

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>05/01/2018</u> and ending <u>04/30/2019</u>
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>BRICKLAYERS LOCAL NO. 8 PENSION FUND</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
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) <u>BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES</u> <u>33 FITCH BOULEVARD</u> <u>AUSTINTOWN, OH 44515</u>	1c Effective date of plan <u>05/01/1964</u>	2b Employer Identification Number (EIN) <u>34-6583348</u>	2c Plan Sponsor's telephone number <u>330-270-0453</u>
		2d Business code (see instructions) <u>525100</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/26/2019	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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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 <div style="background-color: #cccccc; height: 40px;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 297
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> 6a(1) 129 6a(2) 143 6b 82 6c 67 6d 292 6e 14 6f 306 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 41

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

▶ **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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 05 Day 01 Year 2018	
b Assets	
(1) Current value of assets	1b(1) 19849170
(2) Actuarial value of assets for funding standard account.....	1b(2) 19686597
c (1) Accrued liability for plan using immediate gain methods	1c(1) 24279044
(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) 23045432
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) 41024243
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 692685
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1463614
(3) Expected plan disbursements for the plan year	1d(3) 1553614

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		11/06/2019
Signature of actuary		Date
RANDALL N. SMITH		17-06649
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 ☐

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Schedule MB (Form 5500) 2018
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	19849170
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	94	17628573
(2) For terminated vested participants	74	9744415
(3) For active participants:		
(a) Non-vested benefits.....		455300
(b) Vested benefits.....		13195955
(c) Total active	129	13651255
(4) Total	297	41024243
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.38%

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
04/30/2019	859680				
Totals ▶			3(b)	859680	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	85.4%
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 ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.99%	
	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	22.9%	☐ 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	4.7%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.1%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	853407	87570
4	226429	23234

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	269887
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)	13626706
(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	137298
e Total charges. Add lines 9a through 9d.....	9e	2098697

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	4388805
g	Employer contributions. Total from column (b) of line 3.....	9g	859680
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	4645454
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	416776
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	9898719
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	17863774
(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	6807834
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	4709137
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2018 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.....		☒ Yes ☐ No

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019		
A Name of plan BRICKLAYERS LOCAL NO. 8 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRICKLAYERS LOCAL NO. 8 PENSION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 34-6583348	

Part I	Service Provider Information (see instructions)
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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)

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	12159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	6600	Yes ☐ No ☒	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	6592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	30375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	8384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AND CO INC.

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	18667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	29799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS

33 FITCH BLVD
AUSTINTOWN, OH 44515

34-1487882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	20700	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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019		
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	94148	249035
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	147579	194695
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	11243	1172
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	264018	969572
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(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)	16778289	16514556
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2586288	2767533

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19881565	20696563

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	32395	35908
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32395	35908

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19849170	20660655
---	-----------	----------	----------

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)	859680	
(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)		859680
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1400	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	100240	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101640
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	303521	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		303521
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		1112212
c Other income.....	2c		213
d Total income. Add all income amounts in column (b) and enter total	2d		2377266

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1416191	
(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)		1416191
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)	49134	
(2) Contract administrator fees.....	2i(2)	20700	
(3) Investment advisory and management fees.....	2i(3)	57884	
(4) Other	2i(4)	21872	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		149590
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1565781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		811485
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BODINE PERRY, LLC

(2) EIN: 41-2028444

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4193258. (See instructions.)

