

Bricklayers & Allied Craftsmen Local No. 7 Pension Plan
Checklist Item #38

Does the application include the required excerpts from the most recently filed Form 5500? See section 7.08.

The following documents provide the required excerpts from the most recently filed Form 5500, Annual Return/Report of Employee Benefit Plan:

- Document 38.1: Pages 1 and 2 of the Form 5500, without attachments or schedules;
- December 38.2: Schedule MB, including attachments; and
- Document 38.3: Schedule R, including attachments.

7.08 Recent Annual Return (Form 5500)

Document 38.1

**Pages 1 and 2 of the
Current Form 5500**

See the following pages.

Form 5500

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with
the instructions to the Form 5500.OMB Nos. 1510-0045
1510-0049

2014

This Form Is Open to Public
Inspection**Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning **05/01/2014** and ending **04/30/2015****A** This return/report is for:☒ a multiemployer plan;
☐ a single-employer plan;☐ a multiple-employer plan; or
☐ a DFE (specify) _____**B** This return/report is:☐ the first return/report;
☐ an amended return/report;☐ the final return/report;
☐ a short plan year return/report (less than 12 months).**C** If the plan is a collectively-bargained plan, check here**D** Check box if filing under:☒ Form 5500;
☐ special extension (enter description) _____☐ automatic extension; ☒ the DFVC program;**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 and address; including room or suite number (employer, if for a single-employer plan)BOARD OF TRUSTEES - BRICKLAYERS 7
AND ALLIED CRAFTSMAN LOCAL NO 7**2b** Employer Identification
Number (EIN)
34-6666798

33 FITCH BOULEVARD

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

AUSTINTOWN

OH 44515

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 penalty of perjury, I declare that I have examined this return/report, including accompanying schedules,
statements and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<input checked="" type="checkbox"/>	Signature of plan administrator	2-11-16	DOUGLAS S. MATTHEWS
		Date	Enter name of individual signing as plan administrator	
SIGN HERE	<input checked="" type="checkbox"/>	Signature of employer plan sponsor	2-11-16	ANTHONY J. GRADISHAR
		Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE	<input type="checkbox"/>	Signature of DFE		
		Date	Enter name of individual signing as DFE	
Preparer's name (including firm name, if applicable) and address; include room or suite number, (optional)				Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b EIN	
a Sponsor's name	4c PN	
5 Total number of participants at the beginning of the plan year	5	446
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)	108
a(2) Total number of active participants at the end of the plan year	6a(2)	203
b Retired or separated participants receiving benefits	6b	176
c Other retired or separated participants entitled to future benefits	6c	104
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	483
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	42
f Total. Add lines 6d and 6e	6f	525
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	35

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Document 38.2

**Schedule MB of the Current Form 5500
(with Attachments and Schedules)**

See the following pages.

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 5059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1510-0110

2014**This Form Is Open to Public
Inspection**

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

Round off amounts to nearest dollar.

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

A Name of plan:

Bricklayers and Allied Craftsmen Local 7 Pension Plan

B Three-digit
plan number (PIN)

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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 5 Day 1 Year 2014**b** Assets

(1) Current value of assets

1b(1) 18,341,720

(2) Actuarial value of assets for funding standard account

1b(2) 18,584,638

c (1) Accrued liability for plan using immediate gain methods

1c(1) 35,621,240

(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) 35,621,240

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) 59,105,845

(b) Expected increase in current liability due to benefits accruing during the plan year

1d(2)(b) 292,830

(c) Expected release from "RPA '94" current liability for the plan year

1d(2)(c) 3,053,546

(3) Expected plan disbursements for the plan year

1d(3) 3,108,662

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 the Code and is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, are reasonable.

**SIGN
HERE**Redacted by the U.S. Department of
the Treasury

Signature of actuary

Kathryn A. Garrity, FSA, EA, MAAA

Type or print name of actuary

United Actuarial Services, Inc.

