# 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2018**

**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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

**D** Check box if filing under:
- [X] 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 & ALLIED CRAFTSMEN LOCAL 7 PENSION

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/12/1968

**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)
BOARD OF TRUSTEES - BRICKLAYERS 7 AND ALLIED CRAFTSMAN LOCAL NO 7

33 FITCH BOULEVARD
AUSTINTOWN, OH 44515

**2b** Employer Identification Number (EIN)
34-6666798

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

**2d** Business code (see instructions)
238100

**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. | 01/31/2020 | SHAWN BOLYARD |
| | **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 |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |
| **5** | Total number of participants at the beginning of the plan year | **5** | 429 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 99 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 99 |
| **b** | Retired or separated participants receiving benefits | **6b** | 180 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 105 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 384 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 43 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 427 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | 30 |

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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**

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 & ALLIED CRAFTSMEN LOCAL 7 PENSION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES - BRICKLAYERS 7 AND ALLIED CRAFTSMAN LOCAL NO 7

**D** Employer Identification Number (EIN)
34-6666798

**E** Type of plan: **(1)** [X] 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)** | 11528839 |
| **(2)** | Actuarial value of assets for funding standard account | **1b(2)** | 11927811 |
| **c** | **(1)** Accrued liability for plan using immediate gain methods | **1c(1)** | 40642848 |
| **(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)** | 40642848 |
| **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)** | 65312402 |
| **(b)** | Expected increase in current liability due to benefits accruing during the plan year | **1d(2)(b)** | 218425 |
| **(c)** | Expected release from "RPA '94" current liability for the plan year | **1d(2)(c)** | 3125371 |
| **(3)** | Expected plan disbursements for the plan year | **1d(3)** | 3172095 |

**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**

| | |
|---|---|
| | 01/03/2020 |
| Signature of actuary | Date |
| KATHYRN A. GARRITY, FSA, EA, MAAA | 17-05379 |
| Type or print name of actuary | Most recent enrollment number |
| UNITED ACTUARIAL SERVICES, INC. | 317-580-8688 |
| Firm name | Telephone number (including area code) |
| 11590 N. MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529 | |
| Address of the firm | |

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

**2** Operational information as of beginning of this plan year:

| | | | |
|---|---|---|---|
| **a** Current value of assets (see instructions) | | **2a** | 11528839 |
| **b** "RPA '94" current liability/participant count breakdown: | | **(1)** Number of participants | **(2)** Current liability |
| **(1)** For retired participants and beneficiaries receiving payment | | 214 | 36636478 |
| **(2)** For terminated vested participants | | 112 | 16085173 |
| **(3)** For active participants: | | | |
| **(a)** Non-vested benefits | | | 89446 |
| **(b)** Vested benefits | | | 12501305 |
| **(c)** Total active | | 115 | 12590751 |
| **(4)** Total | | 441 | 65312402 |
| **c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | | **2c** | 17.65% |

**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 | 723439 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 3(b) | 723439 | 3(c) |

**4** Information on plan status:

| | | |
|---|---|---|
| **a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | **4a** | 29.3% |
| **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** | D |

**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] 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 [X] | **4f** | 2022 |

**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** [X] 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 [X] 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** | 54.1% | ☐ 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** | 4.8% |
| **h** Estimated investment return on current value of assets for year ending on the valuation date | | | | | **6h** | 8.6% |

**7** New amortization bases established in the current plan year:

| **(1)** Type of base | **(2)** Initial balance | **(3)** Amortization Charge/Credit |
|---|---|---|
| 1 | 155801 | 15987 |
| 4 | 1567670 | 160861 |
| | | |

**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** | 17247928 |
| **b** Employer's normal cost for plan year as of valuation date | | **9b** | 214303 |
| **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)** | 20595195 | 3336101 |
| **(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** | 1455884 |
| **e** Total charges. Add lines 9a through 9d | | **9e** | 22254216 |

**Credits to funding standard account**:

| | | | | |
|---|---|---|---|---|
| **f** | Prior year credit balance, if any | | **9f** | |
| **g** | Employer contributions. Total from column (b) of line 3 | | **9g** | 723439 |
| | | Outstanding balance | | |
| **h** | Amortization credits as of valuation date **9h** | 9128086 | | 1210045 |
| **i** | Interest as applicable to end of plan year on lines 9f, 9g, and 9h | | **9i** | 110021 |
| **j** | Full funding limitation (FFL) and credits: | | | |
| | **(1)** ERISA FFL (accrued liability FFL) **9j(1)** | 31381436 | | |
| | **(2)** "RPA '94" override (90% current liability FFL) **9j(2)** | 48488174 | | |
| | **(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** | 2043505 |
| **m** | Credit balance: If line 9l is greater than line 9e, enter the difference | | **9m** | |
| **n** | Funding deficiency: If line 9e is greater than line 9l, enter the difference | | **9n** | 20210711 |

| | | | |
|---|---|---|---|
| **9 o** | 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** | 20210711 |
| **11** | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | | [X] Yes [ ] No |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**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 & ALLIED CRAFTSMEN LOCAL 7 PENSION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - BRICKLAYERS 7 AND ALLIED CRAFTSMAN LOCAL NO 7

**D** Employer Identification Number (EIN)
34-6666798

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENESYS, INC.

38-2383171

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | THIRD PARTY ADMINISTRATOR | 41312 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MACALA & PIATT

34-1933033

| (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 | 12608 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

PBGC PREMIUM

P.O. BOX 77000
DETROIT, MI 48277-0430

| (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? |
|---|---|---|---|---|---|---|
| 73 | NONE | 12012 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

YURCHYK & DAVIS CPA'S INC

34-1638235

| (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 | 8400 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MORGAN STANLEY SMITH BARNEY

26-4310632

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 28 51 70 | INVESTMENT CUSTODIAN | 58664 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

UNITED ACTUARIAL SERVICES

35-2156428

| (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 | 42740 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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 & ALLIED CRAFTSMEN LOCAL 7 PENSION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - BRICKLAYERS 7 AND ALLIED CRAFTSMAN LOCAL NO 7

**D** Employer Identification Number (EIN)
34-6666798

## 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 | 583413 | 404871 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 165420 | 174707 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 20259 | 16413 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 98335 | 86452 |
| **(2)** U.S. Government securities | 1c(2) | 683844 | 607574 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 416039 | 344632 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | 2047 |
| **(B)** Common | 1c(4)(B) | 3705181 | 3283768 |
| **(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) | 5913095 | 4685447 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 11585586 | 9605911 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 58 | 2710 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 56689 | 69545 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 56747 | 72255 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11528839 | 9533656 |

## 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) | 723439 | |
| | **(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) | | 723439 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 151 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 70164 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 5446 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 75761 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 88726 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 127915 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 216641 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 5095289 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 5112772 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -17483 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | -133376 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -133376 |

| | | (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) | | 331822 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1196804 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3002546 | |
| (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) | | 3002546 |
| 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) | 64085 | |
| (2) Contract administrator fees | 2i(2) | 40800 | |
| (3) Investment advisory and management fees | 2i(3) | 58664 | |
| (4) Other | 2i(4) | 25892 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 189441 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3191987 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1995183 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: YURCHYK & DAVIS CPA'S, INC. **(2)** EIN: 34-1638235

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ 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 4193262. (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.**

For calendar plan year 2018 or fiscal plan year beginning 05/01/2018 and ending 04/30/2019

**A** Name of plan
BRICKLAYERS & ALLIED CRAFTSMEN LOCAL 7 PENSION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - BRICKLAYERS 7 AND ALLIED CRAFTSMAN LOCAL NO 7

**D** Employer Identification Number (EIN)
34-6666798

## 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): 34-6666798

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## 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 CO

**b** EIN 34-1432884 **c** Dollar amount contributed by employer 160262

**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 2019

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.80
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer VALENTINE CONTRACTORS

**b** EIN 20-3598333 **c** Dollar amount contributed by employer 49276

**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 2019

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.80
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer FOTI CONSTRUCTION

**b** EIN 34-1972581 **c** Dollar amount contributed by employer 48848

**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 2019

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.80
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer LOU RITENOUR DECORATORS

**b** EIN 34-1092625 **c** Dollar amount contributed by employer 44073

**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 2019

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.80
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Bricklayers and Allied Craftsman Local No. 7**
**Pension Fund**

Report on Audit of Financial Statements
And Supplementary Information

Years Ended April 30, 2019 and 2018

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

For The Years Ended April 30, 2019 and 2018

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# INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Bricklayers and Allied Craftsman Local No. 7
Pension Fund

## Report on Financial Statements

We have audited the accompanying financial statements of Bricklayers and Allied Craftsmen Local No. 7 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

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 the financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's 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 that audit to obtain reasonable assurance about whether the financial statements are free of 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 auditor's 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.


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Earning your trust since 1990.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding Bricklayers and Allied Craftsmen Local No. 7 Pension Fund's net assets available for benefits as of April 30, 2019 and changes therein for the year then ended and its financial status as of April 30, 2018, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses as of April 30, 2019 and 2018 are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets held for investment and reportable transactions as of April 30, 2019 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee 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. The information has been subjected to the auditing procedures applied in the audits 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.

Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
September 24, 2019

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

Statements of Net Assets Available for Benefits

April 30, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments, at Fair Value: | | |
| Money Market Funds | $ 86,452 | $ 98,335 |
| US Government Securities | 607,574 | 683,844 |
| Corporate Bonds | 344,632 | 416,039 |
| Common Stocks | 3,283,768 | 3,705,181 |
| Preferred Stocks | 2,047 | - |
| Exchange Traded Funds | 2,511,280 | 3,021,055 |
| Mutual Funds | 2,174,167 | 2,892,040 |
| Total Investments | 9,009,920 | 10,816,494 |
| Receivables: | | |
| Employer Contributions | 174,707 | 165,420 |
| Interest and Dividends | 6,361 | 8,067 |
| Total Receivables | 181,068 | 173,487 |
| Prepaid Assets | 10,052 | 12,192 |
| Cash and Cash Equivalents | 404,871 | 583,413 |
| Total Assets | 9,605,911 | 11,585,586 |
| **LIABILITIES** | | |
| Accounts Payable - Administration | 2,710 | 58 |
| Accounts Payable - Reciprocity | 68,025 | 56,228 |
| Accounts Payable - Other | 1,520 | 461 |
| Total Liabilities | 72,255 | 56,747 |
| Net Assets Available for Benefits | $ 9,533,656 | $ 11,528,839 |

The accompanying notes are an integral part of these financial statements

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

Statements of Changes in Net Assets Available for Benefits

For the Years Ended April 30, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| Additions to Net Assets: | | |
| Investment Income: | | |
| Net Appreciation of | | |
| Fair Value of Investments | $ 180,963 | $ 797,906 |
| Interest and Dividends | 292,402 | 262,189 |
| Subtotal | 473,365 | 1,060,095 |
| Less: Investment Expenses | (58,664) | (53,156) |
| Net Investment Income | 414,701 | 1,006,939 |
| Contributions: | | |
| Employer Contributions | 1,160,361 | 1,168,388 |
| Less: Reciprocity Paid | (436,922) | (418,913) |
| Total Contributions | 723,439 | 749,475 |
| Total Additions to Net Assets | 1,138,140 | 1,756,414 |
| Deductions from Net Assets: | | |
| Benefits Paid Directly to Participants | 3,002,546 | 3,012,873 |
| Administrative Expenses | 130,777 | 108,525 |
| Total Deductions from Net Assets | 3,133,323 | 3,121,398 |
| Net Decrease | (1,995,183) | (1,364,984) |
| Net Assets Available for Benefits: | | |
| Beginning of Year | 11,528,839 | 12,893,823 |
| End of Year | $ 9,533,656 | $ 11,528,839 |

The accompanying notes are an integral part of these financial statements

## NOTE A – DESCRIPTION OF PLAN

The following brief description of the Bricklayers and Allied Craftsmen Local No. 7 Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a multiemployer defined benefit pension plan covering substantially all members of Bricklayers and Allied Craftsmen Local No. 7, in Akron, Ohio. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Normal Retirement Benefits

Participants with five (5) years or more of service who have reached Normal Retirement Age (62) are eligible for Normal Retirement Benefits. Normal Retirement Benefits are a monthly benefit equal to the sum of the participant's Past Service Benefit ($1.00 per each year's service prior to the adoption of the pension plan in 1968 up to a maximum of twenty years) and his Future Service Benefit. For active participants who retire on or after May 1, 2005, the Future Service Benefit shall be equal to 4.10% of the employer contributions made to the Plan on the participant's behalf for hours worked from February 1, 1968 through April 30, 2003 plus 3.0% of employer contributions made to the Plan on the participant's behalf for hours worked from May 1, 2003 through April 30, 2005 plus 1.0% of employer contributions made to the Fund on the participant's behalf for hours worked on or after May 1, 2005 and before May 1, 2006 plus 1.0% of $2.00 of employer contributions made on and after May 1, 2006 and before May 1, 2016, plus 0.30% of the first $6.66 and 1.0% of contributions over $6.66 for employer contributions made on and after May 1, 2016 which is payable for life.

Early Retirement Benefits

Participants who have completely retired from the Brick and Masonry Industry within the jurisdiction of the Plan and are between the ages of 55 and 62, with at least ten (10) years of service, are eligible for Early Retirement Benefits. Effective May 1, 2009, these benefits equal the participant's Normal Retirement Benefit reduced by (.5833%) for each month the participant is younger than age 62. Participants who are at least age 55 and have at least 10 years of service on or before May 1, 2009 will have benefits that are equal to the participant's Normal Retirement Benefit reduced by one-third of one percent (.33%) for each month the participant is younger than age 62.

Disability Benefits

Effective May 1, 2009, the total and permanent disability benefit is no longer available to participants. For the years April 30, 2009 and earlier, disability benefits were made available for participants. An active participant shall be eligible to receive disability benefits if he is totally and permanently disabled (as defined by the Plan), has at least ten (10) years of service, and has accrued at least forty (40) hours of service out of the two (2) preceding plan years. The disability benefit has been reduced from 100% of the accrued normal retirement benefit to 70% of the accrued normal payable to age 57, at which time the benefit converts to an early retirement benefit.

Joint and 50% Survivor Benefits

The retirement or disability benefits to which a participant may otherwise be entitled are payable in the form of a Joint and 50% Survivor Benefits, unless the participant has elected otherwise. Under this form of benefit, a participant receives a reduced monthly benefit that is the actuarial equivalent of the Normal or Early Retirement Benefit to which the participant is otherwise entitled. Upon the death of the participant, 50% of the monthly benefit shall continue to the surviving spouse until death.

## NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Death Benefits

Effective May 1, 2009, death benefits are no longer available to participants. For the years ended April 30, 2009 and earlier, death benefits were made available for surviving spouses or beneficiaries of deceased participants. A surviving spouse of a deceased participant who would have been eligible to receive an Early or Normal Retirement Benefit shall have the right to select a Joint and 50% Survivor Benefit as though the deceased participant had applied for such benefit the day immediately prior to death. If the surviving spouse waives the joint and 50% Survivor Benefit, then the spouse will receive a Five Year Certain Benefit.

If a participant is unmarried at the time of death, a benefit under the Five Year Certain provision shall be similarly provided to the designated beneficiary of the participant.

If a participant who is receiving Normal, Early, or Disability Retirement Benefits (and who has waived the Joint and 50% Survivor Benefit or is unmarried at the time of death) dies prior to receiving a total of sixty (60) monthly payments, the participant's beneficiary shall be eligible to receive a post-retirement death benefit. This death benefit shall be equal to the continuation of the deceased participant's retirement benefit until a total of sixty (60) monthly payments have been received by the deceased participant and beneficiary.

