

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 <div style="font-size: 24pt; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>06/30/2016</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.		<input checked="" type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>10/19/1970</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u> <u>220 CAMPUS DRIVE</u> <u>FAIRFIELD, CA 94535-1499</u>	2b	Employer Identification Number (EIN) <u>94-6208548</u>
		2c	Plan Sponsor's telephone number <u>510-433-4400</u>
		2d	Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>03/30/2017</u>	<u>OSCAR DE LA TORRE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>HEMMING MORSE CPAS AND CONSULTANTS</u> <u>155 BOVET ROAD</u>			Preparer's telephone number

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 276
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 79 6a(2) 83 6b 76 6c 98 6d 257 6e 36 6f 293 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 102
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016

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

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

A Name of plan <u>HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>94-6208548</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2016

b Assets

(1) Current value of assets	1b(1)	<u>6567663</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>7092213</u>

c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>16144998</u>
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(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
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(b) Accrued liability under entry age normal method	1c(2)(b)	
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(c) Normal cost under entry age normal method	1c(2)(c)	
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(3) Accrued liability under unit credit cost method	1c(3)	<u>16144998</u>
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
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(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	<u>25159885</u>
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(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>127612</u>
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(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>600855</u>
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(3) Expected plan disbursements for the plan year	1d(3)	<u>600855</u>
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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	<u>05/01/2017</u>
Signature of actuary	Date
<u>DAVID W. VENUTI</u>	<u>14-03959</u>
Type or print name of actuary	Most recent enrollment number
<u>VENUTI & ASSOCIATES</u>	<u>650-960-5700</u>
Firm name	Telephone number (including area code)
<u>5050 EL CAMINO REAL, SUITE 106, LOS ALTOS, CA 94022</u>	
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 ☐

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

Schedule MB (Form 5500) 2016
v. 160205

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a**

6567663

b "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment.....

111

(2) Current liability 11383842**(2)** For terminated vested participants.....

91

10423555

(3) For active participants:**(a)** Non-vested benefits

448510

(b) Vested benefits

2903978

(c) Total active

70

3352488

(4) Total.....

272

25159885

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c**

26.10%

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
04/01/2016	465946				
Totals ▶			3(b)	465946	3(c)

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a**

43.9%

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**

C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?..... ☐ Yes ☒ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?..... ☐ Yes ☒ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f**

2017

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):**a** ☐ Attained age normal**b** ☐ Entry age normal**c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate**e** ☐ Frozen initial liability**f** ☐ Individual level premium**g** ☐ Individual aggregate**h** ☐ Shortfall**i** ☐ Other (specify):**j** If box h is checked, enter period of use of shortfall method**5j****k** Has a change been made in funding method for this plan year?..... ☐ Yes ☒ No**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?..... ☐ Yes ☐ No**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....**5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.28%
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	6	6	
(2) Females	6c(2)	6	6	
d Valuation liability interest rate	6d	6.00%	6.00 %	
e Expense loading	6e	% <input checked="" type="checkbox"/> N/A	% <input checked="" type="checkbox"/> N/A	
f Salary scale	6f	% <input checked="" type="checkbox"/> N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.7%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-96766	-9399
4	1545179	150090

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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(b) 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	205083

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	62704
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)	11657282
(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	20837
e Total charges. Add lines 9a through 9d	9e	725680

Credits to funding standard account:

f Prior year credit balance, if any	9f	2183171
g Employer contributions. Total from column (b) of line 3	9g	465946
	Outstanding balance	
h Amortization credits as of valuation date	9h	421326
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	72241
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	12172740
(2) "RPA '94" override (90% current liability FFL)	9j(2)	15891617
(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	2750550
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	2024870
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2016 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	
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **06/30/2016**

A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	D Employer Identification Number (EIN) 94-6208548

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE VANGUARD GROUP
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23-1945930

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

94-1441976

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

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation AMERICAN REALTY ADVISORS
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95-4871482

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

CORNERSTONE ADVISORS

20-5578089

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

INVESCO

84-0591534

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

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

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

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)

VENUTI & ASSOCIATES

04-3721424

(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 50	NONE	24685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATPA

94-1220078

(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 50	NONE	23086	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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)

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

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

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

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

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

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016					
A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN				D Employer Identification Number (EIN) 94-6208548	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANED-RISK ALLOCATION TRU					
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY					
c EIN-PN 26-6399613-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 842146	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>06/30/2016</u>		
A Name of plan <u>HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>94-6208548</u>	

Part I	Asset and Liability Statement
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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	249964	608053
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	63133	88442
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	352441	506030
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	206	25528
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1045873	815770
(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)	879302	842146
(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)	4015524	3712970
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6606443	6598939

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	14655	32405
i Acquisition indebtedness	1i		
j Other liabilities	1j	24125	15290
k Total liabilities (add all amounts in lines 1g through 1j)	1k	38780	47695

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6567663	6551244
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	465946	
(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)		465946
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	25231	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25323
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	29857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		29857
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	960000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	974937	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-14937
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24834	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		24834

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		84239
(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)		27613
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		642875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	587936	
(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)		587936
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)	34786	
(2) Contract administrator fees.....	2i(2)	23086	
(3) Investment advisory and management fees.....	2i(3)	3169	
(4) Other	2i(4)	10317	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		71358
j Total expenses. Add all expense amounts in column (b) and enter total	2j		659294

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16419
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **HEMMING MORSE CPAS AND CONSULTANTS**

(2) EIN: **30-0702322**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4022046. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016

A Name of plan <u>HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN</u>	D Employer Identification Number (EIN) <u>94-6208548</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2016
v. 160205

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 CLAYTON COATING INC

b EIN 95-3503580

c Dollar amount contributed by employer 34034

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) 12.30

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

a Name of contributing employer BRATTON MASONRY

b EIN 94-2173047

c Dollar amount contributed by employer 39737

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) 9.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	103.96
	b The corresponding number for the second preceding plan year	15b	106.60
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. <input type="checkbox"/>		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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	<input type="checkbox"/>
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: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more	
	c What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	<input type="checkbox"/> Yes <input type="checkbox"/> No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	<input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	<input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.	

**HOD CARRIERS LOCAL 166
WEST BAY PENSION PLAN**

FINANCIAL STATEMENTS

June 30, 2016 and December 31, 2015

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
FINANCIAL STATEMENTS
June 30, 2016 and December 31, 2015

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Hod Carriers Local 166 West Bay Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Hod Carriers Local 166 West Bay Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2016 and December 31, 2015, and the related statement of changes in net assets available for benefits for the six months ended and year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the 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.

Board of Trustees
Hod Carriers Local 166 West Bay Pension Plan
(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Hod Carriers Local 166 West Bay Pension Plan's net assets available for benefits as of June 30, 2016 and December 31, 2015, and changes therein for the six months ended and year then ended in conformity with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 10, the Plan year was changed from December 31 to June 30 to coincide with the related Hod Carriers Local 166 Trust Funds. Accordingly, the current financial statements are prepared for the six months ended June 30, 2016 and as a result, the comparative figures stated in the statements if changes in net assets available for benefits and the related notes are not comparable.