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

Address of the firm

10/29/2015

Date

14-05379

Most recent enrollment number

(317) 580-8688

Telephone number (including area code)

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

☐

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

Schedule MB (Form 5500) 2014
v. 140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	18,341,720
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	228	34,260,776
(2) For terminated vested participants	128	12,778,588
(3) For active participants:		
(a) Non-vested benefits		97,340
(b) Vested benefits		11,969,141
(c) Total active	104	12,066,481
(4) Total	460	59,105,845
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	31.03%

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
04/30/2015	934,649				
Totals ▶			3(b)	934,649	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	52.2 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status, were any adjustable benefits reduced?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here <input checked="" type="checkbox"/>	4f	2025

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Reorganization	j <input type="checkbox"/> Other (specify):		

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.61%
b Rates specified in insurance or annuity contracts	<div style="display: flex; justify-content: space-around;"> Pre-retirement Post-retirement </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A </div>	
c Mortality table code for valuation purposes:		

(1) Males.....	5c(1)	A	A	A
(2) Females.....	5c(2)	A		A
d Valuation liability interest rate.....	5d	8.00%		8.00%
e Expense loading.....	5e	60.0%	<input type="checkbox"/> N/A	% <input checked="" type="checkbox"/> N/A
f Safety scale.....	5f	%	<input checked="" type="checkbox"/> N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	5g			12.2%
h Estimated investment return on current value of assets for year ending on the valuation date.....	5h			8.3%

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-632,588	-68,431

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(b) (as in effect prior to 2008) or section 431(d) of the Code?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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(h) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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	6,521,950
b Employer's normal cost for plan year as of valuation date.....	9b	192,228
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	21,309,530
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	817,852
e Total charges. Add lines 9a through 9d.....	9e	11,041,029
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	934,649

Outstanding balance		
h Amortization credits as of valuation date.....	9h	10,786,078
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	141,241
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	18,869,488

0

(2) "RPA '94" override (90% current liability FFL)	9j(2)	35,701,758
(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	2,374,090
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	8,666,939
9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2014 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6821(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9o(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	8,666,939
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BRICKLAYERS LOCAL NO. 7 PENSION PLAN
EIN: 34-6666798/PN: 001
ATTACHMENT TO 2014 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 2014 SCHEDULE MB: LINE 4
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status

The plan was certified in Critical status as of May 1, 2014. Refer to the attached PPA certification. This result is based on a funded ratio of 52% and a projected deficiency at the end of the 2014-2015 plan year (at the end of the current plan year) as shown in the table below:

<i>Plan Year End</i>	<i>Credit Balance/ (Funding Deficiency)</i>
2014	(6,591,000)
2015	(8,841,000)

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

The Plan has made the scheduled progress as outlined in the 2009 rehabilitation plan plan as updated on April 30, 2014 as of May 1, 2015. This is based on the data, plan provisions, assumptions and methods as described in the attached certification dated July 29, 2015. The update to the rehabilitation plan for the plan year beginning May 1, 2014 shows that the Plan's status is not projected to emerge from Critical at the end of the rehabilitation plan period. The rehabilitation plan includes the use of the "exhaustion of all reasonable measures" clause at IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this plan to mean continuing to use 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.

Schedule MB, line 4f - Assumptions Used to Project Plan Year in which Insolvency is Expected

Assumed return on fund assets	8.00%
Future total hours worked	102,200 for the plan year ending 2015 102,200 thereafter
Contribution rate increases	None
Plan changes	None



**United Actuarial
Services, Inc.**
Actuaries and Consultants

July 29, 2014

Board of Trustees
Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Akron, Ohio

Re: 2014 Actuarial Certification under the Pension Protection Act

Dear Trustee:

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, 2014
Plan Sponsor: Board of Trustees of Bricklayers and Allied Craftsman Local No. 7 Pension Plan
Sponsor Address: 33 Fitch Blvd, Austintown, OH 44515-2202
Sponsor Telephone: (330) 270-0453
Enrolled Actuary Name: Kathryn A. Garrity, FSA, EA, MAAA
Enrollment Number: 14-05379
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 Critical status as of May 1, 2014. The status is based on a funded ratio of 52%, a projected funding deficiency on April 30, 2015, at least 8 years of benefit payments within plan assets, and other results.

I certify that progress has been met. The most recent update to the rehabilitation plan for the plan year beginning 2013 shows that the Plan's status is not projected to emerge from Critical at the end of the rehabilitation plan period. The rehabilitation plan includes the use of the "exhaustion of all reasonable measures" clause at IRC 432(e)(3)(A)(ii). Therefore, we interpret scheduled progress for this plan to mean continuing to use 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.