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 sections 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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning **05/01/2018** and ending **04/30/2019**

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	1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LENCYK MASONRY COMPANY

b EIN 34-1432884

c Dollar amount contributed by employer 181455

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 2022

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: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer YOUNGSTOWN TILE & TERRAZZO

b EIN 34-0680197

c Dollar amount contributed by employer 127337

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 2022

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: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

**Ohio Bricklayers Local No. 8
Pension Fund**

Financial Statements

For the Years Ended
April 30, 2019 and 2018



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Independent Auditors' Report

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

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, 2019 and 2018, 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, 2019 and 2018, and the changes in its Net Assets Available for Benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

3711 Starrs Centre Drive, Canfield, OH 44406
P: 330-702-8100 F: 330-702-8781
bodineperry.com

Offices in: Columbus and Youngstown, OH and Jacksonville and Naples, FL

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i, Schedule of Assets (Held at End of Year) and Schedule H, Line 4j, Schedule of 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
November 05, 2019

Ohio Bricklayers Local No. 8 Pension Fund

Statements of Net Assets Available for Benefits
As of April 30, 2019 and 2018

Assets		
	<u>2019</u>	<u>2018</u>
Non-Interest Bearing Cash	\$ 249,035	\$ 94,148
Investments at Fair Value		
Money market funds	969,572	264,018
Mutual funds	16,514,556	16,778,289
Private real estate investment trust	2,766,104	2,584,877
Total Investments at Fair Value	<u>20,250,232</u>	<u>19,627,184</u>
Receivables		
Employer contributions	194,695	147,579
Interest and dividends	1,126	9,773
Accounts receivable - other	46	1,470
Total Receivables	<u>195,867</u>	<u>158,822</u>
Other Assets		
Prepaid insurance	729	728
Prepaid dues	700	683
Total Other Assets	<u>1,429</u>	<u>1,411</u>
Total Assets	20,696,563	19,881,565
Liabilities		
Reciprocity payable	28,223	14,397
Accounts payable	7,685	17,998
Total Liabilities	<u>35,908</u>	<u>32,395</u>
Net Assets Available for Benefits	<u><u>\$ 20,660,655</u></u>	<u><u>\$ 19,849,170</u></u>

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, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to Net Assets		
Investment Income:		
Interest income	\$ 147,164	\$ 267,894
Dividend income	303,521	149,785
Private real estate investment income	100,240	98,770
Net appreciation (depreciation) in fair value of investments	966,448	1,226,950
Total Investment Income	<u>1,517,373</u>	<u>1,743,399</u>
Less: Investment expenses	<u>(39,217)</u>	<u>(42,185)</u>
Net Investment Income	1,478,156	1,701,214
Contributions:		
Employer contributions	988,841	1,036,987
Reciprocity paid to other union pension funds	<u>(129,161)</u>	<u>(163,143)</u>
Total Contributions	859,680	873,844
Other Income	<u>213</u>	<u>1,150</u>
Total Additions	2,338,049	2,576,208
Deductions from Net Assets		
Participant Benefits Paid	1,416,191	1,317,951
Administrative Expenses:		
Accounting fees	6,600	6,100
Actuary fees	30,375	53,625
Attorney fees	12,159	7,856
Collection service fees	6,592	7,676
Consultant fee	18,667	18,167
Contract administration	20,700	-
Insurance	4,371	5,388
Office supplies	1,750	2,240
Miscellaneous expense	10	10
Pension benefit guaranty corporation premium	8,316	8,232
Trustee conferences and meetings expenses	833	912
Total Administrative Expenses	<u>110,373</u>	<u>110,206</u>
Total Deductions	<u>1,526,564</u>	<u>1,428,157</u>
Change in Net Assets Available for Benefits	811,485	1,148,051
Net Assets Available for Benefits:		
Beginning of Year	<u>19,849,170</u>	<u>18,701,119</u>
End of Year	<u><u>\$ 20,660,655</u></u>	<u><u>\$ 19,849,170</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note A - Description of Plan

The Ohio Bricklayers Local No. 8 Pension Fund ("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 remained and continued as separate plans through April 30, 2019. Employer pension contributions continued to be deposited and credited into each of the separate plans through April 30, 2019 based on the member's local union affiliation prior to the merger. The hourly contribution rate in effect for the years ended April 30, 2019 and 2018 was \$7.23 on hours worked except for Sundays and Holidays which is based on hours paid. Contributions for fiscal years 2019 and 2018 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. See Note I regarding plan merger subsequent to year end.

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.

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 Plan 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.