Vested Benefits

A participant who has attained the Normal Retirement Age or has five (5) or more years of service, whichever occurs first, shall have a vested right in an accrued benefit payable at Normal or Early Retirement age. A participant who terminates employment after five (5) or more years of service shall be 100% vested in the accrued benefit and thus will become eligible for a Normal or Early Retirement Benefit at such time as the participant reaches Normal or Early Retirement Age.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein; disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported 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. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note H for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest Income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries or participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based upon years of service prior to the inception of Plan and employer contributions made on participants' behalf subsequent to the inception of the Plan. Benefits payable under all circumstances – retirement, death, disability, and termination – are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary engaged by the Plan and 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 probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method, and significant actuarial assumptions used in the valuations as of April 30, 2018 and 2017 included: (a) life expectancy of participants utilizing the RP-2014 Blue Collar Mortality Table for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2017 and MP-2016 projection scales for 2018 and 2017, respectively, (b) estimates of pre-retirement terminations resulting from death, withdrawal, or disability, (c) retirement age assumptions (the assumed retirement age was 100% at 62), (d) an assumed future rate of investment return of 7.00% and 7.5% for 2018 and 2017, respectively, (e) an assumed administrative expense amount of $120,000 for 2018 and 2017 and (f) an assumed current liability interest rate of 2.99%, down from 3.05% in 2017. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Employer Contributions

The Plan is financed entirely by contributions from the employers as specified in the collective bargaining agreements. Employers are required to make contributions of $6.80 for each hour paid as of May 1, 2017 through April 30, 2019.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the plan document. Expenses incurred in connection with the general administration of the Plan and investment related expenses that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.

Reciprocity

The Trustees of the Plan have entered into various reciprocity agreements whereby a participant who transfers employment between signatories to such agreements will not lose pension credits.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through September 24, 2019, the date the financial statements were available to be issued.

## NOTE C – MINIMUM FUNDING REQUIREMENTS

The Plan is financed by contributions from employers based on each hour paid as specified in the collective bargaining agreements. The Plan's actuary has determined that insufficient contributions have been made to the Plan to keep it funded in accordance with the minimum funding requirements of ERISA for the years ending April 30, 2018 and 2017. The fund is currently operating under a rehabilitation plan to remedy its funding status. See Note L for additional information regarding the rehabilitation plan.

## NOTE D – INVESTMENTS

The Plan's Investments are held in an administered trust fund.

## NOTE E – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan assets are invested in funds managed by custodians of the Plan. As described in Note B, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

## NOTE F – ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of April 30, 2018 and 2017 were as follows:

| | 2018 | 2017* |
|---|---|---|
| Vested Benefits | | |
| Participants currently receiving benefits | $ 25,785,852 | $ 24,780,991 |
| Expenses on parts. currently rec. benefits | 1,933,939 | 1,858,574 |
| Other participants | 14,823,951 | 14,513,519 |
| Expenses on other participants | 1,111,796 | 1,088,514 |
| Total Vested Benefits | 43,655,538 | 42,241,598 |
| Non-Vested Benefits | | |
| Non-vested benefits | 33,045 | 36,887 |
| Expenses on non-vested benefits | 2,478 | 2,767 |
| Total Non-Vested Benefits | 35,523 | 39,654 |
| Accumulated Plan Benefits | $ 43,691,061 | $ 42,281,252 |

## NOTE G – CHANGES IN ACCUMULATED PLAN BENEFITS

The changes in the actuarial present value of accumulated plan benefits for the year ended April 30, 2018 was as follows:

| | |
|---|---|
| Actuarial Present Value of Accumulated Plan Benefits - Beginning of Period* | $ 42,281,252 |
| Increase (decrease) during the period attributable to: | |
| Plan amendment | - |
| Changes in actuarial assumptions | 1,685,244 |
| Benefits accumulated and actuarial experience gain or loss | (325,131) |
| Interest due to decrease in discount period | 3,171,094 |
| Benefits Paid | (3,012,873) |
| Operational expenses paid | (108,525) |
| Net Increase | 1,409,809 |
| Actuarial Present Value of Accumulated Plan Benefits - End of Period | $ 43,691,061 |

* The 2017 present value of accumulated benefits (PVAB) column has been restated from the 2017 valuation to include an operational expense load of 7.50%. this change resulted in an increase of $2,949,855 to the 2017 PVAB.

## NOTE H – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

**Level 1** – Inputs in to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has ability to access.

**Level 2** – 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 active markets;
- Inputs other than quoted prices that are observable for the asset or liability;

## NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If an 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** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation of the method used for assets measured at fair value. There have been no changes on the methodologies used at April 30, 2019 and 2018.

The methods used to estimate fair values of financial instruments, including nonreadily marketable securities are as follows: the fair values of money market, common stock, preferred stock, U.S. government securities, corporate bonds, exchange traded funds, and mutual funds are based on quoted market prices.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of April 30, 2019 and 2018.

Assets at Fair Value as of April 30, 2019

| | Level 1 | Total |
|---|---|---|
| Money Market Funds | $ 86,452 | $ 86,452 |
| US Government Securities | 607,574 | 607,574 |
| Corporate Bonds | 344,632 | 344,632 |
| Common Stocks | 3,283,768 | 3,283,768 |
| Preferred Stocks | 2,047 | 2,047 |
| Exchange Traded Funds | 2,511,280 | 2,511,280 |
| Mutual Funds | 2,174,167 | 2,174,167 |
| | $ 9,009,920 | $ 9,009,920 |

Assets at Fair Value as of April 30, 2018

| | Level 1 | Total |
|---|---|---|
| Money Market Funds | $ 98,335 | $ 98,335 |
| US Government Securities | 683,844 | 683,844 |
| Corporate Bonds | 416,039 | 416,039 |
| Common Stocks | 3,705,181 | 3,705,181 |
| Preferred Stocks | - | - |
| Exchange Traded Funds | 3,021,055 | 3,021,055 |
| Mutual Funds | 2,892,040 | 2,892,040 |
| | $ 10,816,494 | $ 10,816,494 |

## NOTE I – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations as discussed below.

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees, which is adjusted periodically. That ceiling applies to those pensioners who elect to receive benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend upon the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by and the financial condition of the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## NOTE J – TAX STATUS

The Plan obtained its latest determination letter on August 7, 2015, in which the Internal Revenue Service states that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan is currently designed and being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to April 30, 2016.

## NOTE K – 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 L – REHABILITATION PLAN

In an effort to improve the Plan's funding situation, the Trustees adopted a rehabilitation plan based on the Plan's 2008 critical status. The rehabilitation period is from May 1, 2009 through April 30, 2019 or the date the Fund's Actuary certifies it has emerged from critical status. The schedule implemented under the rehabilitation plan required benefit changes effective May 1, 2009 as detailed in the Notice of Benefit Changes.

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

Supplementary Information

Schedule of Administrative Expenses
Schedule of Assets Held for Investment
Schedule of Reportable Transactions