As described in Note 11, the Board of Trustees has authorized the merger of the Hod Carriers Local No. 166 West Bay Pension Plan into the Hod Carriers Local No. 166 East Bay Pension Plan effective July 1, 2017. Our opinion is not modified in respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment as of December 31, 2015, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

San Francisco, California
April 14, 2017

Hemming Morse LLP

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2016 and December 31, 2015

ASSETS		June 30, 2016	December 31, 2015
		<u> </u>	<u> </u>
Investments (Notes 2C and 5):			
Cash equivalents	\$	25,528	\$ 206
Mutual funds		3,712,970	4,015,524
Common collective		842,146	879,302
Limited partnership		815,770	1,045,873
		<u>5,396,414</u>	<u>5,940,905</u>
 Receivables:			
Employer contributions (Notes 2B and 3)		88,442	63,133
Due from other trust (Note 7)		424,454	261,075
		<u>512,896</u>	<u>324,208</u>
 Cash		<u>608,053</u>	<u>249,964</u>
 Other Assets:			
Prepaid expenses		<u>81,576</u>	<u>91,366</u>
 Total assets		<u>6,598,939</u>	<u>6,606,443</u>
 LIABILITIES			
 Liabilities:			
Accounts payable		32,405	14,655
Due to other trust (Note 7)		15,290	24,125
Total liabilities		<u>47,695</u>	<u>38,780</u>
 Net Assets Available for Benefits	\$	<u><u>6,551,244</u></u>	<u><u>\$ 6,567,663</u></u>

The accompanying notes are an integral part of the financial statements.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Six Months Ended June 30, 2016
and Year Ended December 31, 2015

	<u>June 30, 2016</u>	<u>December 31, 2015</u>
Additions:		
Employer contributions (Notes 2B and 3)	\$ 465,946	\$ 748,664
Investment income:		
Realized and unrealized gains/(losses) on investments, net	121,749	(147,695)
Interest and dividends	55,180	143,669
	<u>176,929</u>	<u>(4,026)</u>
Less: investment expenses	(3,169)	(7,843)
	<u>173,760</u>	<u>(11,869)</u>
Total additions	<u>639,706</u>	<u>736,795</u>
Deductions:		
Pension benefits (Note 1B)	<u>587,936</u>	<u>1,206,565</u>
Operating expenses:		
Administrative fee	<u>23,086</u>	<u>49,641</u>
Professional services:		
Actuary	24,685	38,735
Legal	2,678	27,022
Investment Consultant	3,662	11,353
Audit	3,761	22,890
	<u>34,786</u>	<u>100,000</u>

(Continued)

The accompanying notes are an integral part of the financial statements.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS - (Continued)
For the Six Months Ended June 30, 2016
and Year Ended December 31, 2015

	June 30, 2016	December 31, 2015
General expenses:		
Meetings & conferences	381	3,748
Bank fees	4,529	8,081
Insurance	2,473	12,439
Printing & postage	2,934	1,370
Miscellaneous	-	2,500
	<u>10,317</u>	<u>28,138</u>
 Total operating expenses	 <u>68,189</u>	 <u>177,779</u>
 Total deductions	 <u>656,125</u>	 <u>1,384,344</u>
 Decrease in net assets	 (16,419)	 (647,549)
Net Assets Available for Benefits:		
Beginning of year	<u>6,567,663</u>	<u>7,215,212</u>
End of year	\$ <u><u>6,551,244</u></u>	\$ <u><u>6,567,663</u></u>

The accompanying notes are an integral part of the financial statements.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

A. General:

The Hod Carriers Local 166 West Bay Pension Plan (the "Plan") was established on October 19, 1970 for the purpose of providing pension benefits to eligible participants covered by collective bargaining agreements between Hod Carriers Local 166 and the Wall and Ceiling Alliance and Northern California Masonry Contractors Mult-Employer Bargaining Association. The Plan was restated effective October 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and is exempt from federal and state taxes on income under the current provisions of the Internal Revenue Code and the California Revenue and Taxation Code, respectively. The plan management believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provision of Internal Revenue Code for which the Plan has received a favorable tax exemption letter.

B. Plan Benefits:

Under the defined benefit plan, qualified participants are entitled to either a normal, early, or delayed retirement benefit as well as disability and death benefits. Married participants receive such benefits as a joint and survivor annuity unless otherwise elected.

C. Contributions:

During the six months ended June 30, 2016 and the year ended December 31, 2015, the Plan received contributions from employers for each hour worked as determined by job classification and work location.

The contribution rates for Plasterers for the six months ended June 30, 2016 and year ended December 31, 2015 were:

January 1, 2015 - June 30, 2015	\$ 11.30
July 1, 2015 - June 30, 2016	\$ 12.30

The contribution rates for Masons for the six months ended June 30, 2016 and year ended December 31, 2015 were:

January 1, 2015 - April 30, 2015	\$ 8.80
May 1, 2015 - June 30, 2016	\$ 9.00

**HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 - DESCRIPTION OF THE PLAN – (Continued)

D. Vesting:

A participant generally becomes vested after earning five years of vesting credit that is not interrupted by a break in service. These vesting credits are earned by working 300 or more hours in covered employment during the plan year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting:

The Plan's financial statements are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

B. Employer Contributions:

Employer contributions reported in the financial statements include amounts relating to hours worked by participants through June 30, 2016 and December 31, 2015, plus material delinquent contributions, together with liquidated damages which may be imposed.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits, but due to the uncertainty of collections, no estimates of the contributions will be accrued.

C. Valuation of Investments:

The Plan management determines valuation policies utilizing information provided by its investment advisors, managers, and custodians.

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.

Cash equivalents are recorded at cost, which equals fair value.

Mutual Fund's fair value is reported as the daily closing price as determined by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

C. Valuation of Investments: - (Continued)

Common stocks are recorded at fair value, based on closing market quotations at year end.

The Invesco Balanced-Risk Allocation Trust is a common collective, it is valued based upon its underlying net assets which are primarily fair valued using an evaluated quote provided by an independent pricing service.

The American Core Realty Fund is a limited partnership, it is valued based upon its underlying net assets which are primarily fair valued based upon quarterly independent appraisals.

D. Uncertain Tax Positions:

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Plan administrator believes that the Plan has not taken uncertain tax positions that require adjustment to the financial statements as a tax liability. The Plan management believes it is no longer subject to income tax examinations for fiscal years prior to June 30, 2013.

E. Concentration of Risk:

The Plan maintains its cash balances at high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, such cash balances may be in excess of the insurance limit.

F. Reclassification of Financial Statement Presentation:

Certain prior year amounts may have been reclassified to conform to current year financial statement presentation.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 - FUNDING POLICY

A. General:

The Plan is funded by employer contributions in accordance to the rates set forth in the collective bargaining agreement. Contributions from employees are not required. The plan actuary has determined that employers' contributions have met the minimum funding requirements set forth by ERISA.

B. Pension Protection Act of 2006:

Under the Pension Protection Act of 2006, the Plan's actuary certified that the Plan was endangered, which is considered a yellow status as of December 31, 2015. The Plan was less than 80% funded for the year beginning January 1, 2015. A Funding Improvement Plan has been adopted. The Plan made scheduled progress in meeting the requirements of its Funding Improvement Plan.

For the plan year beginning January 1, 2016, the plan's actuary certified the Plan will be in critical status. The Plan will be less than 80% funded for the upcoming year. A Funding Improvement Plan has been adopted. The Plan is not making the scheduled progress in meeting the requirements of its Funding Improvement Plan.

NOTE 4 - PLAN TERMINATION

In the event of a termination or partial termination of the Plan, the benefits of the employees and beneficiaries of the Plan shall be nonforfeitable to the extent funded, and the Plan as then constituted shall be operated in accordance with Section 4041A of ERISA. Certain benefits under the Plan are covered by the insurance protection of the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. The PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Whether participants receive the full amount of benefits to which they are entitled should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets on the date of payment to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 5 - INVESTMENTS

A. General:

The investment assets of the Plan are held by U.S. Bank under the terms of a co-trustee agreement. Assets are invested in accordance with a program directed by the investment manager.

The following information, included in the Plan's financial statements as of June 30, 2016 and December 31, 2015, was prepared by U.S. Bank and furnished to the Administrator.