United Actuarial Services, Inc.
Actuaries and Consultants

Board of Trustees

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July 29, 2014

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, 2013 actuarial valuation report with the following exceptions:

- Based on the April 30, 2014 unaudited financial statements provided by the plan administrator, the investment return for the 2013-2014 plan year is assumed to be 8.3%. We also updated the contributions, benefit payments, and expenses for the 2013-2014 plan year based on these financial statements.
- The contribution rate increase from \$6.41 to \$6.46 was recognized.
- Based on information provided by the Trustees regarding projection of future industry activity, no adjustments were made to the assumed future work hours. For the 2013-2014 plan year, our projections used actual reported hours of 101,995.

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. We will have a full update of the Plan's funded position with the next valuation report.

Sincerely,

Redacted by the U.S. Department of
the Treasury

Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary
EA number: 14-05379

Date of Signature: 7/29/2014

cc: Secretary of the Treasury
Mr. Clarence C. Root, Administrator
Timothy P. Piatt, Fund Counsel
David Eyster, Fund Auditor



**United Actuarial
Services, Inc.**
Actuaries and Consultants

July 29, 2015

Board of Trustees
Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Akron, Ohio

Re: 2015 Actuarial Certification under the Pension Protection Act

Dear Trustee:

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 Craftsmen Local No. 7 Pension Plan.

Identifying Information

Plan Name: Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
EIN/Plan #: 34-6666798/001
Plan year of Certification: year beginning May 1, 2015
Plan Sponsor: Board of Trustees of Bricklayers and Allied Craftsmen Local No. 7 Pension Plan
Sponsor Address: 33 Fitch Blvd, Austintown, OH 44515-2202
Sponsor Telephone: (330) 270-0453
Enrolled Actuary Name: Kathryn A. Garrity, FSA, EA, MAAA
Enrollment Number: 14-05379
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 as of May 1, 2015 (all that apply are checked):

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

United Actuarial Services, Inc.
Actuaries and Consultants

Board of Trustees

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July 29, 2015

These certifications are based on the following results:

Funded ratio as of May 1, 2015:	51%
Previously emerged from critical status using IRC Section 432(e)(4)(B)(2) special emergence rule:	No
First projected deficiency:	April 30, 2016
Date of projected insolvency:	End of 2025-2026 plan year
Ratio of inactive to active participants:	2.35

Certification of Scheduled Progress

I certify that progress has been met. The most recent update to the rehabilitation plan for the plan year beginning 2014 shows that the Plan's status is not projected to emerge from Critical at the end of the rehabilitation plan period. The rehabilitation plan includes the use of the "exhaustion of all reasonable measures" clause at IRC 432(c)(3)(A)(ii). Therefore, we interpret scheduled progress for this plan to mean continuing to use 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 preliminary May 1, 2014 actuarial valuation report with the following exceptions:

- Based on the April 30, 2015 unaudited financial statements provided by the plan administrator, the investment return for the 2014-2015 plan year is assumed to be 6.72%. We also updated the contributions, benefit payments, and expenses for the 2014-2015 plan year based on these financial statements.
- The investment Return assumption was changed from 8.00% to 7.75%.
- Demographic data was updated for the 2014-2015 plan year.
- The contribution rate assumption was increased by 20¢ per hour effective June 1, 2015.

United Actuarial Services, Inc.
Actuaries and Consultants

Board of Trustees

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July 29, 2015

- Based on information provided by the Trustees regarding projection of future industry activity, the following hours were assumed: 120,000 for the plan year beginning in 2015 and for each plan year thereafter.

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. We will have a full update of the Plan's funded position with the next valuation report.

Sincerely,

Redacted by the U.S. Department of the Treasury

Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary
EA number: 14-05379

Date of Signature: 7/29/2015

cc: Secretary of the Treasury
Mr. Clarence C. Root, Administrator
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 2014 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.

*Schedule MB, line 5 – Summary of Plan Provisions
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial 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, Total and Permanent Disability 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:

<i>Effective Date</i>	<i>Hourly Contribution Rate *</i>
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, 1995	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

* Effective May 1, 2008, only \$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.