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

Schedules of Administrative Expenses

For the Years Ended April 30, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| Administration Fees | $ 40,800 | $ 40,800 |
| Audit and Accounting Fees | 8,400 | 8,400 |
| Actuarial Fees | 42,740 | 13,400 |
| Insurance | 8,620 | 8,636 |
| Insurance - PBGC | 12,012 | 12,012 |
| International Foundation Conference and Dues | 1,033 | 1,005 |
| Legal Fees | 12,945 | 19,377 |
| Office Supplies and Expense | 27 | - |
| Bank Service Fees | 1,695 | 1,511 |
| Meetings Expense | 349 | 251 |
| Postage, Printing and Other | 2,132 | 3,114 |
| Miscellaneous Expense | 24 | 19 |
| Total Administrative Expenses | $ 130,777 | $ 108,525 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| Description | Par Value | Interest Rate | Due Date | Cost | Current Value |
|---|---|---|---|---|---|
| **U.S. Government Securities** | | | | | |
| Federal National Mtg Assn Pool BM1285 | 108,000 | 4.500% | 5/1/2047 | $ 90,594 | $ 74,002 |
| Federal National Mtg Assn Pool MA3210 | 98,000 | 3.500% | 12/1/2047 | 95,369 | 89,539 |
| Federal National Mtg Assn Pool MA3527 | 55,000 | 5.000% | 11/1/2048 | 56,958 | 53,986 |
| Federal National Mtg Assn Pool MA3385 | 1,000 | 4.500% | 4/1/2048 | 1,008 | 923 |
| FHLMC 30 YR Gold G60440 | 159,000 | 3.500% | 3/1/2046 | 124,302 | 113,733 |
| FHLMC 30 YR Gold G08737 | 64,000 | 3.000% | 12/1/2046 | 61,448 | 52,492 |
| Federal National Mortgage Assn | 13,000 | 6.625% | 11/15/2030 | 17,489 | 17,840 |
| United States Treasury Notes | 57,000 | 2.625% | 8/31/2020 | 56,754 | 57,203 |
| United States Treasury Notes | 37,000 | 2.125% | 9/30/2021 | 36,500 | 36,890 |
| United States Treasury Notes | 18,000 | 2.750% | 2/15/2028 | 17,691 | 18,382 |
| United States Treasury Bond | 55,000 | 3.000% | 5/15/2045 | 53,048 | 55,812 |
| United States Treasury Bond | 40,000 | 2.500% | 2/15/2046 | 34,876 | 36,772 |
| Total U.S. Government Securities | | | | $ 646,037 | $ 607,574 |
| **Corporate Bonds** | | | | | |
| Bank of America Corp | 36,000 | 4.125% | 1/22/2024 | $ 37,340 | $ 37,723 |
| Citigroup Inc. | 29,000 | 3.668% | 7/24/2028 | 28,365 | 29,079 |
| Comcast Corp | 26,000 | 4.150% | 10/15/2028 | 27,631 | 27,520 |
| Enterprise Products Oper | 19,000 | 4.800% | 2/1/2049 | 18,373 | 20,221 |
| General Electric Capital Corp | 27,000 | 5.875% | 1/14/2038 | 30,591 | 29,135 |
| Goldman Sachs Group Inc. | 28,000 | 4.000% | 3/3/2024 | 29,089 | 28,947 |
| JP Morgan Chase & Co | 37,000 | 4.203% | 7/23/2029 | 37,376 | 38,598 |
| Mircosoft Corp | 34,000 | 4.250% | 2/6/2047 | 36,309 | 37,231 |
| Shell International Finance BV | 29,000 | 2.875% | 5/10/2026 | 27,827 | 28,761 |
| Verison Communications | 35,000 | 5.150% | 9/15/2023 | 38,036 | 38,302 |
| Wells Fargo & Company | 29,000 | 3.584% | 5/22/2028 | 28,339 | 29,115 |
| Total Corporate Bonds | | | | $ 339,276 | $ 344,632 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS** | | | |
| 46 | 3M Company | $ 8,165 | $ 8,717 |
| 822 | ABB LTD. | 17,410 | 16,983 |
| 229 | ACI Worldwide Inc. | 5,261 | 8,134 |
| 67 | Adidas AG | 7,815 | 8,612 |
| 63 | Adobe Systems | 6,786 | 18,223 |
| 58 | Advanced Energy Ind Inc. | 1,903 | 3,177 |
| 103 | Advansix Inc | 3,287 | 3,114 |
| 150 | Aecom | 4,464 | 5,085 |
| 112 | Aercap Holdings N.V. | 5,188 | 5,560 |
| 330 | AGNC Invt Corp Com | 5,892 | 5,871 |
| 455 | AIA Group LTD Spon ADR | 9,977 | 18,678 |
| 195 | Air Liquide ADR | 3,895 | 5,195 |
| 440 | Akbank Turk Anomin Sirketi ADR | 1,294 | 882 |
| 456 | Akzo Nobel NV ADR | 13,742 | 12,934 |
| 98 | Alaska Air Group Incorporated | 5,974 | 6,066 |
| 303 | Alfa Laval AB Unspons ADR | 5,336 | 7,090 |
| 51 | Alibaba Group Holdings LTD | 9,238 | 9,464 |
| 10 | Alleghany CP Delaware | 3,947 | 6,569 |
| 69 | Allergan PLC SHS | 14,577 | 10,143 |
| 80 | Alliant Energy CP | 2,698 | 3,778 |
| 715 | Allianz SE Ads | 11,942 | 17,246 |
| 164 | Allstate Corp | 15,155 | 16,246 |
| 112 | Ally Financial Inc. | 2,501 | 3,328 |
| 28 | Alphabet Inc. CL A | 27,938 | 33,571 |
| 94 | Altice USA Inc Class A | 2,175 | 2,215 |
| 1,927 | Ambev S A Sponsored ADR | 9,074 | 9,076 |
| 48 | AMC Networks Inc CL A | 2,454 | 2,804 |
| 331 | Amer Intl GR In New | 15,110 | 15,746 |
| 46 | American Express Co | 4,717 | 5,393 |
| 635 | Antero Resource Corp Com | 9,885 | 4,604 |
| 107 | AO Smith Corp | 5,608 | 5,625 |
| 51 | AON PLC Shares Class A | 8,390 | 9,187 |
| 148 | Apergy Corp | 6,375 | 5,874 |
| 103 | Apple Inc. | 13,777 | 20,669 |
| 595 | Aramark Holdings Corporation | 22,194 | 18,493 |
| 66 | Arch Capital Group LTD | 1,834 | 2,229 |
| 243 | Array Biopharma Inc | 4,021 | 5,494 |
| 209 | Arrowhead Pharmaceuticals Inc | 2,857 | 3,758 |
| 298 | Aspen Pharmacare Holdings LTD ADR | 6,299 | 2,113 |
| 310 | Astrazeneca PLC ADS | 9,004 | 11,675 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 417 | Atlas Copco AS A ADR A NEW | $ 9,268 | $ 13,181 |
| 33 | AutoLiv Inc. | 2,863 | 2,590 |
| 168 | Avery Dennison Corporation | 14,690 | 18,589 |
| 1,084 | Aviva Plc Adr | 13,808 | 12,244 |
| 149 | Axalta Coating Systems LTD. | 4,911 | 4,020 |
| 148 | Axis Capital Holdings LTD. | 7,513 | 8,414 |
| 65 | Azul SA ADR | 2,099 | 1,687 |
| 189 | Baidu Inc ADS | 34,214 | 31,417 |
| 405 | Balfour Beatty PLC Spon ADR | 2,876 | 2,657 |
| 178 | Ball Corporation | 10,623 | 10,669 |
| 1,896 | Banco Bilbao Viz Arg SA ADS | 12,252 | 11,547 |
| 489 | Banco Do Brasil SA Spon ADR | 3,058 | 6,176 |
| 55 | BancoColumbia SA | 2,830 | 2,790 |
| 995 | Bank of America Corp | 19,781 | 30,427 |
| 1,704 | Barclays Plc Adr | 16,203 | 14,586 |
| 165 | Barlow Rand LTD ADR | 1,432 | 1,549 |
| 428 | Barrick Gold Corp | 5,806 | 5,444 |
| 897 | BASF SE SP ADR | 20,270 | 18,308 |
| 209 | Bayerische Motoren Werke AG | 6,072 | 5,934 |
| 103 | BB & T Corp | 5,213 | 5,274 |
| 94 | Becton Dickinson & CO | 18,230 | 22,630 |
| 29 | Beigene LTD | 4,754 | 3,603 |
| 165 | Berkshire Hathaway Class B New | 33,847 | 35,757 |
| 132 | Berry Global Group Inc. | 6,352 | 7,762 |
| 52 | Bidvest Group Ltd Spons ADR | 1,338 | 1,590 |
| 12 | Biogen Inc Com | 2,798 | 2,751 |
| 47 | Bluebird Bio Inc | 5,736 | 6,666 |
| 470 | BNP Paribas SP ADR | 13,838 | 12,521 |
| 23 | Boeing Co | 8,217 | 8,687 |
| 340 | BP PLC ADS | 11,963 | 14,868 |
| 122 | Braskem SA ADR | 3,520 | 2,983 |
| 25 | Bright Horizons Family Solutions | 2,910 | 3,204 |
| 438 | British Amer Tob Spon ADR | 24,163 | 17,170 |
| 175 | Brixmor Property Group Inc | 2,763 | 3,129 |
| 232 | Broadridge Fin Solu. LLC | 18,050 | 27,406 |
| 252 | Brookdale Senior Living Inc | 1,956 | 1,557 |
| 5 | Cable One Inc Com | 3,708 | 5,303 |
| 15 | CACI International Inc Class A | 2,258 | 2,924 |
| 5,160 | Caixabank Unspon ADR | 6,657 | 5,212 |
| 131 | Canadian Natl Railway Co | 7,970 | 12,154 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 201 | Canadian Natural Resources LTD | $ 5,453 | $ 6,026 |
| 114 | Carnival PLC | 6,506 | 6,158 |
| 751 | Carrefour SA Sponsored ADR | 2,887 | 2,951 |
| 33 | Casey's General Store Inc. | 3,439 | 4,368 |
| 116 | CDK Global Inc Com | 5,990 | 6,997 |
| 53 | CDN Impl BK Commerce | 4,441 | 4,464 |
| 485 | Cemex SAB DE CV | 2,968 | 2,231 |
| 327 | Charles Schwab New | 10,017 | 14,970 |
| 153 | Check Point Software Tech LTD | 13,809 | 18,476 |
| 1,257 | Chesapeak Energy Corp | 4,536 | 3,658 |
| 148 | Chevron Corp | 17,312 | 17,769 |
| 330 | China Mobile LTD | 16,561 | 15,731 |
| 90 | Cina National Building Matl Co LTD | 3,640 | 4,231 |
| 113 | China Overseas Lan Unspn ADR | 2,135 | 2,105 |
| 99 | Chubb LTD | 12,575 | 14,375 |
| 61 | Chugai Pharmaceutical Unspn ADR | 8,002 | 7,699 |
| 40 | Chunghwa Telecom LTD ADR | 1,402 | 1,442 |
| 379 | Church & Dwight Co Inc. | 18,409 | 28,406 |
| 33 | Churchill Downs Inc | 3,003 | 3,328 |
| 97 | Cigna Corp | 19,583 | 15,407 |
| 76 | Ciramex Energy Co | 6,599 | 5,218 |
| 636 | Cisco Systems Inc | 28,753 | 35,584 |
| 115 | CIT Group Inc New | 3,445 | 6,126 |
| 353 | Citigroup Inc New | 24,263 | 24,957 |
| 67 | Coca Cola European Partners P | 2,887 | 3,606 |
| 67 | Cognex Corp | 3,593 | 3,379 |
| 790 | Colony Cap Inc Class A | 4,476 | 4,061 |
| 202 | Columbia Ppty Tr Inc Com new | 4,287 | 4,587 |
| 681 | Comcast Corp Class A | 23,398 | 29,644 |
| 411 | Compagni Fin Richemontag ADR | 2,685 | 2,996 |
| 74 | Compass Minerals Inter Inc | 4,063 | 4,247 |
| 46 | Concho Resources Inc | 6,060 | 5,307 |
| 177 | ConocoPhillips | 12,918 | 11,172 |
| 79 | Constellation Brands Inc Class A | 14,118 | 16,722 |
| 400 | Contra Micro FCS D071G | - | 10,040 |
| 155 | Copart Inc. | 4,837 | 10,435 |
| 146 | Corelogic Inc. | 5,995 | 5,929 |
| 53 | Cornerstone On Demand Inc Com | 2,686 | 2,896 |
| 59 | Costco Wholesale Corp New | 10,261 | 14,486 |
| 209 | Coty Inc Com Class A | 2,597 | 2,261 |
| 49 | Crane Co | 4,104 | 4,167 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 14 | CrediCorp LTD | $ 3,493 | $ 3,317 |
| 149 | CRH PLC ADR | 4,491 | 5,014 |
| 166 | CVS Health Corp Com | 12,294 | 9,027 |
| 296 | Danone Sponsored ADR | 4,377 | 4,801 |
| 58 | Dassault Systems | 5,073 | 9,213 |
| 193 | DBS Group Holdings LTD SP | 9,446 | 16,102 |
| 65 | Delek US Holdings Inc | 2,141 | 2,409 |
| 163 | Delta Air Lines Inc New | 8,389 | 9,501 |
| 44 | Dentsply Sirona Inc | 1,929 | 2,250 |
| 105 | Dentsu Inc Unsponsored ADR | 4,858 | 4,360 |
| 274 | Deutsche Post AG Sponsored ADR | 8,616 | 9,532 |
| 61 | Diageo PLC Spon ADR New | 9,600 | 10,287 |
| 67 | Diamondback Energy Inc. | 6,114 | 7,128 |
| 138 | Diebold NXDF Inc | 2,019 | 1,392 |
| 131 | Discover Financial Services | 9,676 | 10,675 |
| 100 | Dish Network Corp Class A | 2,504 | 3,512 |
| 114 | Dolby CLA A Com Stk | 5,686 | 7,375 |
| 22 | Dominos Pizza Inc. | 4,665 | 5,953 |
| 82 | Dover Corp | 6,848 | 8,039 |
| 82 | Dow Inc | 4,729 | 4,652 |
| 246 | Dow Dupont Inc | 9,361 | 9,459 |
| 80 | Dunkin Brands Group Inc. | 4,219 | 5,970 |
| 203 | DXC Technology Company | 15,783 | 13,345 |
| 36 | Dycom Ind Inc | 3,035 | 1,785 |
| 74 | E*Trade Financial Corp New Com | 3,555 | 3,749 |
| 804 | East Japan RY CO ADR | 11,906 | 12,591 |
| 125 | Eaton Corp PLS Shares | 9,949 | 10,353 |
| 169 | Ebay Inc | 5,708 | 6,549 |
| 220 | Echostar Corporation | 10,377 | 8,767 |
| 124 | Ecolab Inc | 15,397 | 22,826 |
| 91 | Edison International | 5,792 | 5,803 |
| 82 | Emcor Group Inc | 5,232 | 6,899 |
| 1,585 | Encana Corp | 13,721 | 10,984 |
| 135 | Engie Spons ADR | 1,852 | 1,998 |
| 177 | Entegris Inc. | 2,656 | 7,232 |
| 65 | Envestnet Inc | 3,822 | 4,614 |
| 368 | Epiroc Aktiebolag ADR | 3,389 | 3,816 |
| 129 | EQT Corporation Com New | 2,496 | 2,638 |
| 238 | Equity Commonwealth Com SH BEN INT | 7,211 | 7,568 |
| 71 | Equity Residential | 4,452 | 5,426 |
| 14 | Essex Property Trust Inc | 3,588 | 3,955 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 85 | Etsy Inc Com | $ 3,794 | $ 5,741 |
| 38 | Evercore Partners Inc Class A | 2,995 | 3,702 |
| 28 | Everest Re Group LTD | 5,919 | 6,594 |
| 309 | Exelixis Inc | 6,656 | 6,075 |
| 915 | Fanuc Corporation | 14,969 | 17,092 |
| 76 | Fedex Corp | 14,669 | 14,399 |
| 103 | Fibrogen Inc | 5,474 | 4,813 |
| 48 | Firstrand LTD Unsponsored | 2,172 | 2,365 |
| 57 | FMC Corp New | 4,161 | 4,506 |
| 58 | Fomento Economico Mexicano | 4,981 | 5,660 |
| 68 | Foot Locker Inc. | 3,118 | 3,890 |
| 62 | Fortinet Inc. | 2,596 | 5,792 |
| 111 | Fox Corp Class A | 4,227 | 4,328 |
| 523 | Fuchs Petrolub AG Unspon ADR | 6,028 | 5,682 |
| 350 | Galp Energia SA Lisboa ADR | 2,851 | 2,914 |
| 74 | Gaming & Leisure Pptys Inc Com | 2,228 | 2,988 |
| 76 | GCI Liberty Inc Class A | 3,637 | 4,531 |
| 38 | Genomic Health Inc | 2,852 | 2,445 |
| 284 | Gildan Activewear Inc | 7,581 | 10,471 |
| 28 | Givaudan SA ADR | 1,277 | 1,450 |
| 120 | Graco Inc | 5,214 | 6,150 |
| 271 | Grifols SA ADR | 4,579 | 5,187 |
| 16 | Grupo Aeroportuaria Del | 1,427 | 1,622 |
| 80 | Grupo Financiero Banorte SAB | 2,122 | 2,523 |
| 94 | Grupo Superviele SA Class B ADR | 724 | 478 |
| 49 | Guidewire Software Inc. | 2,643 | 5,219 |
| 451 | Gulfport Energy Corp New | 4,488 | 2,954 |
| 196 | HDFC Bank Ltd ADR | 20,536 | 22,471 |
| 263 | Helix Energy Solutions Group Inc | 2,630 | 2,057 |
| 206 | Henry Schein Inc. | 12,852 | 13,196 |
| 369 | Hewlett Packard Enterprise | 5,687 | 5,834 |
| 231 | Hlth Care Svs Grp | 10,039 | 7,819 |
| 311 | Houghton Mifflin Harcourt Co. | 3,063 | 2,217 |
| 155 | HSBC Holdings PLC Spon ADR New | 6,522 | 6,753 |
| 117 | Huazhu Group LTD ADR | 2,007 | 4,961 |
| 33 | IAC Interactivecorp Com | 2,658 | 7,420 |
| 37 | ICF Intl Inc | 2,757 | 2,881 |
| 704 | ICICI Bank LTD | 4,958 | 8,061 |
| 302 | Immunomedics | 5,008 | 4,838 |
| 605 | Industrial & Coml BK China ADR | 9,250 | 9,084 |
| 640 | Infineon Technologies AG | 13,938 | 15,149 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 269 | Infosys Limited ADR | $ 2,001 | $ 2,894 |
| 511 | ING Groep NV ADR | 6,189 | 6,520 |
| 760 | Investors Bancorp Inc New | 9,622 | 8,930 |
| 918 | Itau Unibanco Multiple ADR | 4,838 | 7,941 |
| 39 | Jack Henry & Associates Inc | 5,182 | 5,813 |
| 329 | Japan Airlines LTD ADR | 4,960 | 5,276 |
| 300 | Jefferies Finl Group Inc | 7,184 | 6,171 |
| 302 | Jetblue Airways Corp | 5,661 | 5,602 |
| 167 | JGC Corp Unsponsored ADR | 6,639 | 4,782 |
| 244 | Johnson & Johnson | 32,454 | 34,453 |
| 44 | Kansas City Southern Ind New | 4,878 | 5,418 |
| 117 | KAR Auction Services | 6,068 | 6,608 |
| 61 | Kasikornbank Pub Co Ltd Unspon | 1,224 | 1,456 |
| 1,095 | KDDI Corp Unspon ADR | 15,293 | 12,729 |
| 194 | Komatsu LTD Sponsored ADR New | 5,484 | 4,991 |
| 111 | Kubota CP ADR | 8,326 | 8,408 |
| 112 | L Brands Inc Com | 3,000 | 2,872 |
| 270 | L Oreal Co ADR | 10,178 | 14,876 |
| 114 | Laboratory CP Amer Hldgs new | 15,673 | 18,231 |
| 106 | Las Vegas Sands Corporation | 5,877 | 7,107 |
| 154 | Legg Mason Inc | 5,586 | 5,151 |
| 107 | Leidos Holdings Inc | 6,444 | 7,862 |
| 107 | Liberty Expedia Hold Ser A | 4,638 | 4,967 |
| 234 | Liberty Global PLC C New | 5,759 | 6,119 |
| 110 | Liberty Media Corp Ser C | 4,068 | 4,269 |
| 119 | Linde PLC | 19,144 | 21,451 |
| 19 | Lithia Motors Inc A | 1,560 | 2,157 |
| 150 | Live Nation Entertainment Inc. | 6,349 | 9,801 |
| 135 | LKQ Corporation | 3,686 | 4,064 |
| 2,159 | Lloyds Banking Group PLC | 6,162 | 7,017 |
| 116 | Loma Negra C.I.A.S.A. | 1,447 | 1,160 |
| 336 | Lonza Group AG Zuerich ADR | 8,776 | 10,387 |
| 35 | Lowes Companies Inc | 3,657 | 3,960 |
| 255 | Magnolia Oil & Gas Corp Class A | 2,937 | 3,361 |
| 23 | ManPowerGroup Inc Com | 2,157 | 2,209 |
| 546 | Manulife Financial Corp | 8,350 | 10,052 |
| 78 | Mastercard Inc CL A | 7,941 | 19,831 |
| 30 | Maximus Inc. | 1,846 | 2,210 |
| 233 | MBIA Inc | 2,149 | 2,253 |
| 149 | McCormick and Co Non Voting | 14,800 | 22,942 |
| 268 | McDermott International Inc. | 4,640 | 2,168 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 36 | Mckesson Corp | $ 4,658 | $ 4,293 |
| 71 | Mednax Inc | 3,100 | 1,986 |
| 163 | Medtronic PLC SHS | 14,518 | 14,476 |
| 13 | Mercadolibre Inc. | 1,728 | 6,294 |
| 94 | Methode Elec Inc. | 2,221 | 2,774 |
| 911 | MFA Financial Inc | 7,147 | 6,842 |
| 331 | Micro FCS Int | 8,991 | 8,305 |
| 176 | Microsoft Corp | 10,131 | 22,986 |
| 14 | Microstrategy Inc | 2,116 | 2,096 |
| 43 | Molina Healthcare Inc | 5,747 | 5,574 |
| 57 | Molson Coors Brewing Co Class B | 3,541 | 3,659 |
| 168 | Modelez Intl Inc Com | 7,956 | 8,543 |
| 45 | Mondi PLC ADR | 2,204 | 2,018 |
| 569 | Mr Cooper Group Inc | 7,085 | 4,893 |
| 208 | Naspers Limited ADR | 6,789 | 10,702 |
| 209 | National Cinemedia | 1,597 | 1,459 |
| 168 | NCR Corporation | 5,554 | 4,864 |
| 216 | Nestle Spon Adr Rep Reg Shr | 16,373 | 20,850 |
| 460 | NET Ueps Technologies Inc New | 3,581 | 1,642 |
| 18 | Netease.com Inc ADS | 1,331 | 5,122 |
| 27 | New Oriental Ed & Tech Group ADR | 2,084 | 2,577 |
| 508 | News Corporation CL A | 6,713 | 6,309 |
| 56 | New Relic, Inc | 5,106 | 5,893 |
| 135 | Nielsel Holdings PLC | 3,549 | 3,447 |
| 370 | Noble Energy Inc | 9,446 | 10,012 |
| 49 | Nordson CP | 3,639 | 7,152 |
| 232 | Novartis AG ADR | 16,487 | 19,077 |
| 61 | Novo Nordisk A/S ADR | 2,852 | 2,990 |
| 121 | Novozymes A/S Unspons APR | 6,408 | 5,647 |
| 113 | Nutanix Inc CL A | 3,133 | 4,880 |
| 201 | Nutrien LTD | 10,871 | 10,890 |
| 45 | NXP Semiconductors NV | 4,075 | 4,753 |
| 218 | Oracle Corp | 10,222 | 12,062 |
| 89 | Owens Corning Inc. | 4,466 | 4,563 |
| 229 | Park24 Co LTD Sponsored | 6,793 | 4,818 |
| 147 | Patterson Companies Inc | 4,226 | 3,210 |
| 172 | Paypal Holdings Inc Com | 6,897 | 19,396 |
| 157 | Pepsico Inc NC | 17,119 | 20,104 |
| 43 | Perrigo Co LTD | 2,136 | 2,061 |
| 417 | Pfizer Inc | 18,115 | 16,934 |
| 125 | PICC Property & Casualty Co LTD | 3,626 | 3,519 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS - Continued** | | | |
| 666 | Ping An Insurance ADR | $ 14,932 | $ 16,144 |
| 34 | Pioneer Natural Resources Co | 4,925 | 5,660 |
| 146 | PJSC Lukoil Sponsored ADR | 9,422 | 12,484 |
| 184 | Portola Pharmaceuticals Inc | 3,866 | 6,495 |
| 38 | Post Holdings Inc | 3,045 | 4,286 |
| 49 | Power Integrations Inc. | 2,307 | 3,872 |
| 180 | Proctor & Gamble | 16,761 | 19,166 |
| 415 | Prudential PLC ADR | 15,945 | 18,945 |
| 364 | PT BK Mandiri Persero TBK Unsp | 1,932 | 3,968 |
| 110 | PT Telekomunikasi Indonesia | 2,083 | 2,943 |
| 40 | Qorvo Inc Com | 2,635 | 3,024 |
| 78 | Qualys Inc Com | 6,885 | 7,040 |
| 58 | Quest Diagnostics Inc | 4,888 | 5,590 |
| 128 | Qurate Retail Inc Series A | 2,163 | 2,182 |
| 150 | Radian Group Inc | 1,516 | 3,513 |
| 133 | Rayonier Advanced Materials Inc | 2,688 | 1,974 |
| 45 | Reinsurance Group of America | 5,697 | 6,818 |
| 198 | Relx PLC Sponsored ADR | 4,341 | 4,542 |
| 168 | Retail Opportunity Invst Corp | 3,275 | 2,948 |
| 92 | Rio Tinto PLC Sponsored ADR | 5,729 | 5,419 |
| 889 | Roche Holdings | 27,942 | 29,390 |
| 1,181 | Rolls Royce Holdings PLC | 14,190 | 14,302 |
| 392 | Royal Dutch Shell PLC CL B | 20,243 | 25,437 |
| 249 | Royal Dutch Shell PLC | 16,160 | 15,819 |
| 38 | Ryanair Holdings PLC ADR | 2,859 | 2,950 |
| 23 | S P Plus Corporation | 713 | 794 |
| 48 | Sage Therapeutics Inc | 7,674 | 8,075 |
| 282 | SAP AG | 26,618 | 36,339 |
| 144 | Sasol Ltd | 4,493 | 4,752 |
| 286 | Sberbank Russia Sponsored ADR | 1,868 | 4,133 |
| 130 | Schlumberger Ltd | 9,857 | 5,548 |
| 84 | Semtech Corp | 4,347 | 4,525 |
| 225 | SGS SA ADR | 5,739 | 5,948 |
| 265 | Shenzhou Instl Group Holdings LTD | 3,543 | 3,535 |
| 65 | Sinopharm Group Co LTD ADR | 1,426 | 1,270 |
| 521 | SK Telecom Co LTD | 11,155 | 12,296 |
| 74 | SL Green Realty CP | 6,688 | 6,537 |
| 195 | Sonova Hldg AG | 5,426 | 7,870 |
| 43 | South Street Corp Com | 2,762 | 3,253 |
| 136 | Southwest Airlines | 7,792 | 7,375 |
| 60 | Spectrum Brands Holdings Inc | 3,299 | 3,694 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS- Continued** | | | |
| 66 | Splunk Inc | $ 4,756 | $ 9,111 |
| 250 | SS&C Technologies Holdings Inc. | 12,488 | 16,915 |
| 797 | SSE PLC Spon ADR | 14,814 | 11,955 |
| 244 | Starbucks Corp Washington | 13,282 | 18,954 |
| 222 | Stars Group Inc | 5,523 | 4,194 |
| 56 | Stericycle Inc | 3,381 | 3,270 |
| 52 | Steris PLC | 5,560 | 6,811 |
| 131 | Stewart Information Services | 5,206 | 5,569 |
| 80 | Stoneridge Inc | 2,201 | 2,514 |
| 974 | Sumitomo Mitsui TR Hldgs Inc | 7,250 | 7,100 |
| 81 | Suntrust BKS | 5,240 | 5,304 |
| 118 | Supernus Pharmaceuticals Inc. | 2,004 | 4,334 |
| 335 | Symrise AG Unspons ADR | 5,160 | 8,063 |
| 41 | Syneos Health Inc CL A | 1,785 | 1,924 |
| 119 | Synopsys Inc | 7,066 | 14,409 |
| 241 | Sysmex Corp Unspon Adr | 7,168 | 6,869 |
| 970 | Taiwan SMCNDCTR MFG Co | 25,811 | 42,505 |
| 1,205 | Takeda Pharmaceutical Co LTD | 28,219 | 22,027 |
| 56 | Target Corporation | 3,826 | 4,336 |
| 153 | Techtronic Ind LTD Sponsored ADR | 4,962 | 5,539 |
| 31 | Teladoc Health Inc | 2,314 | 1,763 |
| 47 | Temenos AG Sponsored ADR | 7,000 | 7,846 |
| 50 | Tenaris S.A. | 1,392 | 1,387 |
| 426 | Tencent Holdings LTD Unsponsored ADR | 19,268 | 20,976 |
| 125 | Ternium S.A. ADR | 3,558 | 3,081 |
| 47 | Texas Cap BNCSHS Inc | 2,686 | 3,042 |
| 256 | The Michaels Companies Inc | 4,900 | 2,877 |
| 121 | The Mosaic Co New | 4,482 | 3,159 |
| 461 | Tivo Inc | 8,695 | 4,320 |
| 60 | Toll Brothers | 2,169 | 2,286 |
| 178 | Total S A Sponsored ADR | 10,180 | 9,909 |
| 86 | Total System Services | 3,651 | 8,793 |
| 69 | Tractor Supply Co | 5,105 | 7,142 |
| 192 | Trinity Ind | 4,224 | 4,140 |
| 106 | TripAdvisor Inc Com | 4,958 | 5,642 |
| 61 | Tyson Foods Inc Class A | 3,309 | 4,576 |
| 695 | Unicharm Corp Unsponsored ADR | 4,469 | 4,611 |
| 2,936 | Unicredit SPA - ADR | 25,282 | 20,317 |
| 62 | Unilever NV NY SH New | 3,553 | 3,752 |
| 172 | Unilever PLC (New) ADS | 7,806 | 10,458 |
| 74 | Union Pacific Corp | 11,249 | 13,101 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **COMMON STOCKS- Continued** | | | |
| 74 | United Natural Foods Inc | $ 2,718 | $ 956 |
| 61 | United Parcel Ser Inc Class B | 6,669 | 6,479 |
| 49 | United Rentals Inc | 3,771 | 6,905 |
| 135 | United Technologies Corp | 17,326 | 19,252 |
| 23 | United Therapeutics Corp | 2,381 | 2,359 |
| 23 | United Health Group Inc | 5,530 | 5,361 |
| 167 | Uniti Group Inc | 3,944 | 1,835 |
| 97 | Univar Inc | 2,146 | 2,166 |
| 187 | US Foods Holding Corp | 5,861 | 6,835 |
| 69 | Valero Energy CP Dela New | 6,363 | 6,255 |
| 212 | Vedenta LTD Sponsored ADR | 2,130 | 2,027 |
| 54 | Veeva System Inc. CL A | 1,563 | 7,553 |
| 435 | Vereit, Inc. | 3,072 | 3,593 |
| 342 | Verizon Communications | 20,445 | 19,559 |
| 127 | Viacom Inc New Class B | 3,209 | 3,672 |
| 215 | Viking Therapeutics Inc | 3,125 | 1,683 |
| 498 | Vodafone Group PLC | 13,145 | 9,223 |
| 1,489 | Volkswagen AG Spon ADR | 22,262 | 26,616 |
| 168 | Vonage Holdings Corp | 732 | 1,633 |
| 151 | Walt Disney Co Holding Co | 15,078 | 20,683 |
| 136 | Waste Management Inc | 13,544 | 14,598 |
| 60 | Weibo Corporation | 4,332 | 4,110 |
| 27 | Wellcare Health Plans Inc | 8,056 | 6,975 |
| 359 | Wells Fargo & Co New | 18,542 | 17,379 |
| 101 | West Pharmaceuticals Svcs Inc | 9,063 | 12,503 |
| 93 | Western Alliance Bancorp | 4,632 | 4,443 |
| 7 | White Mountain Grp Bermuda | 2,806 | 6,573 |
| 69 | World Fuel Services Corp | 2,143 | 2,129 |
| 276 | WPX Energy Inc | 4,737 | 3,834 |
| 209 | Wright Medical Group | 5,628 | 6,180 |
| 103 | Wyndham Destinations Inc | 3,728 | 4,487 |
| 74 | Wyndham Hotels & Resorts Inc | 3,720 | 4,123 |
| 169 | Yandex N.V A | 4,531 | 6,326 |
| 93 | Zayo Group Holdings | 2,155 | 2,910 |
| 156 | Zoetis Inc Class A | 8,059 | 15,887 |
| | Total Common Stocks | $ 2,905,483 | $ 3,283,768 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