	June 30, 2016		December 31, 2015	
	Fair Value	Cost	Fair Value	Cost
Cash equivalents	\$ 25,528	\$ 25,528	\$ 206	\$ 206
Common stock	-	75	-	75
Mutual funds	3,712,970	3,235,077	4,015,524	3,525,868
Common collective	842,146	620,963	879,302	717,537
Limited partnership	815,770	868,625	1,045,873	1,123,562
	<u>\$ 5,396,414</u>	<u>\$ 4,750,268</u>	<u>\$ 5,940,905</u>	<u>\$ 5,367,248</u>

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 5 – INVESTMENTS – (Continued)

B. Fair Value Measurement:

The Plan has adopted the Fair Value Measurement Topic of the Financial Accounting Standards Board Accounting Standards Codification No. 820 (ASC 820). In accordance with ASC 820, fair value is defined as the price that the Plan would receive upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. As amended, ASC 820 permits entities to use Net Asset Value (NAV) as a practical expedient to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with the investment company accounting. ASC 820 established a three-tier hierarchy to maximize the use of observable market data and minimize the use of unobservable inputs and to establish classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk, for example, the risk inherent in a particular valuation technique used to measure fair value including such a pricing model and/or the risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized in the three broad Levels listed below.

- Level 1 – quoted prices in active markets for identical investments
- Level 2 – other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 – significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments)

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 5 – INVESTMENTS – (Continued)

B. Fair Value Measurement: - (Continued)

The following is a summary of the inputs used as of June 30, 2016 in valuing the Plan's investments carried at fair value:

	Level 1	Level 2	Level 3	Total June 30, 2016
Cash equivalents	\$ 25,528	\$ -	\$ -	\$ 25,528
Mutual funds	3,712,970	-	-	3,712,970
	<u>\$ 3,738,498</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,738,498</u>
Investments measured at net asset value (*)				\$ 1,657,916
				<u>\$ 5,396,414</u>

(*) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following is a summary of the inputs used as of December 31, 2015 in valuing the Plan's investments carried at fair value:

	Level 1	Level 2	Level 3	Total December 31, 2015
Cash equivalents	\$ 206	\$ -	\$ -	\$ 206
Mutual funds	4,015,524	-	-	4,015,524
	<u>\$ 4,015,730</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,015,730</u>
Investments measured at net asset value (*)				\$ 1,925,175
				<u>\$ 5,940,905</u>

(*) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 5 – INVESTMENTS – (Continued)

B. Fair Value Measurement: - (Continued)

The Plan hold shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At June 30, 2016, the fair value, unfunded commitments, and redemption rules of those investments is as follows:

June 30, 2016				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice
American Core Realty Fund	\$ 815,770	\$ -	Quarterly	10 days
Invesco Balanced-Risk Allocation Trust	842,146	-	Daily	n/a
	<u>\$ 1,657,916</u>	<u>\$ -</u>		

At December 31, 2015, the fair value, unfunded commitments, and redemption rules of those investments is as follows:

December 31, 2015				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice
American Core Realty Fund	\$ 1,045,873	\$ -	Quarterly	10 days
Invesco Balanced-Risk Allocation Trust	879,302	-	Daily	n/a
	<u>\$ 1,925,175</u>	<u>\$ -</u>		

The objective of the American Core Realty Fund is to invest in private real estate that will provide returns that are attractive relative to other asset classes.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future payments that are attributable under the Plan's provisions to the service the participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated benefits is that 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 reductions such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation performed by the actuary at January 1, 2015, the most recent valuation, were (a) life expectancy of participants (1983 Group Annuity Mortality Table), (b) retirement age assumptions (the assumed average retirement age was 65) and (c) investment return (assumed at 7.00% per annum).

The actuarial present value of accumulated plan benefits, as developed by the Plan's actuary as of January 1, 2015, follows:

STATEMENT OF ACCUMULATED PLAN BENEFITS
(as of January 1, 2015)

	<u>2015</u>
Actuarial present value of accumulated plan benefits at end of the plan year:	
Participants currently receiving benefits	\$ 8,223,174
Other participants' vested benefits	<u>6,580,808</u>
 Total vested benefits	 <u>14,803,982</u>
 Nonvested benefits	 <u>198,692</u>
 Total year end actuarial present value	 <u><u>\$ 15,002,674</u></u>

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – (Continued)

STATEMENT OF CHANGE IN ACCUMULATED PLAN BENEFITS

(for year ended January 1, 2015)

	<u>2015</u>
Actuarial present value of accumulated plan benefits at beginning of plan year	\$ <u>14,835,917</u>
Increase/(decrease) during year due to:	
Interest	997,062
Benefits accumulated	374,408
Benefits paid	<u>(1,204,713)</u>
	<u>166,757</u>
Actuarial present value of accumulated plan benefits at the end of plan year	\$ <u><u>15,002,674</u></u>

NOTE 7 - AGREEMENTS AND TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES IN INTEREST

The Hod Carriers Local 166 Health and Welfare Trust receives contributions and liquidated damages on behalf of the Hod Carriers Local 166 Plans. These contributions are allocated based on each plan's contribution rate and are transferred monthly to the respective plan. As of June 30, 2016 and December 31, 2015, \$333,626 and \$261,075 was due from the Hod Carriers Local 166 Health and Welfare Trust.

At June 30, 2016, \$90,828, was due from the Hod Carriers Local 166 East Bay Pension Trust Fund for contributions received but not yet transferred.

At December 31, 2015 and June 30, 2016, \$15,290 was due to the Hod Carriers Local 166 East Bay Pension Trust Fund for an expense inadvertently paid on behalf of the Plan.

The Plan is a related party with the Hod Carriers Local 166 Health and Welfare Trust and the Hod Carriers Local 166 East Bay Pension Trust Fund due to the fact that they have certain trustees in common within their boards.

HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS – (Continued)

NOTE 8 – RISK AND UNCERTAINTIES

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

NOTE 9 – EMPLOYER WITHDRAWAL LIABILITY

The Multi-Employer Pension Plan Amendments Act of 1980, as amended by the Deficit Reduction Act of 1984 imposes a liability on employers that withdraw from the Plan. The amount due to the Plan from a withdrawn employer is based on the history of contributions to the Plan and the related unfunded vested benefits.

As of June 30, 2016 and December 31, 2015, the Plan is in withdrawal liability status. There have been employers that have withdrawn from this Plan during the withdrawal liability period, however no liability to the employer to contribute to the Plan has been assessed due to their withdrawal liability being less than \$50,000.

NOTE 10 – CHANGE IN PLAN YEAR

The Plan year was changed from December 31 to June 30 to coincide with the related Hod Carriers Local 166 Trust Funds. Accordingly, the current financial statements are prepared for the six months ended June 30, 2016 and as a result, the comparative figures stated in the statements if changes in net assets available for benefits and the related notes are not comparable.

NOTE 11 – TRUST MERGER

The Board of Trustees has authorized the merger of the Hod Carriers Local No. 166 West Bay Pension Plan into the Hod Carriers Local No. 166 East Bay Pension Plan. The merger is effective with the transfer of net assets and Trust Fund operations effective July 1, 2017. The asset transfer will occur July 1, 2017.

NOTE 12 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditor's report date. Management has concluded that no material subsequent events have occurred since June 30, 2016 that required recognition or disclosure in the financial statements.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified Defined Benefit Plan.

Plan Effective Date: January 1, 1957.

Short Plan Year: January 1, 2016 – June 30, 2016.

Monthly Benefit Accrual: \$75 for each year of credited service starting January 1, 2011. Prior year benefit multipliers were: 2002 – 2010: \$100, 1997 – 2001: \$75, 1981 – 1996: \$100, 1980 and prior: \$65.