Schedule MB, line 6 – Summary of Plan Provisions
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial Valuation

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	
<i>Eligibility</i>	Age 62 and 5 years of service or, if earlier, age 65 and 5 years of participation.
<i>Monthly amount</i>	\$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. Payable for life.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 10 years of service.
<i>Monthly amount</i>	Normal, reduced by .5833% for each month under age 62. Payable for life. * 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	<ul style="list-style-type: none"> • 60 month certain and life • Joint and 50% survivor* • Joint and 75% survivor* • Joint and 100% survivor* <p>* If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity. The cost of the pop-up feature is not subsidized by the fund.</p>

Schedule MB, line 6 – Summary of Plan Provisions
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial Valuation

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Total and permanent disability benefit	
<i>Eligibility</i>	No longer available as of May 1, 2009.
Deferred vested benefit	
<i>Eligibility</i>	5 years of service, termination of covered employment.
<i>Monthly amount</i>	100% of normal, payable at normal or at early with reduction. Payable for life.
Pre-retirement surviving spouse benefit	
<i>Eligibility</i>	Death of participant with eligible spouse after becoming eligible for, but prior to, retirement.
<i>Monthly amount</i>	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.
<i>Eligibility</i>	Death of participant with eligible spouse prior to earliest retirement age.
<i>Monthly amount</i>	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	
<i>Eligibility</i>	Benefit eliminated for deaths on or after May 1, 2009, effective May 1, 2009.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial Valuation

ACTUARIAL ASSUMPTIONS

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

Valuation date	May 1, 2014																														
Interest rates																															
<i>ERISA rate of return used to value liabilities</i>	8.0% per year after investment expenses.																														
<i>Current liability</i>	3.61% (in accordance with Section 431(c)(6) of the Internal Revenue Code). In the opinion of the actuary, this assumption is appropriate for a settlement measurement but is not an appropriate long term interest rate for measuring liabilities under ERISA.																														
Operational expenses	\$120,000 per future year.																														
Mortality																															
<i>Assumed plan mortality</i>	RP-2000 Combined Healthy Generational Mortality Table projected using scale AA with blue collar adjustment, set forward one year for males and females, - specimen rates shown below for a participant born in 1970: <table><tr><td></td><td colspan="2">Mortality Rates</td></tr><tr><td></td><td><u>Age</u></td><td><u>Males</u> <u>Females</u></td></tr><tr><td></td><td>25</td><td>.0004 .0002</td></tr><tr><td></td><td>35</td><td>.0011 .0005</td></tr><tr><td></td><td>45</td><td>.0015 .0011</td></tr><tr><td></td><td>55</td><td>.0031 .0026</td></tr><tr><td></td><td>65</td><td>.0110 .0099</td></tr><tr><td></td><td>75</td><td>.0249 .0233</td></tr><tr><td></td><td>85</td><td>.0853 .0697</td></tr><tr><td></td><td>95</td><td>.2488 .1800</td></tr></table>		Mortality Rates			<u>Age</u>	<u>Males</u> <u>Females</u>		25	.0004 .0002		35	.0011 .0005		45	.0015 .0011		55	.0031 .0026		65	.0110 .0099		75	.0249 .0233		85	.0853 .0697		95	.2488 .1800
	Mortality Rates																														
	<u>Age</u>	<u>Males</u> <u>Females</u>																													
	25	.0004 .0002																													
	35	.0011 .0005																													
	45	.0015 .0011																													
	55	.0031 .0026																													
	65	.0110 .0099																													
	75	.0249 .0233																													
	85	.0853 .0697																													
	95	.2488 .1800																													
<i>Current liability</i>	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.																														

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial Valuation

ACTUARIAL ASSUMPTIONS (CONTINUED)

Special withdrawal rates
for first 3 years of
employment

Year of Employment	Annual Withdrawal Rate
First	.3500
Second	.2500
Third	.1500

Withdrawal

T-8 Turnover Table from The Actuary's Pension Handbook (less GAM 51) adjusted after age 49 - specimen rates shown below:

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

Future retirement rates
Active lives

When eligible and according to the following schedule:

Age	Retirement Rate
55-59	.05
60	.10
61	.25
62+	1.00

Resulting in an average expected retirement age of 61.1.