**EIN: 34-6666798 PN: 001**

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2019

| NUMBER OF SHARES | DESCRIPTION | COST | MARKET VALUE |
|---|---|---|---|
| **PREFERRED STOCKS** | | | |
| 172 | Telefonica Brasil SA Spon ADR | $ 2,144 | $ 2,047 |
| | Total Preferred Stocks | $ 2,144 | $ 2,047 |
| **EXCHANGE TRADED FUNDS** | | | |
| 7,119 | iShares US Treasury Bond ETF | $ 177,263 | $ 178,616 |
| 3,334 | iShares Core MSCI Emerging | 173,033 | 176,169 |
| 1,528 | iShares TIPS Bond ETF | 170,752 | 173,153 |
| 13,188 | iShares Russell 1000 Value ETF | 1,846,716 | 1,983,343 |
| | Total Exchange Traded Funds | $ 2,367,763 | $ 2,511,280 |
| **MONEY MARKET FUNDS** | | | |
| 86,452 | Morgan Stanley Bank NA | $ 86,452 | $ 86,452 |
| | Total Money Market Funds | $ 86,452 | $ 86,452 |
| **MUTUAL FUNDS** | | | |
| 32,874 | Blackstone Alt Mult Strat Inst | $ 343,866 | $ 356,684 |
| 25,408 | Doubleline Total Return I | 266,026 | 266,788 |
| 18,224 | E V Income Fund of Boston I | 176,777 | 177,141 |
| 12,656 | Matthews Asian Japan INV | 242,608 | 271,463 |
| 13,574 | Victory Trivlnt Intl Sml CAP Y | 201,307 | 178,909 |
| 14,863 | Western Asset SMASH Series C | 144,175 | 140,901 |
| 40,892 | Western Asset SMASH Series EC | 374,426 | 367,210 |
| 37,563 | Western Asset SMASH Series M | 396,578 | 415,071 |
| | Total Mutual Funds | $ 2,145,762 | $ 2,174,167 |
| | Total Investments | $ 8,492,917 | $ 9,009,920 |
| **Summary of Investments** | | | |
| | U.S. Government Securities | $ 646,037 | $ 607,574 |
| | Corporate Bonds | 339,276 | 344,632 |
| | Preferred Stocks | 2,144 | 2,047 |
| | Common Stocks | 2,905,483 | 3,283,768 |
| | Exchange Traded Funds | 2,367,763 | 2,511,280 |
| | Money Market Funds | 86,452 | 86,452 |
| | Mutual Funds | 2,145,762 | 2,174,167 |
| | Total Investments | $ 8,492,917 | $ 9,009,920 |

**Bricklayers and Allied Craftsmen Local No. 7 Pension Fund**

Schedule of Reportable Transactions
EIN: 34-6666798 PN: 001
Schedule H, Line 4j
For the Year Ended April 30, 2019

| (a) Identity of Party Involved<br>(b) Description of Security | (c) Purchase Price | (d) Selling Price | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain / (Loss) |
|---|---|---|---|---|---|---|
| Purchases: | | | | | | |
| Vanguard Total Stock Market ETF | $ 2,077,765 | $ - | $ - | $ 2,077,765 | $ 2,077,765 | $ - |
| Morgan Stanley Bank N.A. | 1,820,433 | - | - | 1,820,433 | 1,820,433 | - |
| Sales: | | | | | | |
| Morgan Stanley Bank N.A. | - | 1,797,442 | - | 1,797,442 | 1,797,442 | - |
| iShares Russell 1000 Growth ETF | - | 1,387,394 | - | 953,086 | 1,387,394 | 434,308 |
| iShares Russell 1000 Value ETF | - | 1,511,037 | - | 1,235,047 | 1,511,037 | 275,990 |
| | $ 3,898,198 | $ 4,695,873 | $ - | $ 7,883,773 | $ 8,594,071 | $ 710,298 |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4B*
# *STATEMENT BY ENROLLED ACTUARY*

The plan was certified in Critical and Declining status as of May 1, 2018. Refer to the attached PPA certification. This result is based on a funded ratio of 30.3% and an existing funding deficiency, which is projected to remain negative at the end of the 2018-19 plan year as shown in the table below:

| *As of* | *Credit Balance/ (Funding Deficiency)* |
|---|---|
| 4/30/2018 | (17,279,000) |
| 4/30/2019 | (20,327,000) |

## *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*

## *EIN: 34-6666798/PN: 001*

## *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4B CASH FLOW PROJECTIONS*

The plan is also projected to have an insolvency for the plan year ending April 30, 2023 as shown in the cash flow tables below:

| **PYB** | **4/30/2017** | **4/30/2018** | **4/30/2019** | **4/30/2020** | **4/30/2021** |
|---|---|---|---|---|---|
| **PYE** | **4/30/2018** | **4/30/2019** | **4/30/2020** | **4/30/2021** | **4/30/2022** |
| Market Value at beg. of yr. | 12,893,823 | 11,481,687 | 9,396,496 | 7,068,708 | 4,565,028 |
| Contributions | 719,831 | 612,000 | 612,000 | 612,000 | 612,000 |
| Administrative expenses | (109,913) | (120,000) | (120,000) | (120,000) | (120,000) |
| Benefit payments | (3,012,873) | (3,185,420) | (3,299,483) | (3,334,653) | (3,345,548) |
| Investment earnings | 990,819 | 608,229 | 479,695 | 338,973 | 188,425 |
| Market Value at end of yr. | 11,481,687 | 9,396,496 | 7,068,708 | 4,565,028 | 1,899,905 |

| **PYB** | **4/30/2022** |
|---|---|
| **PYE** | **4/30/2023** |
| Market Value at beg. of yr. | 1,899,905 |
| Contributions | 612,000 |
| Administrative expenses | (120,000) |
| Benefit payments | (3,373,956) |
| Investment earnings | 27,666 |
| Market Value at end of yr. | (954,385) |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 6*
# *STATEMENT BY ENROLLED ACTUARY*

***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

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

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

## PLAN HISTORY

### Origins/Purpose

The Bricklayers and Masons Local Union No. 7 Pension Plan was established effective February 1, 1968 as a result of a Collective Bargaining Agreement between the Associated General Contractors of America, Akron Chapter, the General Contractors Association of Akron and Akron Masons Contractors Association and the Bricklayers' and Masons' Local No. 7, Ohio of Bricklayers, Masons and Plasterers International Union of America. The Bricklayers' and Masons Local No. 23 became a Participating Union under the Plan as of July 1, 1969 and the Bricklayers' and Masons' Local No. 13 became a Participating Union under the Plan as of April 22, 1970. Both Locals have since merged into Local No. 7.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the pension plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Deferred Vested Benefits and Death benefits. Benefits first became payable on February 1, 1968.

### Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreements. The history of recent hourly contribution rates is shown in the following table:

| Effective Date | Hourly Contribution Rate * |
|---|---|
| May 1, 1979 | $ 0.80 |
| June 1, 1981 | 1.05 |
| June 19, 1982 | 1.25 |
| June 1, 1983 | 2.00 |
| June 1, 1984 | 3.00 |
| June 1, 1990 | 3.27 |
| June 1, 1996 | 3.30 |
| June 1, 2006 | 3.55 |
| June 1, 2007 | 4.01 |
| Sept. 1, 2008 | 4.41 |
| June 1, 2009 | 4.81 |
| June 1, 2010 | 5.21 |
| June 1, 2011 | 5.61 |
| June 1, 2012 | 6.01 |
| June 1, 2013 | 6.41 |
| June 1, 2014 | 6.46 |
| June 1, 2015 | 6.66 |
| June 1, 2016 | 6.80 |

* Effective May 1, 2006 to April 30, 2016, $2.00 of the hourly rate will be used to calculate benefits.

### Reciprocity

The Trustees have entered into various money follows the man reciprocity agreements whereby a participant who transfers employment between signatories to such agreements will not lose pension credits.

## SUMMARY OF PLAN PROVISIONS

| | |
|---|---|
| **Participation** | May 1 following completion of 435 hours during a twelve consecutive month period, or prior November 1, if earlier. |
| **Year of service** | Plan year with at least 435 hours. |
| **Break in service** | Plan year with less than 435 hours. |
| **Forfeited service** | A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service. |
| **Normal retirement benefit** | |
| *Eligibility* | Age 62 and 5 years of service or, if earlier, age 65 and 5 years of participation. |
| *Monthly amount* | $1.00 per year of past service plus 4.10% of employer contributions made on and after February 1, 1968 and before May 1, 2003; plus 3.00% of employer contributions made on and after May 1, 2003 and before May 1, 2005; plus 1.00% of employer contributions made on and after May 1, 2005 and before May 1, 2006; plus 1.00% of $2.00 of employer contributions made on and after May 1, 2006 and before May 1, 2016; plus 0.30% of the first $6.66 and 1.0% of contributions over $6.66 for employer contributions made on and after May 1, 2016.<br>Payable for life. |
| **Early retirement benefit** | |
| *Eligibility* | Age 55 and 10 years of service. |
| *Monthly amount* | Normal, reduced by .5833% for each month under age 62. Payable for life.<br>* Normal, reduced by 1/3 of 1% for each month under age 62 for benefits of participants who were at least age 55 and had at least 10 years of service on May 1, 2009. |
| **Optional forms of payment** | • 60 month certain and life<br>• Joint and 50% survivor*<br>• Joint and 75% survivor*<br>• Joint and 100% survivor*<br>* If spouse pre-deceases participant, amount in pay status pops-up to amount that would have been payable if the participant had not elected the joint and survivor. The pop-up feature is not subsidized. |

## SUMMARY OF PLAN PROVISIONS (CONTINUED)

| | |
|---|---|
| **Total and permanent disability benefit** | |
| *Eligibility* | No longer available as of May 1, 2009. |
| **Deferred vested benefit** | |
| *Eligibility* | 5 years of service, termination of covered employment. |
| *Monthly amount* | 100% of normal, payable at normal or at early with reduction. Payable for life. |
| **Pre-retirement surviving spouse benefit *** | |
| *Eligibility* | Death of participant with eligible spouse after becoming eligible for, but prior to, retirement. |
| *Monthly amount* | 50% of participant's joint and 50% survivor annuity payable to spouse for life commencing the first day of the month following participant's death. |
| *Eligibility* | Death of participant with eligible spouse prior to earliest retirement age. |
| *Monthly amount* | 50% of participant's joint and 50% survivor annuity payable to spouse for life commencing at participant's earliest retirement date. |
| | * The cost of the pre-retirement surviving spouse benefit is paid by the participant. |
| **Pre-retirement 5 year certain death benefit** | |
| *Eligibility* | Benefit eliminated for deaths on or after May 1, 2009, effective May 1, 2009. |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 6*
# *STATEMENT BY ENROLLED ACTUARY*

***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

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

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

## ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

**Valuation date**

May 1, 2018

**Interest rates**

*ERISA rate of return used to value liabilities*

7.00% per year net of investment expenses.

*Current liability*

2.99% (in accordance with Section 431(c)(6) of the Internal Revenue Code).

**Operational expenses**

$120,000 per future year. For the present value of expenses for ASC 960, a 7.50% load was applied to the ASC 960 liabilities. This load was calculated by taking 3 years of actual expenses divided by 3 years of actual benefit payments.

**Mortality**

*Assumed plan mortality*

100% of the RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2017 projection scale.

*Current liability*

Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as required by Section 431(c)(6) of the Internal Revenue Code.

**Future retirement rates**

Active lives

When eligible and according to the following schedule:

| Age | Retirement Rate |
|---|---|
| 55 | .15 |
| 56-57 | .05 |
| 58 | .10 |
| 59 | .20 |
| 60 | .30 |
| 61 | .40 |
| 62+ | 1.00 |

Resulting in an average expected retirement age of 60.2.

Inactive vested lives

If terminated prior to 5/1/99, later of normal retirement age or age on valuation date. If terminated after 5/1/99, later of age 59 or age on valuation date.

## ACTUARIAL ASSUMPTIONS (CONTINUED)

**Withdrawal**

T-8 Turnover Table from The Actuary's Pension Handbook (less GAM 51) adjusted after age 49 - specimen rates shown below: Assumed rate during second year of employment is 35%* and 20% for next year.

| Age | Withdrawal Rate |
|---|---|
| 25 | .1162 |
| 30 | .1121 |
| 35 | .1055 |
| 40 | .0940 |
| 45 | .0754 |
| 50 | .0531 |
| 55 | .0190 |
| 60 | .0100 |
| 62 | .0100 |

* All newly reported participants are considered to have already worked their first year of employment.

**Future annual work hours**
**Vested lives**
**Non-Vested lives**

1,100 hours, 0 after assumed normal retirement age.
650 hours, 0 after assumed normal retirement age.

**Future hourly contribution rate**

$6.80

**Age of participants with unrecorded birth dates**

Based on average entry age of participants with recorded birth dates and same vesting status.

**Spouse assumptions**

100% assumed married with the male spouse 3 years older than his wife.

**Optional form assumption**

All non-retired participants assumed to elect the life only form of benefit.

**Inactive vested lives over age 70**

Continuing inactive vested participants over age 70 are assumed deceased and are not valued.

## ACTUARIAL ASSUMPTIONS (CONTINUED)

| | |
|---|---|
| **QDRO benefits** | Benefits to alternate payee included with participant's benefit until payment commences. |
| **Section 415 limit assumptions** | |
| *Dollar limit* | $220,000 per year. |
| *Assumed form of payment for those limited by Section 415* | Qualified joint and 100% survivor annuity. |
| **Benefits not valued** | Pre-retirement death benefits following withdrawal or disability for active participants. |

## RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

| | |
|---|---|
| **ERISA rate of return used to value liabilities** | Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2018 survey of investment consultants.<br><br>Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities. |
| **Mortality** | The RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2017 projection scale was chosen as the base table for this population.<br><br>The blue collar table was chosen based on the industry of plan participants |
| **Retirement** | Actual rates of retirement by age were studied for the period May 1, 2012 to April 30, 2017. The assumed future rates of retirement were selected based on the results of this study. |
| **Withdrawal** | Actual rates of withdrawal by age were studied for the period May 1, 2012 to April 30, 2017. The assumed future rates of withdrawal were selected based on the results of this study. |
| **Future work hours** | Based on review of recent plan experience adjusted for anticipated future changes in workforce. |

## ACTUARIAL METHODS

| | |
|---|---|
| **Funding method** | |
| *ERISA Funding* | Traditional unit credit cost method, effective May 1, 2007. |
| *Funding period* | Individual entry age normal with costs spread as a level dollar amount over service. |
| **Population valued** | |
| *Actives* | Employees who have satisfied the plan's eligibility requirements (435 hours worked in a plan year) and who had at least one hour during the preceding plan year. |
| *Inactive vested* | Vested participants with no hours during the preceding plan year. |
| *Retirees* | Participants and beneficiaries in pay status as of the valuation date. |
| **Asset valuation method** | |
| *Actuarial value* | Smoothed Market Value Method with phase in effective May 1, 1996. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year. |
| *Unfunded vested benefits* | For the presumptive method, actuarial value, as described above, is used. |

*Schedule MB, Line 8b(2) - Schedule of Active Participant Data*
*Bricklayers Local No. 7 Pension Plan EIN: 34-6666798/PN: 001*
*May 1, 2018*

| Attained age | Years of Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 to 29 | 1 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 11 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 6 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 3 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 49 | 0 | 8 | 4 | 0 | 4 | 4 | 1 | 0 | 0 | 0 |
| 50 to 54 | 0 | 3 | 1 | 2 | 1 | 5 | 0 | 0 | 0 | 0 |
| 55 to 59 | 0 | 2 | 1 | 2 | 2 | 6 | 3 | 1 | 2 | 0 |
| 60 to 64 | 0 | 0 | 2 | 0 | 0 | 2 | 2 | 1 | 0 | 0 |
| 65 to 69 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

May contain values based on estimated data

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 9*
# *STATEMENT BY ENROLLED ACTUARY*

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

*Bricklayers Local No. 7 Pension Plan*
*EIN: 34-6666798/PN: 001*
*Attachment to 2018 Schedule MB: Lines 9c and 9h*
*Schedule of Funding Standard Account Bases*

| Date Established | Source of Change in Unfunded Liability | Original Amount | Original Period | Remaining Period | | 5/1/2018 Outstanding Balance | 5/1/2018 Amortization Payment |
|---|---|---|---|---|---|---|---|
| | | | | Years | Months | | |
| ***Charges*** | | | | | | | |
| 5/1/1979 | Plan Amendment | | 40 | 1 | 0 | 49,512 | 49,512 |
| 5/1/1989 | Plan Amendment | | 30 | 1 | 0 | 54,013 | 54,013 |
| 5/1/1990 | Assumptions | | 30 | 2 | 0 | 40,146 | 20,752 |
| 5/1/1994 | Assumptions | 513,413 | 30 | 6 | 0 | 209,262 | 41,030 |
| 5/1/1996 | Assumptions | 475,139 | 30 | 8 | 0 | 241,229 | 37,755 |
| 5/1/1996 | Plan Amendment | 366,610 | 30 | 8 | 0 | 186,153 | 29,135 |
| 5/1/1997 | Assumptions | 302,027 | 30 | 9 | 0 | 166,877 | 23,938 |
| 5/1/1997 | Plan Amendment | 2,024,332 | 30 | 9 | 0 | 1,118,437 | 160,435 |
| 5/1/1998 | Plan Amendment | 1,046,114 | 30 | 10 | 0 | 620,927 | 82,622 |
| 5/1/1999 | Plan Amendment | 1,094,569 | 30 | 11 | 0 | 691,284 | 86,157 |
| 5/1/2000 | Assumptions | 481,195 | 30 | 12 | 0 | 320,864 | 37,755 |
| 5/1/2000 | Plan Amendment | 208,860 | 30 | 12 | 0 | 139,275 | 16,388 |
| 5/1/2002 | Amendment | 20,726 | 30 | 14 | 0 | 15,122 | 1,616 |
| 5/1/2002 | Assumptions | 685,458 | 30 | 14 | 0 | 500,139 | 53,447 |
| 5/1/2004 | Experience Loss | 1,064,453 | 15 | 1 | 0 | 114,518 | 114,518 |
| 5/1/2005 | Experience Loss | 2,241,650 | 15 | 2 | 0 | 464,540 | 240,125 |
| 5/1/2006 | Experience Loss | 1,908,358 | 15 | 3 | 0 | 571,600 | 203,560 |
| 5/1/2007 | Assumptions | 30,385 | 30 | 19 | 0 | 25,841 | 2,337 |
| 5/1/2008 | Experience Loss | 296,362 | 15 | 5 | 0 | 137,568 | 31,357 |
| 5/1/2009 | Experience | 6,709,219 | 15 | 6 | 0 | 3,606,394 | 707,109 |
| 5/1/2011 | Experience | 1,462,111 | 15 | 8 | 0 | 977,244 | 152,950 |
| 5/1/2012 | Assumptions | 532,014 | 15 | 9 | 0 | 386,596 | 55,455 |
| 5/1/2012 | Experience | 1,652,462 | 15 | 9 | 0 | 1,200,784 | 172,247 |
| 5/1/2013 | Experience | 923,614 | 15 | 10 | 0 | 721,017 | 95,941 |
| 5/1/2015 | Assumptions | 800,095 | 15 | 12 | 0 | 701,665 | 82,562 |
| 5/1/2016 | Experience | 1,522,690 | 15 | 13 | 0 | 1,401,719 | 156,745 |
| 5/1/2017 | Assumptions | 2,901,933 | 15 | 14 | 0 | 2,790,826 | 298,240 |
| 5/1/2017 | Experience Loss | 1,474,632 | 15 | 14 | 0 | 1,418,172 | 151,552 |
| 5/1/2018 | Assumption | 1,567,670 | 15 | 15 | 0 | 1,567,670 | 160,861 |
| 5/1/2018 | Experience | 155,801 | 15 | 15 | 0 | 155,801 | 15,987 |
| | | | | ***Total Charges:*** | | **20,595,195** | **3,336,101** |

*Bricklayers Local No. 7 Pension Plan*
*EIN: 34-6666798/PN: 001*
*Attachment to 2018 Schedule MB: Lines 9c and 9h*
*Schedule of Funding Standard Account Bases*

| Date Established | Source of Change in Unfunded Liability | Original Amount | Original Period | Remaining Period | | 5/1/2018 Outstanding Balance | 5/1/2018 Amortization Payment |
|---|---|---|---|---|---|---|---|
| | | | | Years | Months | | |
| ***Credits*** | | | | | | | |
| 5/1/1989 | Assumptions | | 30 | 1 | 0 | 26,200 | 26,200 |
| 5/1/1992 | Assumptions | | 30 | 4 | 0 | 2,579 | 712 |
| 5/1/1993 | Assumptions | | 30 | 5 | 0 | 75,121 | 17,123 |
| 5/1/1995 | Plan Amendment | 158,607 | 30 | 7 | 0 | 72,888 | 12,640 |
| 5/1/2003 | Assumption | 113,096 | 30 | 15 | 0 | 85,685 | 8,792 |
| 5/1/2003 | Plan Amendment | 2,117,342 | 30 | 15 | 0 | 1,604,142 | 164,604 |
| 5/1/2005 | Assumptions | 41,563 | 30 | 17 | 0 | 33,577 | 3,214 |
| 5/1/2005 | Plan Amendment | 3,412,714 | 30 | 17 | 0 | 2,756,021 | 263,819 |
| 5/1/2006 | Plan Amendment | 652,500 | 30 | 18 | 0 | 541,465 | 50,307 |
| 5/1/2007 | Experience Gain | 382,876 | 15 | 4 | 0 | 147,413 | 40,673 |
| 5/1/2009 | Plan Amendments | 2,291,241 | 15 | 6 | 0 | 1,231,612 | 241,483 |
| 5/1/2010 | Assumptions | 68,862 | 15 | 7 | 0 | 41,693 | 7,230 |
| 5/1/2010 | Experience Gain | 2,238,307 | 15 | 7 | 0 | 1,355,204 | 235,012 |
| 5/1/2011 | Assumptions | 44,153 | 15 | 8 | 0 | 29,510 | 4,619 |
| 5/1/2014 | Experience Gain | 632,588 | 15 | 11 | 0 | 525,464 | 65,490 |
| 5/1/2015 | Experience | 212,291 | 15 | 12 | 0 | 186,175 | 21,906 |
| 5/1/2016 | Assumptions | 449,009 | 15 | 13 | 0 | 413,337 | 46,221 |
| | | | | ***Total Credits:*** | | **9,128,086** | **1,210,045** |
| | | | | ***Net Charges:*** | | **11,467,109** | **2,126,056** |
| | | | | ***Less Credit Balance:*** | | -17,247,928 | |
| | | | | ***Less Reconciliation Balance:*** | | 0 | |
| | | | | ***Unfunded Actuarial Liability:*** | | **28,715,037** | |

# BRICKLAYERS LOCAL NO. 7 PENSION PLAN
# EIN: 34-6666798/PN: 001
# ATTACHMENT TO 2018 SCHEDULE MB: LINE 11
# STATEMENT BY ENROLLED ACTUARY

***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The mortality projection scale was updated from MP-2016 to MP-2017 but the mortality rate multiplier remained 100%. These changes were made in order to reflect the latest mortality improvement data available and to better match the standard tables to specific plan experience.

