☒ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(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		392,217
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,007,947	1,637,890
(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		142,107
e Total charges. Add lines 9a through 9d	9e		2,172,214
Credits to funding standard account:			
f Prior year credit balance, if any	9f		3,541,210
g Employer contributions. Total from column (b) of line 3	9g		957,376
		Outstanding balance	
h Amortization credits as of valuation date	9h	6,851,784	1,128,343
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		359,810

j	Full funding imitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	9j(1)	8,080,123	
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	13,063,306	
	(3) FFL credit		9j(3)	0
k	**(1)** Waived funding deficiency		9k(1)	0
	(2) Other credits		9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	5,986,739
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	3,814,525
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2015 plan year	9o(1)	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
	(3) Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

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

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

1. Effective Date: May 1, 1964.

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

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

4. Eligibility: 200 Hours of Covered Employment.

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

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

7. Employer Contributions:

	Hourly Rate	
Effective Date	Local 8	Local 43
June 1, 2009	$5.76	$1.38
June 1, 2010	$6.51	$2.13
June 1, 2012	$6.88	$2.50
June 1, 2014	$7.23	$2.85

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

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

9. Normal Retirement:

a. Eligibility

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

b. Monthly Benefit

Based on hours worked during the Plan Year.

Hours Worked	Benefit Rate
Less than 200	$0.00
200 to 300	$9.60
300 to 400	$15.97
400 to 500	$22.36
500 to 600	$28.75
600 to 700	$35.12
700 to 800	$41.51
800 to 900	$47.90
900 to 1,000	$54.28
1,000 to 1,100	$60.67
1,100 to 1,200	$67.06
1,200 to 1,300	$73.43
1,300 to 1,400	$79.83
1,400 to 1,500	$86.21
1,500 to 1,600	$92.59
1,600 to 1,700	$98.98
1,700 to 1,800	$105.39
1,800 to 1,900	$111.75
1,900 to 2,000	$118.13
2,000 to 2,100	$124.53
2,100 to 2,200	$130.89
2,200 to 2,300	$137.28
2,300 to 2,400	$143.69
2,400 to 2,500	$150.07
2,500 to 2,600	$156.46
2,600 to 2,700	$162.85
2,700 to 2,800	$169.20
2,800 to 2,900	$175.60
2,900 to 3,000	$181.99
3,000 or more	$188.37

Participants whose contribution rate is $2.85 per hour earn 24% of the amounts shown above.

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

10. Early Retirement:

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

11. Disability Retirement:

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

12. Pre-Retirement Death:

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

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

13. Vested Retirement:

a. Eligibility	5 Years of Vesting Service (7 Years of Vesting Service if no hours worked after April 30, 1996).
b. Monthly Benefit	Calculated as for Normal or Early Retirement.

14. Payment Forms:

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

15. Changes Since Last Year: None.

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

1. Interest Rates: 7.00%/3.37% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

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

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

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

   b. Current Liability: 2015 Static Mortality Table.

3. Retirement Rates:

   a. Actives

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

   The weighted average age is 61.3.

   b. Terminated Vesteds: Age 62.

4. Actuarial Cost Method: Entry Age Normal.

5. Termination/Disability Rates:

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

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

6. Number of Hours Worked:	Based on hours worked in previous year (an average of 1,148 hours per year).
7. Expense Load:	$80,000 per year.
8. Percent Married/Spousal Age:	80% with husbands 3 years older than their wives.
9. Actuarial Value of Assets:	Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.
10. Changes Since Last Year:	The mortality rate projections, hours worked, and expense load were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 8b(2) – Schedule of Active Participant Data
Plan Name: Bricklayers Local No. 8 Pension Plan
EIN: 34-6583348
PN: 001

Years of Credited Service:

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

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

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/1978	Combined	$ 3,314	3	$ 227	$ 640
05/01/1985	Method	279,550	1	20,466	20,466
05/01/1987	Combined *	194,224	2	14,393	27,845
05/01/1989	Combined *	349,052	4	25,946	94,036
05/01/1991	Combined *	1,167,526	6	87,022	443,832
05/01/1992	Combined *	527,045	7	39,335	226,830
05/01/1993	Combined *	416,906	8	31,155	199,056
05/01/1995	Combined *	659,927	10	49,435	371,520
05/01/1996	Combined *	520,048	11	39,002	312,934
05/01/1997	Combined *	551,152	12	41,381	351,678
05/01/1998	Combined *	517,977	13	38,932	348,150
05/01/1999	Combined *	525,016	14	39,502	369,641
05/01/2000	Combined *	383,497	15	28,883	281,486
05/01/2001	Experience	4,563	1	470	470
05/01/2002	Experience	1,565,026	2	160,592	310,678
05/01/2003	Experience	796,824	3	81,763	229,592
05/01/2007	Combined *	1,156,242	22	87,081	1,030,657
05/01/2008	Experience	1,367,857	8	140,358	896,793
05/01/2009	Asset Loss	4,589,908	23	349,385	4,214,013
05/01/2012	Assumption	537,284	12	55,132	468,546
05/01/2012	Experience	796,842	12	81,765	694,899
05/01/2013	Experience	243,563	13	24,992	223,501
05/01/2013	Amendment	288,052	13	29,558	264,323
05/01/2013	Assumption	382,708	13	39,270	351,184
05/01/2014	Amendment	244,272	14	25,065	234,551
05/01/2015	Experience	775,799	15	79,606	775,799
05/01/2015	Assumption	264,827	15	27,174	264,827
	Total Charges			$ 1,637,890	$ 13,007,947