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note B - Summary of Significant Accounting Policies (continued)

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.

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.

Reciprocity Agreements

The Plan has signed reciprocity agreements with other locals and amounts due from or due to other plans of those locals are recorded as accounts receivable or accounts payable.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in the net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with this year's presentation.

Note C - Actuarial Present Value of 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.

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note C - Actuarial Present Value of Accumulated Plan Benefits (continued)

The most recent actuarial valuations were prepared by Cuni, Rust & Strenk Actuarial. The accumulated plan information as of April 30, 2018 and 2017 was as follows:

	April 30,	
	2018	2017
Actuarial present value of accumulated vested plan benefits:		
Active participants	\$ 6,532,224	\$ 7,206,484
Vested terminated participants	5,137,215	5,427,053
Retirees and beneficiaries	12,395,475	10,750,040
	<u>24,064,914</u>	<u>23,383,577</u>
Accumulated non-vested benefits	329,084	213,164
Total Accumulated Benefits	\$ <u>24,393,998</u>	\$ <u>23,596,741</u>
Net assets available for benefits	\$ <u>19,849,170</u>	\$ <u>18,701,119</u>

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 2017-2018 and 2016-2017 plan years.

Changes in the value of accumulated plan benefits for the plan years ending April 30, 2018 and 2017 are as follows:

Value of Accumulated Plan Benefits as of April 30, 2016	\$ 21,313,924
Increase (Decrease) in value due to:	
Decrease in discount period	\$ 1,449,803
Plan amendment	-0-
Assumption change	1,218,410
Benefits paid	(1,225,625)
Plan experience and benefit accrual	<u>840,229</u>
Total Net Increase	<u>2,282,817</u>
Value of Accumulated Plan Benefits as of April 30, 2017	\$ 23,596,741
Increase (Decrease) in value due to:	
Decrease in discount period	\$ 1,491,629
Plan amendment	-0-
Assumption change	150,877
Benefits paid	(1,317,951)
Plan experience and benefit accrual	<u>472,702</u>
Total Net Increase	<u>797,257</u>
Value of Accumulated Plan Benefits as of April 30, 2018	<u>\$ 24,393,998</u>

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note C - Actuarial Present Value of Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations are as follows:

Mortality Rates- Non-disabled	RP-2014 with Blue Collar adjustment.
Disabled	RP-2014 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 - \$90,000 for 2018 and \$70,000 for 2017

Number of hours worked - 1,182 hours for 2018 and 1,200 for 2017

Actuarial cost method - Entry age normal

Assumed rate of return on investments - 6.5% per annum.

The interest rate used to discount the obligation for each year ended April 30, 2018 and 2017 was 6.5%, which included a reduction of .5% to reflect anticipated administrative expenses associated with providing benefits. Previously, this rate was stated at 7%. This has been re-stated for previous years in these financial statements with a net increase of the actuarial present value of accumulated plan benefits at of April 30, 2017 of \$1,353,233.

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. The computations of the actuarial present value of accumulated plan benefits were made as of May 1, 2018 and 2017. Had the valuations been performed as of April 30, there would be no material differences.

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:

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note D - Fair Value Measurements (continued)

Level 1 Fair Value Measurements

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

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, 2019 and 2018.

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

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.

Private REIT: The Plan is invested in the American Core Realty Fund, which is a Private Real Estate Investment Trust ("Private REIT"). 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 Plan 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, 2019 and 2018, all of the Plan's investments in Private REITs were valued at the respective NAVs of the Private REITs. Redemptions of units of the American Core Realty Fund may be made at any time and are effective at the end of the calendar quarter in which the request is received by the fund.