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 earliest retirement age or age on valuation date.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Bricklayers Local No. 7 Pension Plan
May 1, 2014 Actuarial Valuation

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future Annual Hours Worked	
<i>Vested lives</i>	1,100 hours, 0 after assumed normal retirement age.
<i>Non-Vested lives</i>	800 hours, 0 after assumed normal retirement age.
Future hourly contribution rate	\$6.46
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.
Inactive vested lives over age 70	Continuing inactive vested participants over age 70 are assumed deceased and are not valued.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$210,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	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	<p>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 2014 survey of investment consultants.</p> <p>Based on this analysis, we selected a final assumed rate of 8.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.</p>
Mortality	<p>The RP 2000 fully generational, combined healthy mortality table was chosen as the base table for this population. Projected mortality improvement was determined using Scale AA.</p> <p>Based on the industry of plan participants, the blue collar adjustment was applied.</p> <p>Finally, a 1-year set forward was applied. This was based on data of larger plans in similar industries.</p>
Retirement	<p>Actual rates of retirement by age were last studied for this plan for the period 1999 to 2005. No further adjustments were deemed necessary at this time.</p>
Withdrawal	<p>Actual rates of withdrawal by age were last studied for this plan for the period 2006 to 2010. No further adjustments were deemed necessary at this time.</p>
Future hours worked	<p>Based on review of recent plan experience adjusted for anticipated future changes in workforce.</p>

*Schedule I/B, line 5 - Statement of Actuarial Assumptions/Methods
 Teachers Local No. 1 Pension Plan
 May 1, 2006 Actuarial Valuation*

ACTUARIAL METHODS

Funding method	
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service
<i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2007.
Population valued	
<i>Actives</i>	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.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	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.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used.

BRICKLAYERS LOCAL NO. 7 PENSION PLAN
EIN: 34-6666798/PN: 001
ATTACHMENT TO 2014 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b - Schedule of Active Participant Data

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

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	2	1	0	0	0	0	0	0	0
25 to 29	0	6	2	0	0	0	0	0	0	0
30 to 34	0	4	1	2	0	0	0	0	0	0
35 to 39	0	7	3	1	0	0	0	0	0	0
40 to 44	0	6	2	3	2	1	0	0	0	0
45 to 49	0	3	0	7	6	3	0	0	0	0
50 to 54	0	4	2	3	4	6	2	2	1	0
55 to 59	0	2	1	2	2	3	1	1	1	1
60 to 64	0	2	0	0	1	0	0	0	0	0
65 to 69	0	1	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

BRICKLAYERS LOCAL NO. 7 PENSION PLAN
EIN: 34-6666798/PN: 001
ATTACHMENT TO 2014 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 2014 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: 34-6666796/PIN: 001
 Attachment to 2014 Schedule HB: Lines 9c and 9h
 Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2014 Outstanding Balance	5/1/2014 Amortization Payment
				Years	Months		
Charges							
5/1/1977	Initial UAL		40	3	0	236,690	85,030
5/1/1979	Plan Amendment		40	5	0	214,871	49,783
5/1/1985	Plan Amendment		30	1	0	7,111	7,111
5/1/1986	Plan Amendment		30	2	0	143,143	74,328
5/1/1987	Plan Amendment		30	3	0	276,262	99,262
5/1/1989	Plan Amendment		30	5	0	234,181	54,302
5/1/1990	Assumptions		30	6	0	104,625	20,953
5/1/1994	Assumptions	513,413	30	10	0	305,191	42,115
5/1/1996	Assumptions	475,139	30	12	0	317,768	39,046
5/1/1996	Plan Amendment	366,610	30	12	0	245,211	30,127
5/1/1997	Assumptions	302,027	30	13	0	212,056	24,841
5/1/1997	Plan Amendment	2,024,332	30	13	0	1,421,236	166,496
5/1/1998	Plan Amendment	1,046,114	30	14	0	766,101	86,040
5/1/1999	Plan Amendment	1,094,569	30	15	0	832,216	90,026
5/1/2000	Assumptions	481,195	30	16	0	378,349	39,577
5/1/2000	Plan Amendment	208,860	30	16	0	164,225	17,178
5/1/2001	Experience Loss	350,347	15	2	0	72,988	37,899
5/1/2002	Amendment	20,726	30	18	0	17,254	1,705
5/1/2002	Assumptions	685,458	30	18	0	570,641	56,377
5/1/2002	Experience Loss	1,973,858	15	3	0	594,315	213,534
5/1/2003	Experience Loss	4,139,652	15	4	0	1,601,848	447,809
5/1/2004	Experience Loss	1,064,453	15	5	0	496,528	115,148
5/1/2005	Experience Loss	2,241,650	15	6	0	1,210,688	242,492
5/1/2006	Experience Loss	1,908,358	15	7	0	1,160,770	206,438
5/1/2007	Assumptions	30,385	30	23	0	27,991	2,499
5/1/2007	Method	48,313	10	3	0	18,556	6,667
5/1/2008	Experience Loss	296,362	15	9	0	216,290	32,059
5/1/2009	Experience	6,708,219	15	10	0	5,259,598	725,773
5/1/2011	Experience	1,462,111	15	12	0	1,287,295	158,165
5/1/2012	Assumptions	532,014	15	13	0	491,259	57,551
5/1/2012	Experience	1,652,462	15	13	0	1,525,875	178,756
5/1/2013	Experience	923,614	15	14	0	889,598	99,912