Normal Form of Benefit: Life annuity with 60 months guaranteed.

Normal Retirement Age: Age 65 with 10 years of credited service or fifth anniversary of participation.

Unreduced Retirement Age: Age 63 with 25 years of credited service and current activity.

Early Retirement Age: Age 55 if vested and current activity.

Early Retirement Benefit: Accrued benefit reduced 0.5% for each month before normal or unreduced retirement age.

Disability Retirement: Age 50 and at least ten years of credited service. Total and permanent disability preventing work in any occupation required with less than 15 years of

credited service. With 15 or more years of credited service, total and permanent disability preventing work in the Hod industry is required.

Disability Retirement Benefit: Accrued benefit reduced 0.5% for each month disability retirement precedes normal retirement age but not less than \$100 per month. The accrued benefit is payable upon attainment of normal retirement age.

Credited Service: One year of credited service is earned for each Plan Year in which 1,200 covered hours are worked. Partial credit is given for hours over 300 up to 1,680 resulting in Credited Service ranging from 0.2 to 1.4 in a given year. Credited Service includes any Past Service earned.

Vesting Service: 0.3 years for 300 – 399 hours plus 0.1 years for each additional 100 hours. One year of vesting service is earned for each Plan Year in which 1,000 or more covered hours are worked. Five vesting credits are required to be fully vested.

Break-in-Service: Less than 300 hours in a plan year.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Pre-Retirement Death Eligibility: Vested.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS (CONTINUED)

Pre-Retirement Death Benefit:

Married: Joint and 50% survivor annuity commencing at the later of the participant's death or when the participant would have attained earliest retirement age.

Single: Payment of accrued benefit for 5 years.

Optional Forms of Benefit Payment: 50%, 75% and 100% joint and survivor annuity, 10-year certain and life annuity.

Plan Provisions Excluded from Measurement: None

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HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

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Period from January 1, 2016 to June 30, 2016

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First American Inst Prime Ob Fd CI Z 31846V625 Asset Minor Code 43	25,528.430	25,528.43 1.0000	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Total Money Markets	25,528.430	25,528.43	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Total Cash And Equivalents	25,528.430	25,528.43	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Foreign Stocks						
Nortel Networks Corp 656568508 Asset Minor Code 53 Date Last Priced: 10/13/15	9.000	.00 .0005 @	74.70	- 74.70 .00	.00 .00	.00 0.00
Total Foreign Stocks	9.000	.00	74.70	- 74.70 .00	.00 .00	.00 0.00
Mutual Funds						
Mutual Funds-Equity						
Dodge & Cox International Stock Fund 256206103 Asset Minor Code 98	29,366.740	1,018,732.21 34.6900	1,156,586.38	- 137,854.17 - 52,566.47	1,071,298.68 - 52,566.47	.00 2.45
Vanguard Total Stock Mkt Idx Adm 922908728 Asset Minor Code 98	32,401.173	1,690,369.20 52.1700	1,090,450.17	599,919.03 5,058.90	1,645,652.98 44,716.22	.00 2.12

EIN #94-6208548

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HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

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Period from January 1, 2016 to June 30, 2016

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Mutual Funds-Equity	61,767.913	2,709,101.41	2,247,036.55	462,064.86 - 47,507.57	2,716,951.66 - 7,850.25	.00 2.24
Mutual Funds-Fixed Income						
Pimco Total Return Fund Inst 693390700 Asset Minor Code 99	48,775.816	502,878.66 10.3100	527,107.87	- 24,229.21 20,520.52	491,257.42 11,621.24	.00 2.94
Vanguard Total Bond Market Index Adm 921937603 Asset Minor Code 99	45,174.898	500,989.62 11.0900	460,932.29	40,057.33 15,224.35	480,806.48 20,183.14	.07 2.37
Total Mutual Funds-Fixed Income	93,950.714	1,003,868.28	988,040.16	15,828.12 35,744.87	972,063.90 31,804.38	.07 2.65
Total Mutual Funds	155,718.627	3,712,969.69	3,235,076.71	477,892.98 - 11,762.70	3,689,015.56 23,954.13	.07 2.35
Miscellaneous						
Collective Investment Funds						
American Core Realty Fund *** 0300ASVF5 Asset Minor Code 17	6.787	815,769.93 120,187.0990	868,624.52	- 52,854.59 24,834.44	808,563.21 7,206.72	.00 0.00
Invesco Balanced Risk Allocation *** 4572IPPT0 Asset Minor Code 17	43,454.391	842,146.10 19.3800	620,963.23	221,182.87 59,417.07	760,886.38 81,259.72	.00 0.00
Total Collective Investment Funds	43,461.178	1,657,916.03	1,489,587.75	168,328.28 84,251.51	1,569,449.59 88,466.44	.00 0.00
Total Miscellaneous	43,461.178	1,657,916.03	1,489,587.75	168,328.28 84,251.51	1,569,449.59 88,466.44	.00 0.00

EIN #94-6208548

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HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

Page 8 of 25
Period from January 1, 2016 to June 30, 2016

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Assets	224,717.235	5,396,414.15	4,750,267.59	646,146.56 72,488.81	5,283,993.58 112,420.57	5.15 1.62

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

*** This asset is held or controlled by the customer or by a third party on behalf of the customer, and is reported for customer recordkeeping purposes only. U.S. Bank does not have actual custody or control of this asset. With the exception of most marketable securities, the description of the asset and its price (or value) may have been provided to U.S. Bank by the customer or a third party and should not be relied upon for any purpose.

@ No current price is available.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 8b(2) – SCHEDULE OF ACTIVE PARTICIPANT DATA

Attained Age	Years of Credited Service										Total
	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	0	0	0	0	0	0	0	0	0	0
25 to 29	0	3	0	0	0	0	0	0	0	0	3
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	2	4	4	2	1	0	0	0	0	0	13
40 to 44	2	7	1	1	0	0	0	0	0	0	11
45 to 49	12	6	2	2	2	1	0	0	0	0	25
50 to 54	1	5	0	2	2	0	0	0	0	0	10
55 to 59	0	2	0	2	0	1	0	0	1	0	6
60 to 64	0	2	0	0	0	0	0	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	17	29	7	9	5	2	0	0	1	0	70

Note: Compensation information not shown because plan benefits are not pay-related.

Annual Certification by Enrolled Actuary

Hod Carriers Local 166 West Bay Pension Plan

In accordance with Section 432(b)(3) of the Internal Revenue Code, I hereby certify that the above named plan is in critical status for the plan year beginning January 1, 2016.



David W. Venuti, F.C.A., M.A.A.A.
President and Actuary
Venuti & Associates
1975 W El Camino Real, Suite 206
Mountain View, CA 94040
(650) 960-5700
Enrolled Actuary No. 14-03959

3/28/16

Date

Plan Sponsor Information:

Trustees of Hod Carriers Local 166 West Bay Pension Plan
EIN: 94-6208548, Plan No. 002
c/o ATPA
1640 South Loop Road
Alameda, CA 94502
(415) 986-6276

This certification of PPA status is based on my understanding of the requirements of IRC Section 432 and the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.

Further, I certify that the Plan is not making the scheduled progress in meeting the requirements of its funding improvement plan.

To the best of my knowledge, the information supplied in this certification is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption (with the exception of the projection of industry activity) 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. I have relied on the plan sponsor's projection of industry activity. Details of the basis of my certification are included in an attachment.

I, David W. Venuti, am Actuary and President of Venuti & Associates. I am also a member of the American Academy of Actuaries and meet the Qualifications of the American Academy of Actuaries to render the actuarial opinions contained herein.