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

Note D - Fair Value Measurements (continued)

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, 2019				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 969,572	\$ -0-	\$ -0-	\$ 969,572
Mutual Funds	16,514,556	-0-	-0-	16,514,556
Total Assets in Fair Value Hierarchy	\$ 17,484,128	\$ -0-	\$ -0-	17,484,128
Investments Valued at NAV				2,766,104
Total Investments at Fair Value				\$ 20,250,232

Assets at Fair Value as of April 30, 2018				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 264,018	\$ -0-	\$ -0-	\$ 264,018
Mutual Funds	16,778,289	-0-	-0-	16,778,289
Total Assets in Fair Value Hierarchy	\$ 17,042,307	\$ -0-	\$ -0-	17,042,307
Investments Valued at NAV				2,584,877
Total Investments at Fair Value				\$ 19,627,184

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). Although the plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Note F - Concentrations

Employer Contributions

During the year ended April 30, 2019, there were two employers which represented 21% and 16% of total employer contributions to the Plan. During the year ended April 30, 2018, there were two employers which represented 17% and 12% of total employer contributions to the Plan.

Credit Risk

The Plan maintains its cash in bank deposit accounts at financial institutions. The balances, at times, may exceed current federally insured limits through the Federal Deposit Insurance Corporation of \$250,000, per institution.

Ohio Bricklayers Local No. 8 Pension Fund

Notes to Financial Statements
For the Years Ended April 30, 2019 and 2018

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 Realty Advisors, 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 - Subsequent Events

Effective May 1, 2019 Bricklayers Local No. 43 Pension Plan merged into the Ohio Bricklayers Local No. 8 Pension Fund, with the Local No. 8 Plan remaining as successor. Bricklayer Local No. 8 Pension Fund management received a notification letter on April 8, 2019 from PBGC advising that the merger request with Bricklayers Local No. 43 Pension Plan was approved. Highlights of the merger include:

- All contributions for work in covered employment under the Local Union No. 8 contract on and after May 1, 2019, will be paid to the Local 8 Plan with no further contributions being paid to the Local 43 Plan.
- The Local 43 Plan participants and beneficiaries will retain benefits accrued through April 30, 2019 under the benefit schedules in the Local 43 Plan; the Local 8 Plan will be amended to incorporate these schedules of benefits.
- The former Local 43 Plan participants will only accrue benefits at the same rate as the other Local 8 Plan participants on and after May 1, 2019.
- Participation in the Local 43 Plan will count toward eligibility in the Local 8 Plan.
- To comply with PBGC regulations, the merger agreement will state that the accrued benefits of the participants and beneficiaries of both the Local 8 and Local 43 Plans will be no less, immediately after the merger, than the benefits that were accrued immediately before the merger.
- The Local 8 Plan and trust agreement will not be affected by the merger, except as specifically stated in the merger agreement.

Subsequent events have been evaluated through November 05, 2019, which is the date the financial statements were available to be issued.

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of April 30, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	<u>Money Market Funds</u>			
*	PNC Treasury Money Market Funds	552,552 units	\$ 552,552	\$ 552,552
*	PNC Money Market Fund	417,019 units	417,019	417,020
	Total Money Market Funds		969,571	969,572
	<u>Mutual Funds</u>			
	<u>Equity Funds:</u>			
	iShares Core S&P 500	28,331 shares	5,412,157	8,384,276
	American Europacific Growth Fund	37,958.412 shares	1,838,710	1,991,298
	Vanguard Extended Market Index	21,644.448 shares	1,531,617	1,964,450
	<u>Bond Funds:</u>			
	Baird Aggregate Bond Fund	184,144.600 shares	1,988,780	2,027,432
	Templeton Global Total Return Fund	77,323.284 shares	997,868	910,868
	Baird Short Term Bond Fund	127,842.011 shares	1,225,343	1,236,232
	Total Mutual Funds		12,994,475	16,514,556
	<u>Private Real Estate Investment Trust</u>			
*	American Core Realty Fund	21.9908 units	1,600,000	2,766,104
	Total Assets Held For Investment		\$ 15,564,046	\$ 20,250,232

* Party-in-interest

See Independent Auditors' Report.