- The ERISA rate of return assumption used to value liabilities was changed from 7.50% to 7.00% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.

- The current liability interest rate was changed from 3.05% to 2.99%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4C AND 4F*
# *STATEMENT BY ENROLLED ACTUARY*

### *Schedule MB, line 4c - Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan*

The Plan has made the scheduled progress as of May 1, 2019 as outlined in the 2009 rehabilitation plan, which was updated on December 7, 2017. This is based on the data, plan provisions, assumptions and methods as described in the attached certification dated July 29, 2018. Projections indicate that the Plan is not projected to emerge from Critical and Declining at the end of the rehabilitation plan period. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continued use of all reasonable measures to forestall insolvency. Due to competitive pressures, the trustees do not believe any further contribution rate increase or benefit changes could be supported at this time without having a net negative impact on the Fund. The trustees continue to monitor this situation annually.

### *Schedule MB, line 4f – Cash Flow Projections/Assumptions Used to Project Plan Year of Emergence from Critical and Declining Status*

The year of insolvency was calculated on the same basis as the 2019 PPA certification scheduled progress.

The cash flow projections in the following tables are based on the below assumptions:

| | |
|---|---|
| **Assumed return on fund assets** | 6.00% per year for the period May 1, 2019 through April 30, 2028; 7.00% per year thereafter |
| **Future total hours worked** | 90,000 for the plan year ending 2020 and thereafter |
| **Contribution rate increases** | None |
| **Plan changes** | None |

## BRICKLAYERS LOCAL NO. 7 PENSION PLAN

## EIN: 34-6666798/PN: 001

## ATTACHMENT TO 2018 SCHEDULE MB: LINE 4F CASH FLOW PROJECTIONS

| PYB | 4/30/2018 | 4/30/2019 | 4/30/2020 | 4/30/2021 | 4/30/2022 |
|---|---|---|---|---|---|
| **PYE** | **4/30/2019** | **4/30/2020** | **4/30/2021** | **4/30/2022** | **4/30/2023** |
| Market Value at beg. of yr. | 11,528,839 | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 |
| Contributions | 727,008 | 612,000 | 612,000 | 612,000 | 612,000 |
| Administrative expenses | (128,688) | (120,000) | (120,000) | (120,000) | (120,000) |
| Benefit payments | (3,002,546) | (3,290,512) | (3,317,021) | (3,332,234) | (3,360,732) |
| Investment earnings | 406,681 | 488,044 | 348,621 | 199,580 | 40,286 |
| Market Value at end of yr. | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 | (724,674) |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4C AND 4F*
# *STATEMENT BY ENROLLED ACTUARY*

### *Schedule MB, line 4c - Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan*

The Plan has made the scheduled progress as of May 1, 2019 as outlined in the 2009 rehabilitation plan, which was updated on December 7, 2017. This is based on the data, plan provisions, assumptions and methods as described in the attached certification dated July 29, 2018. Projections indicate that the Plan is not projected to emerge from Critical and Declining at the end of the rehabilitation plan period. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continued use of all reasonable measures to forestall insolvency. Due to competitive pressures, the trustees do not believe any further contribution rate increase or benefit changes could be supported at this time without having a net negative impact on the Fund. The trustees continue to monitor this situation annually.

### *Schedule MB, line 4f – Cash Flow Projections/Assumptions Used to Project Plan Year of Emergence from Critical and Declining Status*

The year of insolvency was calculated on the same basis as the 2019 PPA certification scheduled progress.

The cash flow projections in the following tables are based on the below assumptions:

| | |
|---|---|
| **Assumed return on fund assets** | 6.00% per year for the period May 1, 2019 through April 30, 2028; 7.00% per year thereafter |
| **Future total hours worked** | 90,000 for the plan year ending 2020 and thereafter |
| **Contribution rate increases** | None |
| **Plan changes** | None |

## BRICKLAYERS LOCAL NO. 7 PENSION PLAN

## EIN: 34-6666798/PN: 001

## ATTACHMENT TO 2018 SCHEDULE MB: LINE 4F CASH FLOW PROJECTIONS

| PYB | 4/30/2018 | 4/30/2019 | 4/30/2020 | 4/30/2021 | 4/30/2022 |
|---|---|---|---|---|---|
| **PYE** | **4/30/2019** | **4/30/2020** | **4/30/2021** | **4/30/2022** | **4/30/2023** |
| Market Value at beg. of yr. | 11,528,839 | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 |
| Contributions | 727,008 | 612,000 | 612,000 | 612,000 | 612,000 |
| Administrative expenses | (128,688) | (120,000) | (120,000) | (120,000) | (120,000) |
| Benefit payments | (3,002,546) | (3,290,512) | (3,317,021) | (3,332,234) | (3,360,732) |
| Investment earnings | 406,681 | 488,044 | 348,621 | 199,580 | 40,286 |
| Market Value at end of yr. | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 | (724,674) |

# 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**

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 and Allied Craftsmen Local 7 Pension Plan

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
The Trustees of the Plan

**D** Employer Identification Number (EIN)
34-6666798

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

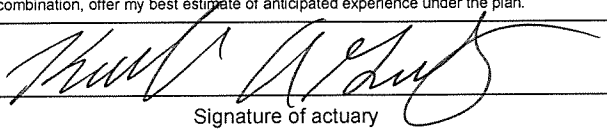
**1a** Enter the valuation date: Month 5 Day 1 Year 2018

| | | |
|---|---|---|
| **b** Assets | | |
| (1) Current value of assets | 1b(1) | 11,528,839 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 11,927,811 |
| **c** (1) Accrued liability for plan using immediate gain methods | 1c(1) | 40,642,848 |
| (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) | 40,642,848 |
| **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) | 65,312,402 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 218,425 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 3,125,371 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 3,172,095 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**



Signature of actuary

1/3/20

Date

Kathryn A. Garrity, FSA, EA, MAAA

Type or print name of actuary

17-05379

Most recent enrollment number

United Actuarial Services, Inc.

Firm name

(317)580-8688

Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529

Address of the firm

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

**2** Operational information as of beginning of this plan year:

| | | | |
|---|---|---|---|
| **a** Current value of assets (see instructions) | | **2a** | 11,528,839 |
| **b** "RPA '94" current liability/participant count breakdown: | | **(1)** Number of participants | **(2)** Current liability |
| **(1)** For retired participants and beneficiaries receiving payment | | 214 | 36,636,478 |
| **(2)** For terminated vested participants | | 112 | 16,085,173 |
| **(3)** For active participants: | | | |
| **(a)** Non-vested benefits | | | 89,446 |
| **(b)** Vested benefits | | | 12,501,305 |
| **(c)** Total active | | 115 | 12,590,751 |
| **(4)** Total | | 441 | 65,312,402 |
| **c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | | **2c** | 17.65 % |

**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 | 723,439 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 3(b) | 723,439 | 3(c) 0 |

**4** Information on plan status:

| | | |
|---|---|---|
| **a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | **4a** | 29.3 % |
| **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** | D |

**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] 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 [X] | **4f** | 2022 |

**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** [X] 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 [X] 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)** | A | | A | |
| **d** Valuation liability interest rate | **6d** | 7.00 % | | 7.00 % | |
| **e** Expense loading | **6e** | 54.1% | ☐ 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** | 4.8 % | | | |
| **h** Estimated investment return on current value of assets for year ending on the valuation date | **6h** | 8.6 % | | | |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|---|---|---|
| 1 | 155,801 | 15,987 |
| 4 | 1,567,670 | 160,861 |
| | | |

**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** | 17,247,928 |
| **b** Employer's normal cost for plan year as of valuation date | | **9b** | 214,303 |
| **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)** | 20,595,195 | 3,336,101 |
| (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** | 1,455,884 |
| **e** Total charges. Add lines 9a through 9d | | **9e** | 22,254,216 |

**Credits to funding standard account:**

| | | | | |
|---|---|---|---|---|
| **f** | Prior year credit balance, if any | | 9f | 0 |
| **g** | Employer contributions. Total from column (b) of line 3 | | 9g | 723,439 |
| | | Outstanding balance | | |
| **h** | Amortization credits as of valuation date | 9h 9,128,086 | | 1,210,045 |
| **i** | Interest as applicable to end of plan year on lines 9f, 9g, and 9h | | 9i | 110,021 |
| **j** | Full funding limitation (FFL) and credits: | | | |
| | (1) ERISA FFL (accrued liability FFL) | 9j(1) 31,381,436 | | |
| | (2) "RPA '94" override (90% current liability FFL) | 9j(2) 48,488,174 | | |
| | (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 | 2,043,505 |
| **m** | Credit balance: If line 9l is greater than line 9e, enter the difference | | 9m | |
| **n** | Funding deficiency: If line 9e is greater than line 9l, enter the difference | | 9n | 20,210,711 |

| | | | |
|---|---|---|---|
| **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 9c(3) balance minus line 9o(2)(a)) | 9o(2)(b) | 0 |
| | (3) Total as of valuation date | 9o(3) | 0 |
| **10** | Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) | 10 | 20,210,711 |
| **11** | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | | ☒ Yes ☐ No |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 3*
# *STATEMENT BY ENROLLED ACTUARY*

***Schedule MB, line 3 – Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4B*
# *STATEMENT BY ENROLLED ACTUARY*

The plan was certified in Critical and Declining status as of May 1, 2018. Refer to the attached PPA certification. This result is based on a funded ratio of 30.3% and an existing funding deficiency, which is projected to remain negative at the end of the 2018-19 plan year as shown in the table below:

| *As of* | *Credit Balance/ (Funding Deficiency)* |
|---|---|
| 4/30/2018 | (17,279,000) |
| 4/30/2019 | (20,327,000) |

## *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*

## *EIN: 34-6666798/PN: 001*

## *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4B CASH FLOW PROJECTIONS*

The plan is also projected to have an insolvency for the plan year ending April 30, 2023 as shown in the cash flow tables below:

| **PYB** | **4/30/2017** | **4/30/2018** | **4/30/2019** | **4/30/2020** | **4/30/2021** |
|---|---|---|---|---|---|
| **PYE** | **4/30/2018** | **4/30/2019** | **4/30/2020** | **4/30/2021** | **4/30/2022** |
| Market Value at beg. of yr. | 12,893,823 | 11,481,687 | 9,396,496 | 7,068,708 | 4,565,028 |
| Contributions | 719,831 | 612,000 | 612,000 | 612,000 | 612,000 |
| Administrative expenses | (109,913) | (120,000) | (120,000) | (120,000) | (120,000) |
| Benefit payments | (3,012,873) | (3,185,420) | (3,299,483) | (3,334,653) | (3,345,548) |
| Investment earnings | 990,819 | 608,229 | 479,695 | 338,973 | 188,425 |
| Market Value at end of yr. | 11,481,687 | 9,396,496 | 7,068,708 | 4,565,028 | 1,899,905 |

| **PYB** | **4/30/2022** |
|---|---|
| **PYE** | **4/30/2023** |
| Market Value at beg. of yr. | 1,899,905 |
| Contributions | 612,000 |
| Administrative expenses | (120,000) |
| Benefit payments | (3,373,956) |
| Investment earnings | 27,666 |
| Market Value at end of yr. | (954,385) |

United Actuarial Services, Inc.
Actuaries and Consultants

July 27, 2018

Board of Trustees
Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Troy, MI

**Re: 2018 Actuarial Certification under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Bricklayers and Allied Craftsman Local No. 7 Pension Plan.

## Identifying Information

Plan Name: Bricklayers and Allied Craftsman Local No. 7 Pension Plan
EIN/Plan #: 34-6666798/001
Plan year of Certification: year beginning May 1, 2018
Plan Sponsor: Board of Trustees of Bricklayers and Allied Craftsman Local No. 7 Pension Plan
Sponsor Address: 700 Tower Drive, Suite 300, Troy, MI 48098
Sponsor Telephone: (248) 813-9800
Enrolled Actuary Name: Kathryn A. Garrity, FSA, EA, MAAA
Enrollment Number: 17-05379
Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032
Actuary Telephone: (317) 580-8688

## Certification of Plan Status

I certify that the above-named Plan is in the following status(es) as of May 1, 2018 (all that apply are checked):

| | |
|---|---|
| Safe--Neither Endangered nor Critical Status | _____ |
| Safe--Neither Endangered nor Critical Status Due to Special Rule | _____ |
| Endangered Status | _____ |
| Seriously Endangered Status | _____ |
| Projected to be in Critical Status within 5 years | _____ |
| Critical Status | _____ |
| Critical and Declining Status | X |

This certification is based on the following results:

- Projected funded ratio as of May 1, 2018: 30.3%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency: Existing deficiency, FSA projected to remain negative as of April 30, 2019
- At least 8 years of benefit payments in plan assets?: No
- Plan year of projected insolvency: 2022-23 plan year
- Ratio of inactive to active participants: 3.304

**Certification of Scheduled Progress**

I certify that the above-named Plan **has** made scheduled progress as of May 1, 2018 as outlined in the 2008 rehabilitation plan updated on December 7, 2017. The Plan is not projected to emerge from Critical status by the end of the rehabilitation plan period as specified in the updated rehabilitation plan. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continued use of all reasonable measures to forestall insolvency. Due to competitive pressures, the trustees do not believe any further contribution or benefit changes could currently be supported without having a net negative impact on the Fund. The trustees continue to monitor this situation annually.

These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position.

**Basis for Result**

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the May 1, 2017 actuarial valuation report with the following exceptions:

- Based on the April 30, 2018 unaudited financial statements provided by the plan administrator, the asset return for the 2017-18 plan year is assumed to be 8.47%. We also updated the contributions, benefit payments, and expenses for the 2017-18 plan year based on these financial statements.
- For the period May 1, 2018 through April 30, 2027, plan assets were assumed to return 6.00% per year, with 7.50% per year assumed thereafter.

- No adjustments were made to the contribution rate assumption.

- Based on information provided by the Trustees regarding projection of future industry activity, the following hours were assumed: 90,000 for the plan year beginning in 2018 and for each plan year thereafter. For the 2017-2018 plan year, our projections used estimated hours of 105,858.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position. We are available to answer questions regarding these certifications.

Sincerely,

Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary
EA number: 17-05379

Date of Signature: 7/27/2018

cc: Secretary of the Treasury
Susan Cunningham, BeneSys
Timothy P. Piatt, Fund Counsel
David Eyster, Fund Auditor

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# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 4C AND 4F*
# *STATEMENT BY ENROLLED ACTUARY*

### *Schedule MB, line 4c - Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan*

The Plan has made the scheduled progress as of May 1, 2019 as outlined in the 2009 rehabilitation plan, which was updated on December 7, 2017. This is based on the data, plan provisions, assumptions and methods as described in the attached certification dated July 29, 2018. Projections indicate that the Plan is not projected to emerge from Critical and Declining at the end of the rehabilitation plan period. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continued use of all reasonable measures to forestall insolvency. Due to competitive pressures, the trustees do not believe any further contribution rate increase or benefit changes could be supported at this time without having a net negative impact on the Fund. The trustees continue to monitor this situation annually.