2016
Annual Certification by Enrolled Actuary

Hod Carriers Local 166 West Bay Pension Plan

Basis of Certification

Data

- Projections of plan liabilities are based on the actuarial valuation of the plan as of January 1, 2015. Participant data on which that valuation was based was provided by the plan administrator. Summaries of the plan data are included in our report as of January 1, 2015.
- Asset information was based on the plan's audited financial statements as of December 31, 2014.
- Contributions and additional asset information were based on the plan's unaudited financial statements as of December 31, 2015, as provided by the plan administrator.

Assumptions

- Except as otherwise noted below, the actuarial assumptions are the same as used in our valuation as of January 1, 2015, a summary of which is included in that report.
- Based on the plan sponsor's projection of industry activity, we have assumed that hours of employment will be equal to the following:
 - 2016 and later: 80,000 hours
- The normal cost for the projection period was based on the assumption that the normal costs for 2016 and later will equal the 2015 normal cost increased proportionately in accordance with the hours projection.
- In projecting plan assets and liabilities, we have assumed benefit payments will be the same as anticipated under the actuarial assumptions.
- Effective January 1, 2016 the assumed interest rate was changed to 6% per annum, net of operational expenses.

Methods

- The plan's funding method is the Unit Credit method, which is also mandated for determining the plan's funded percentage.

Plan Provisions

- An additional \$1.00 in deficit reducing contributions per hour worked began mid way through the 2015 plan year; this change has been reflected in our projections. A summary of plan benefits is included in our valuation report as of January 1, 2015.

Funding Improvement Plan

- A Funding Improvement Plan has been adopted. The Plan is not making the scheduled progress in meeting the requirements of its funding improvement plan.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 4b – ILLUSTRATION SUPPORTING ACTUARIAL CERTIFICATION OF STATUS

In accordance with Section 432(b) of the Internal Revenue Code, the plan is in critical status for the plan year beginning January 1, 2016.

Criteria for determining critical status:

In accordance with Section 432(b)(2)(B)(ii) of the Internal Revenue Code, the plan is certified as being in critical status because the plan is projected to have an accumulated funding deficiency for any of the 3 succeeding plan years (4 succeeding plan years if the funded percentage of the plan is 65 percent or less), not taking into account any extension of amortization periods under section 431(d).

Credit Balance Projection:

Plan Year Beginning January 1,	BOY Credit Balance	Normal Cost w/ Expenses	Net Amort. Charges	Contributions	Interest	EOY Balance
2016	465,897	(143,916)	(1,211,755)	870,400	(32,335)	(51,710)

Funded Percentage as reported on line 4a: 43.90%

A description of the assumptions used is shown in the attached 2016 annual certification for the Hod Carriers Local 166 West Bay Pension Plan.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description of Base	Date of Establishment	Outstanding Balance	Remaining Amortization Period	Amortization Amounts ⁽¹⁾
Charges				
Initial Liability	1/1/1976	272,632	5	30,529
Plan Amendment	1/1/1979	45,652	8	3,468
Plan Amendment	1/1/1980	30,478	9	2,114
Plan Amendment	1/1/1981	101,882	10	6,529
Plan Amendment	1/1/1982	22,241	1	11,121
Plan Amendment	1/1/1984	43,787	3	7,727
Plan Amendment	1/1/1985	70,982	4	9,663
Plan Amendment	1/1/1986	82,480	5	9,236
Plan Amendment	1/1/1987	322,369	6	30,923
Plan Amendment	1/1/1988	32,794	7	2,771
Plan Amendment	1/1/1989	140,702	8	10,688
Plan Amendment	1/1/1992	186,507	11	11,155
Plan Amendment	1/1/1999	21,185	18	923
Assumption Change	1/1/2001	615,866	20	25,327
Plan Amendment	1/1/2001	16,294	20	670
Actuarial Loss	1/1/2003	446,071	7	37,692
Actuarial Loss	1/1/2004	233,090	8	17,706
Actuarial Loss	1/1/2005	249,208	9	17,283
Actuarial Loss	1/1/2006	461,899	10	29,602
Actuarial Loss	1/1/2008	903,729	12	50,846
2008 Net Investment Loss	1/1/2009	2,865,365	22	112,243
Actuarial Loss (other than NIL)	1/1/2009	91,428	13	4,872
Plan Amendment (Death Benefit)	1/1/2010	24,374	14	1,237
2008 Net Investment Loss	1/1/2010	696,402	22	27,280
2008 Net Investment Loss	1/1/2011	357,911	22	14,020
Actuarial Loss	1/1/2011	929,168	15	45,127
Actuarial Loss	1/1/2012	210,793	11	12,607
Actuarial Loss	1/1/2013	176,403	12	9,925
Actuarial Loss	1/1/2014	175,593	13	9,356
Actuarial Loss	1/1/2015	284,818	14	14,454
Assumption Change	1/1/2016	1,545,179	15	75,045
Subtotal Charges		11,657,282		642,139

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description of Base	Date of Establishment	Outstanding Balance	Remaining Amortization Period	Amortization Amounts ⁽¹⁾
Credits				
Actuarial Gain	1/1/1997	26,300	11	1,573
Actuarial Gain	1/1/2002	1,883	1	942
Actuarial Gain	1/1/2007	22,984	6	2,205
Assumption Change	1/1/2009	103,296	8	7,846
Actuarial Gain (other than NIL)	1/1/2010	167,042	9	11,584
Method Change	1/1/2011	3,055	5	342
Actuarial Gain	1/1/2016	96,766	15	4,700
Subtotal Credits		421,326		29,192
Net Charges/Credits		11,235,956		612,947

⁽¹⁾ Amortization amounts are for half year as a result of the short plan year.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The discount rate and investment return assumptions were changed from 7.0% to 6.0% to better reflect anticipated long term rates of return.

The current liability interest rate was updated from 3.51% to 3.28% in accordance with IRC 412(l)(7)(C).

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Unit Credit Cost Method.

Actuarial Assumptions:

Interest Discount Rate: 6.00% compounded annually. 3.28% for Current Liability.

Investment Yield: 6.00% compounded annually, net of investment expenses and 1.00% for operational expenses.

Operational Expenses: 1.00% of actuarial value of assets, payable mid-year.

Mortality: Pre- and Post-Retirement: 1983 Group Annuity Mortality Table.
Survivor Mortality: 1983 Group Annuity Mortality Table male rates, set back 5 years.
Post-Disablement: 1983 Group Annuity Mortality Table set forward 15 years.

Current Liability: RP-2000 (separate for annuitants and nonannuitants) projected forward to valuation year plus 7 years for annuitants and 15 years for nonannuitants. Disabled participants: Disabled Life Mortality per Rev. Ruling 96-7.

Pending a discussed plan merger, these assumptions do not incorporate a provision for future mortality improvement.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Turnover:

Sample rates are shown below:

<u>Age</u>	<u>Turnover Rate</u>
20	5.44%
25	5.29
30	5.07
35	4.70
40	3.50
45	1.77
50	0.40
55	0.00

Retirement Age:

Retirement Rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-61	5%	63-64	10%
62	25%	65 & over	100%

Vested terminated participants are assumed to retire at age 65.

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Rates of Disablement: 1975 Social Security Experience Table. Sample Rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.1%	45	0.6%
25	0.2	50	1.1
30	0.2	55	1.9
35	0.3	60	3.0
40	0.4		

Unknown Birthdates: Participants whose birthdates are not reported are assumed to be the average age of similar participants with reported birthdates.

Exclusions: Inactive non-vested terminated participants that have incurred a permanent break in service have not been included.