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348, PN 001

Schedule H, Line 4j Schedule of Reportable Transactions For the Year Ended April 30, 2019

(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)
	357,268.094 shs of Baird Aggregate Bond Fund	\$ -	\$ 3,765,463	\$ -	\$ -	\$ 3,832,435	\$ -	\$ (66,972)
		<u>\$ -</u>	<u>\$ 3,765,463</u>			<u>\$ 3,832,435</u>	<u>\$ -</u>	<u>\$ (66,972)</u>

See Independent Auditors' Report.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

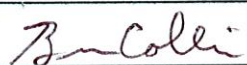
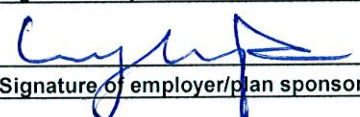
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210 - 0110
1210 - 0089**2018**▶ **Complete all entries in accordance with
the instructions to the Form 5500.****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **05/01/2018** and ending **04/30/2019**

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan
BRICKLAYERS 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****2b** Employer Identification
Number (EIN)
****-***3348****2c** Plan Sponsor's telephone
number
330-270-0453**33 FITCH BOULEVARD****2d** Business code (see
instructions)
525100**AUSTINTOWN****OH 44515****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		11/05/2019	BRIAN COLLIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/5/19	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)

2018 Form 5500 e-file Signature Authorization

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

Employer Identification Number: **-***3348

Client Identification Number: OHIOBRICKPF

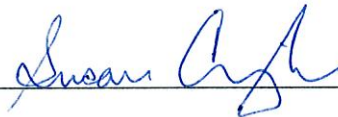
You, as plan administrator, are authorizing that Bodine Perry, LLC electronically file the 2018 Form 5500 for BRICKLAYERS LOCAL NO. 8 PENSION FUND as an EFAST2 Service Provider.

Authorization

As plan administrator for BRICKLAYERS LOCAL NO. 8 PENSION FUND, I authorize Bodine Perry, LLC to electronically file Form 5500 for the tax year 2018. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date: 11/5/2019

PN: 001

[illegible]

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%/2.99% (Funding/Current Liability).

 2. Mortality Rates:
 - a. Funding
 - i. Non-Disabled RP-2014 with Blue Collar adjustment.
 - ii. Disabled RP-2014 Disabled Retiree.
 - iii. Base Year Adjustments 2006 using Scale MP-2014.
 - iv. Future Mortality Improvement Projected generationally using Scale MP-2018.
 - b. Current Liability 2018 Combined Static Mortality Table (IRS Notice 2017-60).

 3. Retirement Rates:
 - a. Actives

<u>Age</u>	<u>Rate</u>
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. Number of Hours Worked: Based on hours worked in previous year (an average of 1,182 hours per year).
-

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

6. Expense Load: \$90,000 per year.

7. Termination: Year 1 – 0.30, year 2 – 0.15, years 3 and later:

<u>Age</u>	<u>Rate</u>
25	0.116200
35	0.105500
45	0.075400
55	0.017300
65	0.000000

8. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0006
35	0.0010
45	0.0021
55	0.0055
65	0.0000

9. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

10. Payment Form Election:

<u>Forms of Payment</u>	<u>% Electing</u>
Single Life Annuity	71%
50% Joint & Survivor with Pop-Up	21%
75% Joint & Survivor with Pop-Up	8%
100% Joint & Survivor with Pop-Up	0%

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

11. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($\frac{1}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains/(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.

12. Changes Since Last Year:

The mortality projection scale was updated, the hours worked assumption was lowered, the expense load was increased, payment form election and terminated vested retirement rates were added, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

 2. Mortality Rates: RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables are adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from base year 2006 using Scale MP-2018.

 3. Retirement Rates: Based on the Plan's most recent experience study.

 4. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.

