

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 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information												
1a Name of plan <u>BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN</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>BD OF TTEES BRICKLAYERS & MASONS 6</u> <u>SARA STUDENY</u> <u>618 HIGH AVE NW</u> <u>CANTON, OH 44703</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>51-6123024</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-454-5900</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>525100</u></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc; height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1965</u>		2b Employer Identification Number (EIN) <u>51-6123024</u>		2c Plan Sponsor's telephone number <u>330-454-5900</u>		2d Business code (see instructions) <u>525100</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>												
1c Effective date of plan <u>05/01/1965</u>													
2b Employer Identification Number (EIN) <u>51-6123024</u>													
2c Plan Sponsor's telephone number <u>330-454-5900</u>													
2d Business code (see instructions) <u>525100</u>													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	SARA STUDENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 176 6a(2) 181 6b 152 6c 79 6d 412 6e 35 6f 447 6g 6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 56

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	36902188
(2) Actuarial value of assets for funding standard account	1b(2)	35052372
c (1) Accrued liability for plan using immediate gain methods	1c(1)	44702379
(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)	42685260
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)	90700858
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1861315
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	2679253
(3) Expected plan disbursements for the plan year.....	1d(3)	2679253

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	09/23/2022
Signature of actuary	Date
BRADFORD L RIGBY	20-07217
Type or print name of actuary	Most recent enrollment number
COWDEN ASSOCIATES, INC.	412-394-9330
Firm name	Telephone number (including area code)
FOUR GATEWAY CENTER, 444 LIBERTY AVENUE, SUITE 605, PITTSBURGH, PA 15222	
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) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	36902188
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	187	39598710
(2) For terminated vested participants	85	14385940
(3) For active participants:		
(a) Non-vested benefits.....		2469206
(b) Vested benefits.....		34247002
(c) Total active	176	36716208
(4) Total	448	90700858
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.69 %

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
06/30/2021	1517463	0			
			Totals ▶	3(b)	1517463
				3(c)	
				3(d)	

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9	9	
(2) Females	6c(2)	9F	9F	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Expense loading	6e	17.0 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.3 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	274987	28979
4	991918	104532

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☐ Yes ☒ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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	605076
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)	16143788
(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	212516
e Total charges. Add lines 9a through 9d.....	9e	3046065

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1602163
g Employer contributions. Total from column (b) of line 3.....	9g	1517463
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	4891618
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	237822
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	12746539
(2) "RPA '94" override (90% current liability FFL)	9j(2)	47994022
(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	4289813
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1243748
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 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-6817943

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HUNTINGTON NATIONAL BANK
31-0966785

(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

(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 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)

COWDEN

444 LIBERTY AVENUE SUITE 605
PITTSBURGH, PA 15222

25-1750131

(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		31326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

HALL KISTLER

34-0715770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		10700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

ASSURED PARTNERS

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23		21739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

SWALLEN LAWHUN & CO

34-1172572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50 64		36193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TTEES BRICKLAYERS & MASONS 6</u>	D Employer Identification Number (EIN) <u>51-6123024</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	191520	163477
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	234311	228567
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	71991	72429
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	424241	592078
(2) U.S. Government securities	1c(2)	536758	691735
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8853032	7924744
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	369134	1425581
(B) Common	1c(4)(B)	9694177	11201694
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	1063181	403457
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15478477	17576459
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	36916822 40280221
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	14634 33045
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	14634 33045
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36902188 40247176

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)	1517463
	(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)	1517463
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	273553
	(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)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	273553
(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)	493049
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	493049
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3941565
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6225630
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2673025	
(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)		2673025
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)	83236	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	101306	
(4) Other.....	2i(4)	23075	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		207617
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2880642
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3344988
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HALL, KISTLER & CO

(2) EIN: 34-0715770

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4305186</u> .			