Marital Status: 80% of non-retired participants are assumed to be married and the wife is assumed to be three years younger than the husband. Spouses are assumed to be the opposite gender.

Forms of Payments: All single participants are assumed to elect the 5 year certain and life benefit option, while all married participants are assumed to elect the 50% joint and survivor benefit.

Asset Valuation Method: Investment income during the year is equal to expected income plus 20% of the excess (or minus 20% of the deficit) of market earnings over assumed earnings for the current and prior four years. Actuarial value may not be less than 80% or more than 120% of market value.

Hod Carriers Local 166 West Bay Pension Plan Rehabilitation Plan

Introduction

On March 28, 2016, the Hod Carriers Local 166 West Bay Pension Plan was certified by the Plan's actuary as being in critical status for the Plan Year beginning January 1, 2016, pursuant to Section 432(b)(3) of the Internal Revenue Code. As a result, IRC Section 432(e) requires the Board of Trustees to adopt a Rehabilitation Plan no later than November 23, 2016 (240 days after the due date of that certification).

Rehabilitation Period

The Rehabilitation Period for the Plan is the 10-year period beginning on the first day of the first plan year following the earlier of:

- (i) the second anniversary of the date of the adoption of the rehabilitation plan (July 1, 2019),
or
- (ii) the expiration of the collective bargaining agreements in effect on March 30, 2016 and covering, as of such date, at least 75 percent of the active participants.

Therefore, the Rehabilitation Period will be the 10-year period beginning on July 1, 2019 and ending on June 30, 2029.

If the Plan actuary certifies before the end of this period that the Plan is no longer in critical status for a Plan Year, the Rehabilitation Period shall end as of the close of the preceding Plan Year.

Rehabilitation Plan Schedules

This Rehabilitation Plan includes two schedules (a proposed Default Schedule and a proposed Alternative Schedule) which will be provided to the bargaining parties, one of which must be implemented as part of the future collective bargaining agreement between the local union and contributing employers entered into or renewed after the date the schedules are provided to the bargaining parties.

Note: Should the bargaining parties fail to elect a schedule within 180 days following the expiration date of a collective bargaining agreement in effect as of March 30, 2016, the Board of Trustees are required by law to implement the Default Schedule for that particular bargaining unit.

Default Schedule

With respect to hours worked after the date of implementation of this Schedule, the monthly benefit accrual rate will be \$35 for each year of credited service.

Note: Should the bargaining parties fail to elect any schedule within 180 days following the expiration date of a collective bargaining agreement in effect as of March 30, 2016 the Board of Trustees are required by law to unilaterally implement the Default schedule for that particular bargaining unit.

November 23, 2016

Alternative Schedule I

Merger of the Hod Carriers Local 166 West Bay Pension Plan into the Hod Carriers Local 166 Pension Fund (East Bay) effective July 1, 2017 as outlined in the Proposed Merger Agreement.

Alternative Schedule II

Employer contribution rate levels shall increase by \$0.75 per hour worked under the Hod Carriers Local 166 West Bay agreement for hours worked on or after July 1, 2017.

Annual Standards for Meeting the Rehabilitation Requirements

Each year, the Plan's actuary will review and certify the status of the Plan under the PPA funding rules and, after the beginning of the Rehabilitation Period, determine whether the Plan is making the scheduled progress toward the requirements of the Rehabilitation Plan.

Annual Updating of the Rehabilitation Plan

If after review of the Plan's progress towards meeting the requirements of the Rehabilitation Plan the Plan's actuary determines that it is necessary to update the Rehabilitation Plan, the Default and Alternative Schedules will be revised. Any schedule being relied upon by the bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement.

Other Issues

In addition to the annual consideration of revisions to the schedules as described above, the Trustees may adjust these schedules at any time during the Rehabilitation Period. Subsequent changes in the schedules will not apply to collective bargaining agreements negotiated in reliance on a previous schedule, but will apply to successors to those agreements.

In the event the Default Schedule is implemented for an employer, and then an Alternative Schedule is bargained as part of a subsequent negotiation (or vice versa), the Trustees may develop a revised contribution schedule for that particular situation.

Benefits of a beneficiary or alternate payee with respect to a participant or retiree shall be determined on the same basis as benefits of the participant or retiree to whom they relate.

The Trustees may amend this Rehabilitation Plan at any time, to prescribe rules for determining when benefits with respect to a participant or retiree cease to be governed by a Schedule, including the circumstances under why they become subject to a different Schedule.

If there is a merger between participating employers who are under different Schedules, it may be necessary for a separate schedule to be created. This will be addressed if it occurs.

Effective on the date the notice of critical status was sent (April 29, 2016), the Plan shall not pay:

- Any payment in excess of the monthly amount paid under a single life annuity to a participant or beneficiary whose annuity starting date occurs after the date the notice was sent
- Any payment for the purchase of an annuity
- Any other payment specified by the Secretary of the Treasury

Schedule MB (Form 5500) 2016

Plan Name: Hod Carriers Local 166 West Bay Pension Plan
Employer ID Number: 94-6208548
Plan Number: 002

SCHEDULE MB, LINE 4c – DOCUMENTATION REGARDING PROGRESS UNDER FUNDING IMPROVEMENT PLAN

The Plan is not making the scheduled progress in meeting the requirements of its Funding Improvement Plan.

The Funding Improvement Period is the 15 year period starting on January 1, 2011. Plan funding is projected to be less than the Funding Improvement Plan Target Funded Percentage by the end of the Funding Improvement Period.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2015****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning **01/01/2016** and ending **06/30/2016**


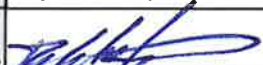
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or a DFE (specify) _____
- B** This return/report is: ☐ a single-employer plan; ☐ the first return/report;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

Part II Basic Plan Information - enter all requested information

1a Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	1b Three-digit plan number (PN) ► 002
	1c Effective date of plan 10/19/1970
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 HOD CARRIERS LOCAL 166 WEST BAY P 220 CAMPUS DRIVE FAIRFEILD CA 94535-1499	2b Employer Identification Number (EIN) 94-6208548 2c Plan Sponsor's telephone number 510-433-4400 2d Business code (see instructions) 238900

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 	3/30/17	OSCAR DE LA TORRE
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	3/30/17	BOB MAZZA
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)		Preparer's telephone number

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

Form 5500 (2015)
v. 150123

May 3, 2017

REASONABLE CAUSE LATE MEMO

RE: HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN

EIN:	94-6208548
Plan Year Ended:	SHORT YEAR ENDED JUNE 30, 2016
Form:	2016 FORM 5500

Dear Sir/Madam:

The 2016 Form 5500 filing is being submitted late due to confusion which version of the Form 5500 should be used for the short year end.

When the filing was prepared in the third party software, there was not a diagnostic that alerted our firm the incorrect Form was being used for the dates of the plan. This is a short year end for 6/30/16, therefore the year end date is the date that was being used to determine which filing was to be filed. The 2015 Form was completed and signed and filed in a timely manner. We have attached the 2015 Form 5500 and the processing time stamps.

The 2015 short year filing was subsequently rejected. The rejection noted that due to the beginning date of the short plan year, the 2016 Form 5500 is the appropriate filing to make instead. The 2016 Form 5500 has additional new information requirements, PPA confirmation #, which then took time to obtain from the administrative office before the filing could be electronically submitted. This new requirement is the only information that is different than the original rejected 2015 filing.

We respectfully request you accept this as a filing that was filed late with reasonable cause and not assess any late filing penalties.

If you have any additional questions, please do not hesitate to contact Mr. Troy Atkinson 415-836-4010.