 5. Termination/Disability Rates: Based on the Plan's most recent experience study.

 6. Payment Form Election: Based on the Plan's most recent experience study.
-

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348, PN 001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of April 30, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	<u>Money Market Funds</u>			
*	PNC Treasury Money Market Funds	552,552 units	\$ 552,552	\$ 552,552
*	PNC Money Market Fund	417,019 units	417,019	417,020
	Total Money Market Funds		969,571	969,572
	<u>Mutual Funds</u>			
	<u>Equity Funds:</u>			
	iShares Core S&P 500	28,331 shares	5,412,157	8,384,276
	American Europacific Growth Fund	37,958.412 shares	1,838,710	1,991,298
	Vanguard Extended Market Index	21,644.448 shares	1,531,617	1,964,450
	<u>Bond Funds:</u>			
	Baird Aggregate Bond Fund	184,144.600 shares	1,988,780	2,027,432
	Templeton Global Total Return Fund	77,323.284 shares	997,868	910,868
	Baird Short Term Bond Fund	127,842.011 shares	1,225,343	1,236,232
	Total Mutual Funds		12,994,475	16,514,556
	<u>Private Real Estate Investment Trust</u>			
*	American Core Realty Fund	21.9908 units	1,600,000	2,766,104
	Total Assets Held For Investment		\$ 15,564,046	\$ 20,250,232

* Party-in-interest

See Independent Auditors' Report.

Ohio Bricklayers Local No. 8 Pension Fund

FEIN 34-6583348, PN 001

Schedule H, Line 4j Schedule of Reportable Transactions For the Year Ended April 30, 2019

(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)
	357,268.094 shs of Baird Aggregate Bond Fund	\$ -	\$ 3,765,463	\$ -	\$ -	\$ 3,832,435	\$ -	\$ (66,972)
		<u>\$ -</u>	<u>\$ 3,765,463</u>			<u>\$ 3,832,435</u>	<u>\$ -</u>	<u>\$ (66,972)</u>

See Independent Auditors' Report.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

► Round off amounts to nearest dollar.

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

A Name of plan <u>Bricklayers Local No. 8 Pension Plan</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Board of Trustees, Bricklayers Local No. 8 Pension Plan</u>	D Employer Identification Number (EIN) <u>34-6583348</u>

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2018</u>		
b Assets:		
(1) Current value of assets	1b(1)	19,849,170
(2) Actuarial value of assets for funding standard account	1b(2)	19,686,597
c (1) Accrued liability for plan using immediate gain methods	1c(1)	24,279,044
(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)	23,045,432
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)	41,024,243
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	692,685
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,463,614
(3) Expected plan disbursements for the plan year	1d(3)	1,553,614

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.

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> </div> Signature of actuary <u>Randall N. Smith</u> Type or print name of actuary <u>Cuni, Rust & Strenk</u> Firm name <u>4555 Lake Forest Drive - Suite 620</u> <u>US Cincinnati OH 45242-3760</u> Address of the firm	Date <u>11/06/2019</u> 17-06649 Most recent enrollment number (513) 891-0270 Telephone number (including area code)
--	--

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

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

Schedule MB (Form 5500) 2018
v.171027

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	19,849,170
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	94	17,628,573
(2) For terminated vested participants	74	9,744,415
(3) For active participants:		
(a) Non-vested benefits		455,300
(b) Vested benefits		13,195,955
(c) Total active	129	13,651,255
(4) Total	297	41,024,243
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.38 %

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
05/01/2018	0				
04/30/2019	859,680				
Totals ▶			3(b)	859,680	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	85.4 %
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 ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	2.99	%
b Rates specified in insurance or annuity contracts	<div style="display: flex; justify-content: space-between;"> <div> ☐ Yes ☒ No ☐ N/A </div> <div> ☐ Yes ☒ No ☐ N/A </div> </div>			
c Mortality table code for valuation purposes				
(1) Males	6c(1)	A		
(2) Females	6c(2)	A		
d Valuation liability interest rate	6d	7.00	%	
e Expense loading	6e	22.9	%	☒ 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	4.7	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.1	%	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	853,407	87,570
4	226,429	23,234

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		269,887
c Amortization charges as of valuation date:			
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,626,706	1,691,512
(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		137,298
e Total charges. Add lines 9a through 9d	9e		2,098,697