Employer Local No. 1 Pension Plan
 EIN: 34-6565703; FNU: 001
 Attached to 2014 Schedule MB: Lines 9c and 5c
 Schedule of Funding Standard Account Data

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2014 Outstanding Balance	5/1/2014 Amortization Payment
				Years	Months		
Total Charges:						21,300,530	3,508,999
Credits							
5/1/1985	Assumptions		30	1	0	45,173	45,173
5/1/1988	Method		30	4	0	174,499	48,784
5/1/1989	Assumptions		30	5	0	113,589	26,338
5/1/1992	Assumptions		30	8	0	4,497	723
5/1/1993	Assumptions		30	9	0	118,113	17,510
5/1/1995	Plan Amendment	158,607	30	11	0	100,405	13,022
5/1/2000	Experience Gain	123,541	15	1	0	13,369	13,369
5/1/2003	Assumption	113,096	30	19	0	96,479	9,302
5/1/2003	Plan Amendment	2,117,342	30	19	0	1,806,225	174,146
5/1/2005	Assumptions	41,563	30	21	0	36,993	3,418
5/1/2006	Plan Amendment	3,412,714	30	21	0	3,036,514	280,688
5/1/2006	Plan Amendment	652,500	30	22	0	591,234	53,667
5/1/2007	Experience Gain	382,876	15	8	0	257,057	41,418
5/1/2009	Plan Amendments	2,291,241	15	10	0	1,796,190	247,856
5/1/2010	Assumptions	68,862	15	11	0	57,434	7,449
5/1/2010	Experience Gain	2,238,307	15	11	0	1,866,844	242,130
5/1/2011	Assumptions	44,153	15	12	0	38,875	4,776
5/1/2014	Experience Gain	632,588	15	15	0	632,588	68,431
Total Credits:						10,786,076	1,298,200
Net Charges:						10,514,452	2,210,799
Less Credit Balance:						-6,521,950	
Less Reconciliation Balance:						0	
Unfunded Actuarial Liability:						17,036,402	

BRICKLAYERS LOCAL NO. 7 PENSION PLAN
EIN: 34-6666798/PN: 001
ATTACHMENT TO 2014 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 status for the plan year ended April 30, 2015.
- 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 2014 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:

- We increased the assumed hourly contribution rate from \$6.38 to \$6.46 to reflect the negotiated increase effective June 1, 2014
- We changed the current liability interest rate from 3.66% to 3.61%. 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.

Document 38.3

**Schedule R of the Current Form 5500
(with Attachments and Schedules)**

See the following pages.

**SCHEDULE R
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ File as an attachment to Form 5500.

OMB No. 1510-0040

2014

This Form is Open to Public Inspection.

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2014

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 **LMR CONSTRUCTION**

b EIN **34-1757596**

c Dollar amount contributed by employer **200222**

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

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

(1) Contribution rate (in dollars and cents) **6.41**

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

a Name of contributing employer **AMERISEAL AND RESTORATION**

b EIN **34-1956443**

c Dollar amount contributed by employer **141893**

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

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

(1) Contribution rate (in dollars and cents) **6.46**

(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 **135569**

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

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

(1) Contribution rate (in dollars and cents) **6.46**

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

a Name of contributing employer **MIKE COATES CONSTRUCTION**

b EIN **34-1220908**

c Dollar amount contributed by employer **120335**

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

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

(1) Contribution rate (in dollars and cents) **6.46**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a	
14b	
14c	

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

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

15a	
15b	

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

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

16a	
16b	

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

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

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

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

- a Enter the percentage of plan assets held as:
Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %
- b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____