Very truly yours,



Product: **Employee Benefit Plan**
 Name: **HOD CARRIERS LOCAL 166**
WEST BAY PENSION
 FEIN: *******8548**

Category:

Plan Number: **2**

IRS Center: **DepartmentOfLabor**
 e-Postmark: **4/18/2017 9:46 PM**

Notification:

Fiscal Year Begin Date: **1/1/2016**

Fiscal Year End Date: **6/30/2016**

eSigned:

Return Information

Date	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
04/18/2017	Upload Started - Short-Year Return				
04/18/2017	Ready to Release by Customer				
04/18/2017	Released for Transmission - Validation in Progress			716493	
04/18/2017	Ready to transmit - Validation Complete				
04/18/2017	Transmitted to FD	946208548170418194416			
04/18/2017	Rejected by FD on 4/18/2017				

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2015</div> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or
B	<input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;
	<input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) _____

Part II	Basic Plan Information - enter all requested information		
1a	Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	1b Three-digit plan number (PN) ►	002
		1c Effective date of plan 10/19/1970	
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 HOD CARRIERS LOCAL 166 WEST BAY P	2b Employer Identification Number (EIN) 94-6208548	
		2c Plan Sponsor's telephone number 510-433-4400	
		2d Business code (see instructions) 238900	
	220 CAMPUS LANE FAIRFEILD CA 94535-1499		

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		03/30/2017	OSCAR DE LA TORRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) HEMMING MORSE CPAS AND CONSULTANTS 155 BOVET ROA SUITE 600 SAN MATEO CA 94402			Preparer's telephone number 415-836-4000

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	276
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)	79
a (2) Total number of active participants at the end of the plan year	6a(2)	83
b Retired or separated participants receiving benefits	6b	76
c Other retired or separated participants entitled to future benefits	6c	98
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	36
f Total. Add lines 6d and 6e	6f	293
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	102

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) <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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information)
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
For calendar plan year 2015 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016		
A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY P		D Employer Identification Number (EIN) 94-6208548

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) ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 THE VANGUARD GROUP 23-1945930	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation DODGE & COX 94-1441976	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation PIMCO 33-0629048	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation AMERICAN REALTY ADVISORS 95-4871482	

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

CORNERSTONE ADVISORS

20-5578089

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

INVESCO

84-0591534

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

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

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 2, 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)

VENUTI & ASSOCIATES

04-3721424

(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 50	NONE	24685.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATPA

94-1220078

(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 50	NONE	23086.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2016** and ending **06/30/2016**

A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY P	D Employer Identification Number (EIN) 94-6208548

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

a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO BALANED-RISK ALLOCATION TRU**

b Name of sponsor of entity listed in (a): **INVESCO TRUST COMPANY**

c EIN-PN 26-6399613 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 842146.
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

Schedule D (Form 5500) 2015
v. 150123

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2015</div> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016		
A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY P	D Employer Identification Number (EIN) 94-6208548	

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	1a	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	249964	608053
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	63133	88442
(2) Participant contributions	1b(2)		
(3) Other SEE STATEMENT 1	1b(3)	352441	506030
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ...	1c(1)	206	25528
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1045873	815770
(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)	879302	842146
(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)	4015524	3712970
(14) Value of funds held in insurance co. general account (unallocated contracts) ...	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1 d	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	6606443 6598939
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	14655 32405
i	Acquisition indebtedness	1i	
j	Other liabilities SEE STATEMENT 2	1j	24125 15290
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	38780 47695
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6567663 6551244

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	465946
	(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)	465946
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	25231
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	25323
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	29857
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	29857
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds ...	2b(4)(A)	960000
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	974937
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result ...	2b(4)(C)	-14937
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate ...	2b(5)(A)	
	(B) Other	2b(5)(B)	24834
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	24834

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		84239
(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)		27613
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		642875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	587936	
(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)		587936
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)	34786	
(2) Contract administrator fees	2i(2)	23086	
(3) Investment advisory and management fees	2i(3)	3169	
(4) Other SEE STATEMENT 3	2i(4)	10317	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		71358
j Total expenses. Add all expense amounts in column (b) and enter total	2j		659294

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16419
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: **HEMMING MORSE CPAS AND CONSULTANTS** (2) EIN: **30-0702322**

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			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		X		
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust 	6b Trust's EIN
6c Name of trustee or custodian 	6d Trustee's or custodian's telephone number

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2016, and ending 06/30/2016,

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

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

A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	B Three-digit plan number (PN) ► <u>002</u>
--	--

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY P	D Employer Identification Number (EIN) <u>94-6208548</u>
--	--

E Type of plan:	(1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit	(2) <input type="checkbox"/> Money Purchase (see instructions)
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1 a Enter the valuation date: Month 01 Day 01 Year 2016

b Assets		
(1) Current value of assets	1b(1)	6567663
(2) Actuarial value of assets for funding standard account	1b(2)	7092213
c (1) Accrued liability for plan using immediate gain methods	1c(1)	16144998
(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)	16144998
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)	25159885
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	127612
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	600855
(3) Expected plan disbursements for the plan year	1d(3)	600855

Statement by Enrolled Actuary

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

<div style="border: 1px solid black; padding: 2px; width: 50px; float: left; margin-right: 5px;">SIGN HERE</div> <div style="clear: both;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 50px;">Signature of actuary</div> <div>DAVID W. VENUTI</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 50px;">Type or print name of actuary</div> <div>VENUTI & ASSOCIATES</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 50px;">Firm name</div> <div>5050 EL CAMINO REAL, SUITE 106 LOS ALTOS CA 94022</div> </div> <div style="border-bottom: 1px solid black;"> <div style="text-align: right; margin-right: 50px;">Address of the firm</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 50px;">Date</div> <div>01/12/2017</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 50px;">Most recent enrollment number</div> <div>1403959</div> </div> <div style="border-bottom: 1px solid black;"> <div style="text-align: right; margin-right: 50px;">Telephone number (including area code)</div> <div>650-960-5700</div> </div>
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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	6567663
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	111	11383842
(2) For terminated vested participants	91	10423555
(3) For active participants:		
(a) Non-vested benefits		448510
(b) Vested benefits		2903978
(c) Total active	70	3352488
(4) Total	272	25159885
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	26.1000 %

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
04/01/2016	465946				
Totals ▶			3(b)	465946	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	43.90 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 <input type="checkbox"/>	4f	2017

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?			
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
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	3.28 %
b Rates specified in insurance or annuity contracts		
c Mortality table code for valuation purposes:		

Pre-retirement	Post-retirement
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

(1) Males	6c(1)	6	6
(2) Females	6c(2)	6	6
d Valuation liability interest rate	6d	6.00 %	6.00 %
e Expense loading	6e	% <input checked="" type="checkbox"/> N/A	% <input checked="" type="checkbox"/> N/A
f Salary scale	6f	% <input checked="" type="checkbox"/> N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-2.7 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-96766	-9399
4	1545179	150090

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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b (2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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(b) 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	205083

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	62704
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)	11657282
(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	20837
e Total charges. Add lines 9a through 9d	9e	725680
Credits to funding standard account:		
f Prior year credit balance, if any	9f	2183171
g Employer contributions. Total from column (b) of line 3	9g	465946
		Outstanding balance
h Amortization credits as of valuation date	9h	421326
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	72241

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	12172740	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	15891617	
(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	2750550	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	2024870	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2016** and ending **06/30/2016**

A Name of plan HOD CARRIERS LOCAL 166 WEST BAY PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HOD CARRIERS LOCAL 166 WEST BAY P	D Employer Identification Number (EIN) 94-6208548	

Part I Distributions

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

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

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

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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 **CLAYTON COATING INC**

b EIN **95-3503580**

c Dollar amount contributed by employer

34034.