Credits to funding standard account:			
f	Prior year credit balance, if any	9f	4,388,805
g	Employer contributions. Total from column (b) of line 3	9g	859,680
		Outstanding balance	
h	Amortization credits as of valuation date	9h	4,645,454
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	416,776
j Full funding limitation (FFL) and credits:			
(1)	ERISA FFL (accrued liability FFL)	9j(1)	9,898,719
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	17,863,774
(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	6,807,834
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	4,709,137
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 2018 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 9o(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 $\frac{1}{12}$ of a Year of Credited Service for each 50 Hours worked.
7. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>	
	<u>Local 8</u>	<u>Local 43</u>
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.

<u>Hours Worked</u>	<u>Benefit Rate</u>
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 $\frac{1}{2}$ 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%/2.99% (Funding/Current Liability).

 2. Mortality Rates:
 - a. Funding
 - i. Non-Disabled RP-2014 with Blue Collar adjustment.
 - ii. Disabled RP-2014 Disabled Retiree.
 - iii. Base Year Adjustments 2006 using Scale MP-2014.
 - iv. Future Mortality Improvement Projected generationally using Scale MP-2018.
 - b. Current Liability 2018 Combined Static Mortality Table (IRS Notice 2017-60).

 3. Retirement Rates:
 - a. Actives

<u>Age</u>	<u>Rate</u>
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. Number of Hours Worked: Based on hours worked in previous year (an average of 1,182 hours per year).
-

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

6. Expense Load: \$90,000 per year.

7. Termination: Year 1 – 0.30, year 2 – 0.15, years 3 and later:

<u>Age</u>	<u>Rate</u>
25	0.116200
35	0.105500
45	0.075400
55	0.017300
65	0.000000

8. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0006
35	0.0010
45	0.0021
55	0.0055
65	0.0000

9. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

10. Payment Form Election:

<u>Forms of Payment</u>	<u>% Electing</u>
Single Life Annuity	71%
50% Joint & Survivor with Pop-Up	21%
75% Joint & Survivor with Pop-Up	8%
100% Joint & Survivor with Pop-Up	0%

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

11. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($\frac{1}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains/(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.

12. Changes Since Last Year:

The mortality projection scale was updated, the hours worked assumption was lowered, the expense load was increased, payment form election and terminated vested retirement rates were added, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

 2. Mortality Rates: RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables are adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from base year 2006 using Scale MP-2018.

 3. Retirement Rates: Based on the Plan's most recent experience study.

 4. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.

 5. Termination/Disability Rates: Based on the Plan's most recent experience study.

 6. Payment Form Election: Based on the Plan's most recent experience study.
-

PN: 001

[illegible]

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:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
05/01/1989	Combined *	\$ 349,052	1	\$ 25,945	\$ 25,945
05/01/1991	Combined *	1,167,526	3	87,022	244,363
05/01/1992	Combined *	527,045	4	39,335	142,567
05/01/1993	Combined *	416,906	5	31,155	136,681
05/01/1995	Combined *	659,927	7	49,435	285,075
05/01/1996	Combined *	520,048	8	39,002	249,192
05/01/1997	Combined *	551,152	9	41,381	288,473
05/01/1998	Combined *	517,977	10	38,932	292,574
05/01/1999	Combined *	525,016	11	39,502	316,941
05/01/2000	Combined *	383,497	12	28,883	245,476
05/01/2007	Combined *	1,156,242	19	87,081	963,045
05/01/2008	Experience	1,367,857	5	140,358	615,786
05/01/2009	Asset Loss	4,589,908	20	349,385	3,960,483
05/01/2012	Assumption	537,284	9	55,132	384,338
05/01/2012	Experience	796,842	9	81,765	570,014
05/01/2013	Amendment	288,052	10	29,558	222,130
05/01/2013	Assumption	382,708	10	39,270	295,128
05/01/2013	Experience	243,563	10	24,992	187,828
05/01/2014	Amendment	244,272	11	25,065	201,113
05/01/2015	Assumption	264,827	12	27,174	230,948
05/01/2015	Experience	775,800	12	79,606	676,549
05/01/2016	Assumption	415,246	13	42,609	381,041
05/01/2016	Experience	836,522	13	85,837	767,614
05/01/2017	Experience	899,355	14	92,284	863,566
05/01/2018	Experience	853,407	15	87,570	853,407
05/01/2018	Assumption	226,429	15	23,234	226,429
Total Charges				\$ 1,691,512	\$ 13,626,706