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

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

Credit Bases:

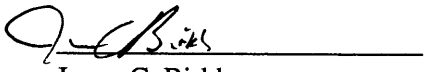
Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
05/01/2000	Experience	$ 813,811	15	$ 61,291	$ 597,317
05/01/2004	Experience	1,053,309	4	108,082	391,723
05/01/2005	Experience	180,800	5	18,552	81,394
05/01/2006	Experience	608,653	6	62,455	318,533
05/01/2007	Experience	655,892	7	67,302	388,102
05/01/2009	Experience	1,567,051	9	160,798	1,120,971
05/01/2010	Asset Method	2,472,458	5	328,993	1,443,362
05/01/2010	Experience	2,045,614	10	209,904	1,577,479
05/01/2010	Amendment	48,862	10	5,014	37,679
05/01/2010	Assumption	20,183	10	2,071	15,565
05/01/2011	Experience	390,904	11	40,111	321,837
05/01/2011	Assumption	284,318	11	29,174	234,085
05/01/2014	Experience	200,775	14	20,602	192,785
05/01/2014	Assumption	136,379	14	13,994	130,952
	Total Credits			$ 1,128,343	$ 6,851,784

1.	Net Amortization	$ 6,156,163
2.	Credit Balance	$ 3,541,210
3.	Balance Test: [(1) - (2)]	$ 2,614,953
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$ 21,408,600
	b. Actuarial Value of Assets	18,793,647
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 2,614,953

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

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

- The mortality rate projections were updated.
- The hours worked assumption was increased from 933 to 1,148 per year.
- The expense assumption was increased from $66,000 to $80,000.


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

Federal Statements

BRICKLAYERS LOCAL NO. 8 PENSION FUND

Plan: 001

FYE: 4/30/2016

Plan transactions in excess of 5% of plan assets

Name	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
PNC BANK TRUST	VANGUARD TOTAL INTL	$	$ 1258746	$	$	$ 1420680	$ 1258746	$-161,934
PNC BANK TRUST	BAIRD AGGREGATE BOND FUND	3690000				3690000	3690000	
PNC BANK TRUST	AMERICAN EUROPACIFIC GROWTH	1258746				1258746	1258746	
PNC BANK TRUST	VANGUARD TOTAL INTL STOCK	1400000				1400000	1400000	
PNC BANK TRUST	VANGUARD EXTENDED MKT INDEX	1700000				1700000	1700000	
PNC BANK TRUST	ISHARES CORE S&P 500		2820378			2789082	2820378	31,296
PNC BANK TRUST	ISHARES CORE S&P 500	955,031				955,031	955,031	

Federal Statements

FYE: 4/30/2016

BRICKLAYERS LOCAL NO. 8 PENSION FUND
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	ISHARES CORE S&P	EXCHANGE TRADED FD	$ 6,720,733	$ 7,298,650
	PNC MONEY MARKET FUN	MONEY MARKET	188	188
	REAL ESTATE INVETMEN	REIT	1,600,000	2,291,864
	AMERICAN EUROPACIFIC	EQUITY FUND	1,300,592	1,247,111
	VANGUARD EXTENDED	EQUITY FUND	1,625,165	1,474,687
	BAIRD AGGREGATE BOND	BOND FUND	3,657,702	3,721,357
	TEMPLETON GLOBAL	BOND FUND	773,555	668,572
	PNC TREASURY FUND	MONEY MARKET	78,816	78,816

Federal Statements

BRICKLAYERS LOCAL NO. 8 PENSION FUND
Plan: 001

Change in Actuarial Assumptions

Description
THE MORTALITY RATE PROJECTIONS WERE UPDATED.
THE HOURS WORKED ASSUMPTION WAS INCREASED FROM 933 TO 1,148 PER YEAR.
THE EXPENSE ASSUMPTION WAS INCREASED $66,000 TO $80,000.