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) **12.30**

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

a Name of contributing employer **BRATTON MASONRY**

b EIN **94-2173047**

c Dollar amount contributed by employer

39737.

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) **9.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
a	The current year	14a	
b	The plan year immediately preceding the current plan year	14b	
c	The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year	15a	103.96
b	The corresponding number for the second preceding plan year	15b	106.60
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. <input type="checkbox"/>		

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 <input type="checkbox"/>
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: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more
c	What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____

Part VII IRS Compliance Questions

20a	Is the plan a 401(k) plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	<input type="checkbox"/> Design-based safe harbor method	<input type="checkbox"/> ADP/ACP test
20c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test
21b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22a	Has the plan been timely amended for all required tax law changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
22b	Date the last plan amendment/restatement for the required tax law changes was adopted _____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____ and the letter's serial number _____.		
22d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____.		
23	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
DESCRIPTION	BEGINNING	ENDING	
OTHER RECEIVABLES	352441.	506030.	
TOTAL TO SCHEDULE H, LINE 1B(3)	352441.	506030.	

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	2
DESCRIPTION	BEGINNING	ENDING	
OTHER LIABILITIES	24125.	15290.	
TOTAL TO SCHEDULE H, LINE 1J	24125.	15290.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	3
DESCRIPTION	AMOUNT		
OTHER ADMINISTRATIVE EXPENSES	10317.		
TOTAL TO SCHEDULE H, LINE 2I(4)	10317.		

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

_____	<u>04/18/2017</u>	<u>TROY ATKINSON</u>
Signature of service provider (optional)	Date	Enter name of individual signing as service provider

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31- -06-C -73 -086-04
0301 -99-02868-04



HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

Page 6 of 25
Period from January 1, 2016 to June 30, 2016

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First American Inst Prime Ob Fd Cl Z 31846V625 Asset Minor Code 43	25,528.430	25,528.43 1.0000	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Total Money Markets	25,528.430	25,528.43	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Total Cash And Equivalents	25,528.430	25,528.43	25,528.43	.00 .00	25,528.43 .00	5.08 0.83
Foreign Stocks						
Nortel Networks Corp 656568508 Asset Minor Code 53 Date Last Priced: 10/13/15	9.000	.00 .0005 @	74.70	- 74.70 .00	.00 .00	.00 0.00
Total Foreign Stocks	9.000	.00	74.70	- 74.70 .00	.00 .00	.00 0.00
Mutual Funds						
Mutual Funds-Equity						
Dodge & Cox International Stock Fund 256206103 Asset Minor Code 98	29,366.740	1,018,732.21 34.6900	1,156,586.38	- 137,854.17 - 52,566.47	1,071,298.68 - 52,566.47	.00 2.45
Vanguard Total Stock Mkt Idx Adm 922908728 Asset Minor Code 98	32,401.173	1,690,369.20 52.1700	1,090,450.17	599,919.03 5,058.90	1,645,652.98 44,716.22	.00 2.12

EIN #94-6208548

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31- -06-C -73 -086-04
0301 -99-02868-04



HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

Page 7 of 25
Period from January 1, 2016 to June 30, 2016

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Mutual Funds-Equity	61,767.913	2,709,101.41	2,247,036.55	462,064.86 - 47,507.57	2,716,951.66 - 7,850.25	.00 2.24
Mutual Funds-Fixed Income						
Pimco Total Return Fund Inst 693390700 Asset Minor Code 99	48,775.816	502,878.66 10.3100	527,107.87	- 24,229.21 20,520.52	491,257.42 11,621.24	.00 2.94
Vanguard Total Bond Market Index Adm 921937603 Asset Minor Code 99	45,174.898	500,989.62 11.0900	460,932.29	40,057.33 15,224.35	480,806.48 20,183.14	.07 2.37
Total Mutual Funds-Fixed Income	93,950.714	1,003,868.28	988,040.16	15,828.12 35,744.87	972,063.90 31,804.38	.07 2.65
Total Mutual Funds	155,718.627	3,712,969.69	3,235,076.71	477,892.98 - 11,762.70	3,689,015.56 23,954.13	.07 2.35
Miscellaneous						
Collective Investment Funds						
American Core Realty Fund *** 0300ASVF5 Asset Minor Code 17	6.787	815,769.93 120,187.0990	868,624.52	- 52,854.59 24,834.44	808,563.21 7,206.72	.00 0.00
Invesco Balanced Risk Allocation *** 4572IPPT0 Asset Minor Code 17	43,454.391	842,146.10 19.3800	620,963.23	221,182.87 59,417.07	760,886.38 81,259.72	.00 0.00
Total Collective Investment Funds	43,461.178	1,657,916.03	1,489,587.75	168,328.28 84,251.51	1,569,449.59 88,466.44	.00 0.00
Total Miscellaneous	43,461.178	1,657,916.03	1,489,587.75	168,328.28 84,251.51	1,569,449.59 88,466.44	.00 0.00

EIN #94-6208548

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HOD CARRIERS LOCAL 166 WEST BAY PEN.
ACCOUNT 6746113700

Page 8 of 25
Period from January 1, 2016 to June 30, 2016

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Total Assets	224,717.235	5,396,414.15	4,750,267.59	646,146.56 72,488.81	5,283,993.58 112,420.57	5.15 1.62

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

*** This asset is held or controlled by the customer or by a third party on behalf of the customer, and is reported for customer recordkeeping purposes only. U.S. Bank does not have actual custody or control of this asset. With the exception of most marketable securities, the description of the asset and its price (or value) may have been provided to U.S. Bank by the customer or a third party and should not be relied upon for any purpose.

@ No current price is available.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 06/30/2016

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

A Name of plan Hod Carriers Local 166 West Bay Pension Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Hod Carriers Local 166 West Bay Pension Plan	D Employer Identification Number (EIN) 94-6208548		

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

1a Enter the valuation date: Month 1 Day 1 Year 2016

b Assets		
(1) Current value of assets	1b(1)	6,567,663
(2) Actuarial value of assets for funding standard account	1b(2)	7,092,213
c (1) Accrued liability for plan using immediate gain methods	1c(1)	16,144,998
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	16,144,998
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)	25,159,885
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	127,612
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	600,855
(3) Expected plan disbursements for the plan year	1d(3)	600,855

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	<u>4/17/17</u> Date
	David W. Venuti Type or print name of actuary	17-03959 Most recent enrollment number
	Venuti & Associates Firm name	(650) 960-5700 Telephone number (including area code)
	5050 El Camino Real, Suite 106 Los Altos CA 94022 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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule MB (Form 5500) 2016 v. 160205**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,567,663
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	111	11,383,842
(2) For terminated vested participants	91	10,423,555
(3) For active participants:		
(a) Non-vested benefits		448,510
(b) Vested benefits		2,903,978
(c) Total active	70	3,352,488
(4) Total	272	25,159,885
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	26.10 %

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
04/01/2016	465,946				
Totals ▶			3(b)	465,946	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	43.9 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? <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 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 <input type="checkbox"/>	4f	2017

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

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	3.28 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6
(2) Females	6c(2)	6
d Valuation liability interest rate	6d	6.00 %
e Expense loading	6e	% <input checked="" type="checkbox"/> N/A
f Salary scale	6f	% <input checked="" type="checkbox"/> N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-2.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-96,766	-9,399
4	1,545,179	150,090

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.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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(b) 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	205,083

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	62,704
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)	11,657,282
(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	20,837
e Total charges. Add lines 9a through 9d.....	9e	725,680

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	2,183,171
g Employer contributions. Total from column (b) of line 3.....	9g	465,946
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	421,326
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	72,241

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	12,172,740
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	15,891,617
(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	2,750,550
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	2,024,870
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	