* Combined amount for amendment/assumption change 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:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
05/01/2000	Experience	\$ 813,811	12	\$ 61,291	\$ 520,902
05/01/2004	Experience	1,053,309	1	108,082	108,082
05/01/2005	Experience	180,800	2	18,552	35,893
05/01/2006	Experience	608,653	3	62,455	175,374
05/01/2007	Experience	655,892	4	67,302	243,927
05/01/2009	Experience	1,567,051	6	160,798	820,102
05/01/2010	Amendment	48,862	7	5,014	28,911
05/01/2010	Asset Method	2,472,458	2	328,993	636,464
05/01/2010	Assumption	20,183	7	2,071	11,944
05/01/2010	Experience	2,045,614	7	209,904	1,210,421
05/01/2011	Assumption	284,318	8	29,174	186,408
05/01/2011	Experience	390,904	8	40,111	256,285
05/01/2014	Assumption	136,379	11	13,994	112,284
05/01/2014	Experience	200,775	11	20,602	165,300
05/01/2017	Assumption	138,676	14	14,230	133,157
Total Credits				\$ 1,142,573	\$ 4,645,454
1. Net Amortization					\$ 8,981,252
2. Credit Balance					\$ 4,388,805
3. Balance Test: [(1) - (2)]					\$ 4,592,447
4. Unfunded Accrued Liability:					
a. Accrued Liability					\$ 24,279,044
b. Actuarial Value of Assets					19,686,597
c. Unfunded Accrued Liability: [(a) - (b)]					\$ 4,592,447

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

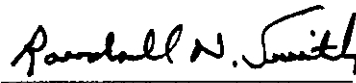
Plan Name: Bricklayers Local No. 8 Pension Plan

EIN: 34-6583348

PN: 001

Effective with the May 1, 2018 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality projection scale was updated.
- The number of hours worked assumption is based on hours worked in previous year. The average hours worked in the previous year decreased from 1,200 to 1,182.
- The expense load was increased from \$70,000 to \$90,000.
- The assumed payment form election percentage was changed.
- The retirement rates for terminated vested participants were changed.

 (signed)

Randall N. Smith

Enrollment #17-06649

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 $\frac{1}{12}$ of a Year of Credited Service for each 50 Hours worked.
7. Employer Contributions:

<u>Effective Date</u>	<u>Hourly Rate</u>	
	<u>Local 8</u>	<u>Local 43</u>
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.

<u>Hours Worked</u>	<u>Benefit Rate</u>
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 $\frac{1}{2}$ 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.

OHIOBRICKPF BRICKLAYERS LOCAL NO. 8 PENSION

34-6583348

Federal Statements

FYE: 4/30/2019

BRICKLAYERS LOCAL NO. 8 PENSION FUND

Plan: 001

Change in Actuarial Assumptions

Description

THE MORTALITY PROJECTION SCALE WAS UPDATED.

THE NUMBER OF HOURS WORKED ASSUMPTION IS BASED ON HOURS WORKED IN PREVIOUS YEAR. THE AVERAGE HOURS WORKED IN THE PREVIOUS YEAR DECREASED FROM 1,200 TO 1,182.

THE EXPENSE LOAD INCREASED FROM \$70,000 TO \$90,000.

THE ASSUMED PAYMENT FORM ELECTION PERCENTAGE WAS CHANGED.

THE RETIREMENT RATES FOR TERMINATED VESTED PARTICIPANTS WERE CHANGED.