### *Schedule MB, line 4f – Cash Flow Projections/Assumptions Used to Project Plan Year of Emergence from Critical and Declining Status*

The year of insolvency was calculated on the same basis as the 2019 PPA certification scheduled progress.

The cash flow projections in the following tables are based on the below assumptions:

| | |
|---|---|
| **Assumed return on fund assets** | 6.00% per year for the period May 1, 2019 through April 30, 2028; 7.00% per year thereafter |
| **Future total hours worked** | 90,000 for the plan year ending 2020 and thereafter |
| **Contribution rate increases** | None |
| **Plan changes** | None |

# BRICKLAYERS LOCAL NO. 7 PENSION PLAN

## EIN: 34-6666798/PN: 001

## ATTACHMENT TO 2018 SCHEDULE MB: LINE 4F CASH FLOW PROJECTIONS

| PYB | 4/30/2018 | 4/30/2019 | 4/30/2020 | 4/30/2021 | 4/30/2022 |
|---|---|---|---|---|---|
| PYE | 4/30/2019 | 4/30/2020 | 4/30/2021 | 4/30/2022 | 4/30/2023 |
| Market Value at beg. of yr. | 11,528,839 | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 |
| Contributions | 727,008 | 612,000 | 612,000 | 612,000 | 612,000 |
| Administrative expenses | (128,688) | (120,000) | (120,000) | (120,000) | (120,000) |
| Benefit payments | (3,002,546) | (3,290,512) | (3,317,021) | (3,332,234) | (3,360,732) |
| Investment earnings | 406,681 | 488,044 | 348,621 | 199,580 | 40,286 |
| Market Value at end of yr. | 9,531,294 | 7,220,826 | 4,744,425 | 2,103,772 | (724,674) |

United Actuarial
Services, Inc.
Actuaries and Consultants

July 29, 2019

Board of Trustees
Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Austintown, OH

**Re: 2019 Actuarial Certification under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Bricklayers and Allied Craftsman Local No. 7 Pension Plan.

## Identifying Information

Plan Name: Bricklayers and Allied Craftsman Local No. 7 Pension Plan
EIN/Plan #: 34-6666798/001
Plan year of Certification: year beginning May 1, 2019
Plan Sponsor: Board of Trustees of Bricklayers and Allied Craftsman Local No. 7 Pension Plan
Sponsor Address: 33 Fitch Blvd Austintown, OH 44515
Sponsor Telephone: (248) 813-9800
Enrolled Actuary Name: Kathryn A. Garrity, FSA, EA, MAAA
Enrollment Number: 17-05379
Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032
Actuary Telephone: (317) 580-8688

## Certification of Plan Status

I certify that the above-named Plan is in the following status(es) as of May 1, 2019 (all that apply are checked):

| | |
|---|---|
| Safe--Neither Endangered nor Critical Status | _____ |
| Safe--Neither Endangered nor Critical Status Due to Special Rule | _____ |
| Endangered Status | _____ |
| Seriously Endangered Status | _____ |
| Projected to be in Critical Status within 5 years | _____ |
| Critical Status | _____ |
| Critical and Declining Status | X |

This certification is based on the following results:

- Projected funded ratio as of May 1, 2019: 24.4%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency: Existing deficiency, FSA projected to remain negative as of April 30, 2020
- At least 8 years of benefit payments in plan assets?: No
- Plan year of projected insolvency: 2022-23 plan year
- Ratio of inactive to active participants: 2.835

**Certification of Scheduled Progress**

I certify that the above-named Plan **has** made scheduled progress as of May 1, 2019 as outlined in the 2008 rehabilitation plan, which was updated on December 8, 2017. Projections indicate that the Plan is not projected to emerge from Critical status at the end of the rehabilitation period as specified in the rehabilitation plan. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC Section 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continuing to use all reasonable measures to forestall insolvency and it is my understanding that such consideration was made in the past year.

**Basis for Result**

The certification utilizes the assumptions, methods, plan provisions and demographic data as disclosed in the May 1, 2018 actuarial valuation report with the following exceptions:

- Based on the April 30, 2019 unaudited financial statements provided by the plan administrator, the asset return for the 2018-19 plan year is assumed to be 3.94%. We also updated the contributions, benefit payments, and expenses for the 2018-19 plan year based on these financial statements.
- For the period May 1, 2019 through April 30, 2028, plan assets were assumed to return 6.00% per year, with 7.00% per year assumed thereafter.]

- No adjustments were made to the contribution rate assumption.

- Based on information provided by the Trustees regarding projection of future industry activity, the following hours were assumed: 90,000 for the plan year beginning in 2019; and for each plan year thereafter. For the 2018-2019 plan year, our projections used actual hours of 110,535.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. This certification is intended to be in good faith compliance with the necessary disclosures for certification and represents my best estimate of the Plan's funded position. We are available to answer questions regarding this certification.

Sincerely,

Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary
EA number: 17-05379

Date of Signature: 7/29/2019

cc: Secretary of the Treasury
Susan Cunningham, BeneSys
Timothy P. Piatt, Fund Counsel
David Eyster, Fund Auditor

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# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 6*
# *STATEMENT BY ENROLLED ACTUARY*

***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

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

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

## PLAN HISTORY

### Origins/Purpose

The Bricklayers and Masons Local Union No. 7 Pension Plan was established effective February 1, 1968 as a result of a Collective Bargaining Agreement between the Associated General Contractors of America, Akron Chapter, the General Contractors Association of Akron and Akron Masons Contractors Association and the Bricklayers' and Masons' Local No. 7, Ohio of Bricklayers, Masons and Plasterers International Union of America. The Bricklayers' and Masons Local No. 23 became a Participating Union under the Plan as of July 1, 1969 and the Bricklayers' and Masons' Local No. 13 became a Participating Union under the Plan as of April 22, 1970. Both Locals have since merged into Local No. 7.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the pension plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Deferred Vested Benefits and Death benefits. Benefits first became payable on February 1, 1968.

### Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreements. The history of recent hourly contribution rates is shown in the following table:

| Effective Date | Hourly Contribution Rate * |
|---|---|
| May 1, 1979 | $ 0.80 |
| June 1, 1981 | 1.05 |
| June 19, 1982 | 1.25 |
| June 1, 1983 | 2.00 |
| June 1, 1984 | 3.00 |
| June 1, 1990 | 3.27 |
| June 1, 1996 | 3.30 |
| June 1, 2006 | 3.55 |
| June 1, 2007 | 4.01 |
| Sept. 1, 2008 | 4.41 |
| June 1, 2009 | 4.81 |
| June 1, 2010 | 5.21 |
| June 1, 2011 | 5.61 |
| June 1, 2012 | 6.01 |
| June 1, 2013 | 6.41 |
| June 1, 2014 | 6.46 |
| June 1, 2015 | 6.66 |
| June 1, 2016 | 6.80 |

* Effective May 1, 2006 to April 30, 2016, $2.00 of the hourly rate will be used to calculate benefits.

### Reciprocity

The Trustees have entered into various money follows the man reciprocity agreements whereby a participant who transfers employment between signatories to such agreements will not lose pension credits.

## SUMMARY OF PLAN PROVISIONS

| | |
|---|---|
| **Participation** | May 1 following completion of 435 hours during a twelve consecutive month period, or prior November 1, if earlier. |
| **Year of service** | Plan year with at least 435 hours. |
| **Break in service** | Plan year with less than 435 hours. |
| **Forfeited service** | A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service. |
| **Normal retirement benefit** | |
| *Eligibility* | Age 62 and 5 years of service or, if earlier, age 65 and 5 years of participation. |
| *Monthly amount* | $1.00 per year of past service plus 4.10% of employer contributions made on and after February 1, 1968 and before May 1, 2003; plus 3.00% of employer contributions made on and after May 1, 2003 and before May 1, 2005; plus 1.00% of employer contributions made on and after May 1, 2005 and before May 1, 2006; plus 1.00% of $2.00 of employer contributions made on and after May 1, 2006 and before May 1, 2016; plus 0.30% of the first $6.66 and 1.0% of contributions over $6.66 for employer contributions made on and after May 1, 2016.<br>Payable for life. |
| **Early retirement benefit** | |
| *Eligibility* | Age 55 and 10 years of service. |
| *Monthly amount* | Normal, reduced by .5833% for each month under age 62. Payable for life.<br>* Normal, reduced by 1/3 of 1% for each month under age 62 for benefits of participants who were at least age 55 and had at least 10 years of service on May 1, 2009. |
| **Optional forms of payment** | • 60 month certain and life<br>• Joint and 50% survivor*<br>• Joint and 75% survivor*<br>• Joint and 100% survivor*<br>* If spouse pre-deceases participant, amount in pay status pops-up to amount that would have been payable if the participant had not elected the joint and survivor. The pop-up feature is not subsidized. |

## SUMMARY OF PLAN PROVISIONS (CONTINUED)

| | |
|---|---|
| **Total and permanent disability benefit** | |
| *Eligibility* | No longer available as of May 1, 2009. |
| **Deferred vested benefit** | |
| *Eligibility* | 5 years of service, termination of covered employment. |
| *Monthly amount* | 100% of normal, payable at normal or at early with reduction. Payable for life. |
| **Pre-retirement surviving spouse benefit *** | |
| *Eligibility* | Death of participant with eligible spouse after becoming eligible for, but prior to, retirement. |
| *Monthly amount* | 50% of participant's joint and 50% survivor annuity payable to spouse for life commencing the first day of the month following participant's death. |
| *Eligibility* | Death of participant with eligible spouse prior to earliest retirement age. |
| *Monthly amount* | 50% of participant's joint and 50% survivor annuity payable to spouse for life commencing at participant's earliest retirement date.<br>* The cost of the pre-retirement surviving spouse benefit is paid by the participant. |
| **Pre-retirement 5 year certain death benefit** | |
| *Eligibility* | Benefit eliminated for deaths on or after May 1, 2009, effective May 1, 2009. |

## ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

**Valuation date**

May 1, 2018

**Interest rates**

*ERISA rate of return used to value liabilities*

7.00% per year net of investment expenses.

*Current liability*

2.99% (in accordance with Section 431(c)(6) of the Internal Revenue Code).

**Operational expenses**

$120,000 per future year. For the present value of expenses for ASC 960, a 7.50% load was applied to the ASC 960 liabilities. This load was calculated by taking 3 years of actual expenses divided by 3 years of actual benefit payments.

**Mortality**

*Assumed plan mortality*

100% of the RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2017 projection scale.

*Current liability*

Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as required by Section 431(c)(6) of the Internal Revenue Code.

**Future retirement rates**

Active lives

When eligible and according to the following schedule:

| Age | Retirement Rate |
|---|---|
| 55 | .15 |
| 56-57 | .05 |
| 58 | .10 |
| 59 | .20 |
| 60 | .30 |
| 61 | .40 |
| 62+ | 1.00 |

Resulting in an average expected retirement age of 60.2.

Inactive vested lives

If terminated prior to 5/1/99, later of normal retirement age or age on valuation date. If terminated after 5/1/99, later of age 59 or age on valuation date.

## ACTUARIAL ASSUMPTIONS (CONTINUED)

**Withdrawal**

T-8 Turnover Table from The Actuary's Pension Handbook (less GAM 51) adjusted after age 49 - specimen rates shown below: Assumed rate during second year of employment is 35%* and 20% for next year.

| Age | Withdrawal Rate |
|---|---|
| 25 | .1162 |
| 30 | .1121 |
| 35 | .1055 |
| 40 | .0940 |
| 45 | .0754 |
| 50 | .0531 |
| 55 | .0190 |
| 60 | .0100 |
| 62 | .0100 |

* All newly reported participants are considered to have already worked their first year of employment.

**Future annual work hours**
**Vested lives** 1,100 hours, 0 after assumed normal retirement age.
**Non-Vested lives** 650 hours, 0 after assumed normal retirement age.

**Future hourly contribution rate**

$6.80

**Age of participants with unrecorded birth dates**

Based on average entry age of participants with recorded birth dates and same vesting status.

**Spouse assumptions**

100% assumed married with the male spouse 3 years older than his wife.

**Optional form assumption**

All non-retired participants assumed to elect the life only form of benefit.

**Inactive vested lives over age 70**

Continuing inactive vested participants over age 70 are assumed deceased and are not valued.

## ACTUARIAL ASSUMPTIONS (CONTINUED)

| | |
|---|---|
| **QDRO benefits** | Benefits to alternate payee included with participant's benefit until payment commences. |
| **Section 415 limit assumptions** | |
| *Dollar limit* | $220,000 per year. |
| *Assumed form of payment for those limited by Section 415* | Qualified joint and 100% survivor annuity. |
| **Benefits not valued** | Pre-retirement death benefits following withdrawal or disability for active participants. |

## RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

| | |
|---|---|
| **ERISA rate of return used to value liabilities** | Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2018 survey of investment consultants.<br><br>Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities. |
| **Mortality** | The RP-2014 Blue Collar Mortality Tables for employees and healthy annuitants adjusted backward to 2006 with the MP-2014 projection scale and projected forward using the MP-2017 projection scale was chosen as the base table for this population.<br><br>The blue collar table was chosen based on the industry of plan participants |
| **Retirement** | Actual rates of retirement by age were studied for the period May 1, 2012 to April 30, 2017. The assumed future rates of retirement were selected based on the results of this study. |
| **Withdrawal** | Actual rates of withdrawal by age were studied for the period May 1, 2012 to April 30, 2017. The assumed future rates of withdrawal were selected based on the results of this study. |
| **Future work hours** | Based on review of recent plan experience adjusted for anticipated future changes in workforce. |

## ACTUARIAL METHODS

| | |
|---|---|
| **Funding method** | |
| *ERISA Funding* | Traditional unit credit cost method, effective May 1, 2007. |
| *Funding period* | Individual entry age normal with costs spread as a level dollar amount over service. |
| **Population valued** | |
| *Actives* | Employees who have satisfied the plan's eligibility requirements (435 hours worked in a plan year) and who had at least one hour during the preceding plan year. |
| *Inactive vested* | Vested participants with no hours during the preceding plan year. |
| *Retirees* | Participants and beneficiaries in pay status as of the valuation date. |
| **Asset valuation method** | |
| *Actuarial value* | Smoothed Market Value Method with phase in effective May 1, 1996. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year. |
| *Unfunded vested benefits* | For the presumptive method, actuarial value, as described above, is used. |

*Schedule MB, Line 8b(2) - Schedule of Active Participant Data*
*Bricklayers Local No. 7 Pension Plan EIN: 34-6666798/PN: 001*
*May 1, 2018*

| | Years of Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Attained age | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 to 29 | 1 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 11 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 6 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 3 | 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 49 | 0 | 8 | 4 | 0 | 4 | 4 | 1 | 0 | 0 | 0 |
| 50 to 54 | 0 | 3 | 1 | 2 | 1 | 5 | 0 | 0 | 0 | 0 |
| 55 to 59 | 0 | 2 | 1 | 2 | 2 | 6 | 3 | 1 | 2 | 0 |
| 60 to 64 | 0 | 0 | 2 | 0 | 0 | 2 | 2 | 1 | 0 | 0 |
| 65 to 69 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

May contain values based on estimated data

*Bricklayers Local No. 7 Pension Plan*
*EIN: 34-6666798/PN: 001*
*Attachment to 2018 Schedule MB: Lines 9c and 9h*
*Schedule of Funding Standard Account Bases*

| Date Established | Source of Change in Unfunded Liability | Original Amount | Original Period | Remaining Period | | 5/1/2018 Outstanding Balance | 5/1/2018 Amortization Payment |
|---|---|---|---|---|---|---|---|
| | | | | Years | Months | | |
| ***Charges*** | | | | | | | |
| 5/1/1979 | Plan Amendment | | 40 | 1 | 0 | 49,512 | 49,512 |
| 5/1/1989 | Plan Amendment | | 30 | 1 | 0 | 54,013 | 54,013 |
| 5/1/1990 | Assumptions | | 30 | 2 | 0 | 40,146 | 20,752 |
| 5/1/1994 | Assumptions | 513,413 | 30 | 6 | 0 | 209,262 | 41,030 |
| 5/1/1996 | Assumptions | 475,139 | 30 | 8 | 0 | 241,229 | 37,755 |
| 5/1/1996 | Plan Amendment | 366,610 | 30 | 8 | 0 | 186,153 | 29,135 |
| 5/1/1997 | Assumptions | 302,027 | 30 | 9 | 0 | 166,877 | 23,938 |
| 5/1/1997 | Plan Amendment | 2,024,332 | 30 | 9 | 0 | 1,118,437 | 160,435 |
| 5/1/1998 | Plan Amendment | 1,046,114 | 30 | 10 | 0 | 620,927 | 82,622 |
| 5/1/1999 | Plan Amendment | 1,094,569 | 30 | 11 | 0 | 691,284 | 86,157 |
| 5/1/2000 | Assumptions | 481,195 | 30 | 12 | 0 | 320,864 | 37,755 |
| 5/1/2000 | Plan Amendment | 208,860 | 30 | 12 | 0 | 139,275 | 16,388 |
| 5/1/2002 | Amendment | 20,726 | 30 | 14 | 0 | 15,122 | 1,616 |
| 5/1/2002 | Assumptions | 685,458 | 30 | 14 | 0 | 500,139 | 53,447 |
| 5/1/2004 | Experience Loss | 1,064,453 | 15 | 1 | 0 | 114,518 | 114,518 |
| 5/1/2005 | Experience Loss | 2,241,650 | 15 | 2 | 0 | 464,540 | 240,125 |
| 5/1/2006 | Experience Loss | 1,908,358 | 15 | 3 | 0 | 571,600 | 203,560 |
| 5/1/2007 | Assumptions | 30,385 | 30 | 19 | 0 | 25,841 | 2,337 |
| 5/1/2008 | Experience Loss | 296,362 | 15 | 5 | 0 | 137,568 | 31,357 |
| 5/1/2009 | Experience | 6,709,219 | 15 | 6 | 0 | 3,606,394 | 707,109 |
| 5/1/2011 | Experience | 1,462,111 | 15 | 8 | 0 | 977,244 | 152,950 |
| 5/1/2012 | Assumptions | 532,014 | 15 | 9 | 0 | 386,596 | 55,455 |
| 5/1/2012 | Experience | 1,652,462 | 15 | 9 | 0 | 1,200,784 | 172,247 |
| 5/1/2013 | Experience | 923,614 | 15 | 10 | 0 | 721,017 | 95,941 |
| 5/1/2015 | Assumptions | 800,095 | 15 | 12 | 0 | 701,665 | 82,562 |
| 5/1/2016 | Experience | 1,522,690 | 15 | 13 | 0 | 1,401,719 | 156,745 |
| 5/1/2017 | Assumptions | 2,901,933 | 15 | 14 | 0 | 2,790,826 | 298,240 |
| 5/1/2017 | Experience Loss | 1,474,632 | 15 | 14 | 0 | 1,418,172 | 151,552 |
| 5/1/2018 | Assumption | 1,567,670 | 15 | 15 | 0 | 1,567,670 | 160,861 |
| 5/1/2018 | Experience | 155,801 | 15 | 15 | 0 | 155,801 | 15,987 |
| | | | | ***Total Charges:*** | | **20,595,195** | **3,336,101** |

*Bricklayers Local No. 7 Pension Plan*
*EIN: 34-6666798/PN: 001*
*Attachment to 2018 Schedule MB: Lines 9c and 9h*
*Schedule of Funding Standard Account Bases*

| Date Established | Source of Change in Unfunded Liability | Original Amount | Original Period | Remaining Period | | 5/1/2018 Outstanding Balance | 5/1/2018 Amortization Payment |
|---|---|---|---|---|---|---|---|
| | | | | Years | Months | | |
| ***Credits*** | | | | | | | |
| 5/1/1989 | Assumptions | | 30 | 1 | 0 | 26,200 | 26,200 |
| 5/1/1992 | Assumptions | | 30 | 4 | 0 | 2,579 | 712 |
| 5/1/1993 | Assumptions | | 30 | 5 | 0 | 75,121 | 17,123 |
| 5/1/1995 | Plan Amendment | 158,607 | 30 | 7 | 0 | 72,888 | 12,640 |
| 5/1/2003 | Assumption | 113,096 | 30 | 15 | 0 | 85,685 | 8,792 |
| 5/1/2003 | Plan Amendment | 2,117,342 | 30 | 15 | 0 | 1,604,142 | 164,604 |
| 5/1/2005 | Assumptions | 41,563 | 30 | 17 | 0 | 33,577 | 3,214 |
| 5/1/2005 | Plan Amendment | 3,412,714 | 30 | 17 | 0 | 2,756,021 | 263,819 |
| 5/1/2006 | Plan Amendment | 652,500 | 30 | 18 | 0 | 541,465 | 50,307 |
| 5/1/2007 | Experience Gain | 382,876 | 15 | 4 | 0 | 147,413 | 40,673 |
| 5/1/2009 | Plan Amendments | 2,291,241 | 15 | 6 | 0 | 1,231,612 | 241,483 |
| 5/1/2010 | Assumptions | 68,862 | 15 | 7 | 0 | 41,693 | 7,230 |
| 5/1/2010 | Experience Gain | 2,238,307 | 15 | 7 | 0 | 1,355,204 | 235,012 |
| 5/1/2011 | Assumptions | 44,153 | 15 | 8 | 0 | 29,510 | 4,619 |
| 5/1/2014 | Experience Gain | 632,588 | 15 | 11 | 0 | 525,464 | 65,490 |
| 5/1/2015 | Experience | 212,291 | 15 | 12 | 0 | 186,175 | 21,906 |
| 5/1/2016 | Assumptions | 449,009 | 15 | 13 | 0 | 413,337 | 46,221 |
| | | | | ***Total Credits:*** | | **9,128,086** | **1,210,045** |
| | | | | ***Net Charges:*** | | **11,467,109** | **2,126,056** |
| | | | | ***Less Credit Balance:*** | | -17,247,928 | |
| | | | | ***Less Reconciliation Balance:*** | | 0 | |
| | | | | ***Unfunded Actuarial Liability:*** | | **28,715,037** | |

# *BRICKLAYERS LOCAL NO. 7 PENSION PLAN*
# *EIN: 34-6666798/PN: 001*
# *ATTACHMENT TO 2018 SCHEDULE MB: LINE 10*
# *STATEMENT BY ENROLLED ACTUARY*

***Schedule MB, line 10- Accumulated Funding Deficiency***

Pursuant to IRC Section 4971(g)(1), the excise tax related to the accumulated funding deficiency that would otherwise be assessed under IRC Section 4971(a) and/or (b) is not assessed because:

- The Plan is in critical and declining status for the plan year ended April 30, 2018.
- The rehabilitation period is May 1, 2009 to April 30, 2019. Since the rehabilitation period has not yet expired, the Plan has not failed to meet the requirements of IRC Section 432(e) by the end of the rehabilitation period.
- The Plan has not received certifications under IRC Section 432(b)(3)(A)(ii) for 3 consecutive plan years that it is not meeting its requirements under the rehabilitation plan.

# BRICKLAYERS LOCAL NO. 7 PENSION PLAN
# EIN: 34-6666798/PN: 001
# ATTACHMENT TO 2018 SCHEDULE MB: LINE 11
# STATEMENT BY ENROLLED ACTUARY

***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The mortality projection scale was updated from MP-2016 to MP-2017 but the mortality rate multiplier remained 100%. These changes were made in order to reflect the latest mortality improvement data available and to better match the standard tables to specific plan experience.

- The ERISA rate of return assumption used to value liabilities was changed from 7.50% to 7.00% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.

- The current liability interest rate was changed from 3.05% to 2.99%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

United Actuarial
Services, Inc.
Actuaries and Consultants

July 27, 2018

Board of Trustees
Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Troy, MI

**Re: 2018 Actuarial Certification under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Bricklayers and Allied Craftsman Local No. 7 Pension Plan.

## Identifying Information

Plan Name: Bricklayers and Allied Craftsman Local No. 7 Pension Plan
EIN/Plan #: 34-6666798/001
Plan year of Certification: year beginning May 1, 2018
Plan Sponsor: Board of Trustees of Bricklayers and Allied Craftsman Local No. 7 Pension Plan
Sponsor Address: 700 Tower Drive, Suite 300, Troy, MI 48098
Sponsor Telephone: (248) 813-9800
Enrolled Actuary Name: Kathryn A. Garrity, FSA, EA, MAAA
Enrollment Number: 17-05379
Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032
Actuary Telephone: (317) 580-8688

## Certification of Plan Status

I certify that the above-named Plan is in the following status(es) as of May 1, 2018 (all that apply are checked):

| | |
|---|---|
| Safe--Neither Endangered nor Critical Status | _____ |
| Safe--Neither Endangered nor Critical Status Due to Special Rule | _____ |
| Endangered Status | _____ |
| Seriously Endangered Status | _____ |
| Projected to be in Critical Status within 5 years | _____ |
| Critical Status | _____ |
| Critical and Declining Status | X |

This certification is based on the following results:

- Projected funded ratio as of May 1, 2018: 30.3%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency: Existing deficiency, FSA projected to remain negative as of April 30, 2019
- At least 8 years of benefit payments in plan assets?: No
- Plan year of projected insolvency: 2022-23 plan year
- Ratio of inactive to active participants: 3.304

**Certification of Scheduled Progress**

I certify that the above-named Plan **has** made scheduled progress as of May 1, 2018 as outlined in the 2008 rehabilitation plan updated on December 7, 2017. The Plan is not projected to emerge from Critical status by the end of the rehabilitation plan period as specified in the updated rehabilitation plan. This rehabilitation plan, however, includes the use of the "exhaustion of all reasonable measures" clause of IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this Plan to mean continued use of all reasonable measures to forestall insolvency. Due to competitive pressures, the trustees do not believe any further contribution or benefit changes could currently be supported without having a net negative impact on the Fund. The trustees continue to monitor this situation annually.

These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position.

**Basis for Result**

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the May 1, 2017 actuarial valuation report with the following exceptions:

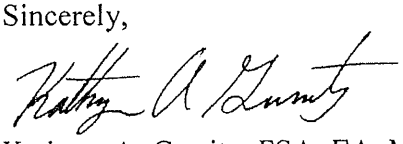
- Based on the April 30, 2018 unaudited financial statements provided by the plan administrator, the asset return for the 2017-18 plan year is assumed to be 8.47%. We also updated the contributions, benefit payments, and expenses for the 2017-18 plan year based on these financial statements.
- For the period May 1, 2018 through April 30, 2027, plan assets were assumed to return 6.00% per year, with 7.50% per year assumed thereafter.

- No adjustments were made to the contribution rate assumption.

- Based on information provided by the Trustees regarding projection of future industry activity, the following hours were assumed: 90,000 for the plan year beginning in 2018 and for each plan year thereafter. For the 2017-2018 plan year, our projections used estimated hours of 105,858.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position. We are available to answer questions regarding these certifications.

Sincerely,



Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary
EA number: 17-05379

Date of Signature: 7/27/2018

cc: Secretary of the Treasury
Susan Cunningham, BeneSys
Timothy P. Piatt, Fund Counsel
David Eyster, Fund Auditor

m:\docs\brick7\db 28244\valuations\20180501\ppa\2018 ppa cert-final.docx

# 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).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

**2018**

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: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

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

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

D Check box if filing under: [X] 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 & ALLIED CRAFTSMEN LOCAL 7 PENSION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/12/1968

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)
BOARD OF TRUSTEES - BRICKLAYERS 7
AND ALLIED CRAFTSMAN LOCAL NO 7

33 FITCH BOULEVARD

AUSTINTOWN OH 44515

2b Employer Identification Number (EIN) 34-6666798

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

2d Business code (see instructions) 238100

**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 | X Signature of plan administrator | 1-27-2020 Date | Shawn M. Bolyard Enter name of individual signing as plan administrator |
| SIGN HERE | X Signature of employer/plan sponsor | 1/27/2020 Date | Michael Rohr Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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: | **4b** EIN | |
| **a** Sponsor's name | **4d** PN | |
| **c** Plan Name | | |
| **5** Total number of participants at the beginning of the plan year | 5 | 429 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, 6b, 6c, and 6d). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | 6a(1) | 99 |
| **a(2)** Total number of active participants at the end of the plan year | 6a(2) | 99 |
| **b** Retired or separated participants receiving benefits | 6b | 180 |
| **c** Other retired or separated participants entitled to future benefits | 6c | 105 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | 6d | 384 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 43 |
| **f** Total. Add lines **6d** and **6e** | 6f | 427 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 30 |

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

1B

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

| **9a** Plan funding arrangement (check all that apply) | **9b** Plan benefit arrangement (check all that apply) |
|---|---|
| (1) [ ] Insurance | (1) [ ] Insurance |
| (2) [ ] Code section 412(e)(3) insurance contracts | (2) [ ] Code section 412(e)(3) insurance contracts |
| (3) [X] Trust | (3) [X] Trust |
| (4) [ ] General assets of the sponsor | (4) [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1) [X] R (Retirement Plan Information)

(2) [X] 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) [X] H (Financial Information)

(2) [ ] I (Financial Information - Small Plan)

(3) [ ] A (Insurance Information)

(4) [X] C (Service Provider Information)

(5) [ ] D (DFE/Participating Plan Information)

(6) [ ] G (Financial Transaction Schedules)

# Federal Statements

## BRICKLAYERS & ALLIED CRAFTSMEN LOCAL 7 PENSION

## Plan: 001

**Plan transactions in excess of 5% of plan assets**

| Name / Description | Purchase Price | Selling Price | Lease Rental | Expenses | Cost of Asset | Current Value | Net Gain or Loss |
|---|---|---|---|---|---|---|---|
| VANGUARD TOTAL STOCK MARKET | $ 2077765 | $ | $ | $ | $ 2077765 | $ 2077765 | $ |
| MORGAN STANLEY BANK N.A. | 1820433 | | | | 1820433 | 1820433 | |
| MORGAN STANLEY BANK N.A. | | 1797442 | | | 1797442 | 1797442 | |
| ISHARES RUSSELL 1000 GROWTH | | 1387394 | | | 953,086 | 1387394 | |
| ISHARES RUSSELL 1000 VALUE | | 1511037 | | | 1235047 | 1511037 | |

# Federal Statements

## BRICKLAYERS & ALLIED CRAFTSMEN LOCAL 7 PENSION

## Plan: 001

### Assets Held for Investment

| Party in Interest | Identity | Description | Cost | Current Value |
|---|---|---|---|---|
| | U.S. GOVT SECURITIES | | $ 646,037 | $ 607,574 |
| | CORPORATE BONDS | | 339,276 | 344,632 |
| | COMMON STOCK | | 2,905,483 | 3,283,768 |
| | PREFERRED STOCK | | 2,144 | 2,047 |
| | MONEY MARKET FUNDS | | 86,452 | 86,452 |
| | MUTUAL FUNDS | | 2,145,762 | 2,174,167 |
| | EXCHANGE TRADED FUND | | 2,367,763 | 2,511,280 |