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 2021 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD OF TTEES BRICKLAYERS & MASONS 6</u>	D Employer Identification Number (EIN) <u>51-6123024</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): <u>51-6123024</u>		
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.)
----------------	---

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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 **BRICKLAYERS NO 5 OHIO**

b EIN **34-0754400**

c Dollar amount contributed by employer **183791**

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) **7.65**

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

a Name of contributing employer **BRICKLAYERS NO 7 OHIO**

b EIN **34-1843623**

c Dollar amount contributed by employer **112782**

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) **6.87**

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

a Name of contributing employer **BEAVER CONSTRUCTORS**

b EIN **27-4076388**

c Dollar amount contributed by employer **85371**

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) **6.83**

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

a Name of contributing employer **UNITED REFRACTORIES INC - RESCO PRODUCTS**

b EIN **34-1053158**

c Dollar amount contributed by employer **128983**

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) **6.83**

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

a Name of contributing employer **VALENTINE CONTRACTORS**

b EIN **20-3598333**

c Dollar amount contributed by employer **115293**

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) **6.83**

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

a Name of contributing employer **OHIO STATE BRICKLAYERS**

b EIN **51-6029565**

c Dollar amount contributed by employer **223979**

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

0

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

AUDITED FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6
PENSION PLAN

December 31, 2021 and 2020



HALL, KISTLER & COMPANY LLP
CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

soundideas. solidanswers.

INDEX

INDEPENDENT AUDITOR'S REPORT	PAGE 3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	9
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	10
STATEMENT OF ACCUMULATED PLAN BENEFITS	11
NOTES TO FINANCIAL STATEMENTS	12
SUPPLEMENTAL SCHEDULES	
EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	

INDEPENDENT AUDITOR'S REPORT

Trustees
Bricklayers and Masons Local No. 6 Pension Plan
Canton, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of the Bricklayers and Masons Local No. 6 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of January 1, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Bricklayers and Masons Local No. 6 Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or Federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Bricklayers and Masons Local No. 6 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Bricklayers and Masons Local No. 6 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Bricklayers and Masons Local No. 6 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Bricklayers and Masons Local No. 6 Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Certified Public Accountants

Canton, Ohio
September 24, 2022

INDEPENDENT AUDITOR'S REPORT

Trustees
Bricklayers and Masons Local No. 6 Pension Plan
Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Bricklayers and Masons Local No. 6 Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of January 1, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes F and G, which was certified by PNC Bank, NA, and Huntington Bank the Custodians of the majority of the Plan's assets, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that PNC Bank, NA and Huntington Bank holds Plan investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodians as of and for the years ended December 31, 2020, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Huntington Bank, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants

Canton, Ohio
September 24, 2022

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
Investments at fair value:		
Registered investment companies	\$ 17,576,459	\$ 15,478,477
Interest-bearing cash	592,078	424,241
Government securities	691,735	536,758
Corporate bonds	7,924,744	8,853,032
Common stocks	11,201,694	9,694,177
Preferred stocks	1,425,581	369,134
Collateralized mortgage obligation	403,457	1,063,181
Total investments at fair value	<u>39,815,748</u>	<u>36,419,000</u>
Receivables:		
Employers' contributions	228,567	234,311
Accrued interest and dividends	72,429	71,991
Total receivables	<u>300,996</u>	<u>306,302</u>
Cash (noninterest-bearing)	163,477	191,520
Total assets	<u>40,280,221</u>	<u>36,916,822</u>
<u>LIABILITIES</u>		
Reciprocal contributions payable	30,520	6,620
Accounts payable	2,525	8,014
Total liabilities	<u>33,045</u>	<u>14,634</u>
Net assets available for benefits	<u>\$ 40,247,176</u>	<u>\$ 36,902,188</u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>ADDITIONS TO NET ASSETS</u>		
Investment income:		
Interest income	\$ 273,553	\$ 318,121
Dividend income	493,049	319,740
Net appreciation (depreciation) in fair value of investments	<u>3,941,565</u>	<u>3,563,822</u>
	4,708,167	4,201,683
Less investment expenses	<u>(101,306)</u>	<u>(88,132)</u>
	4,606,861	4,113,551
Employers' contributions	<u>1,517,463</u>	<u>1,516,178</u>
Total additions	6,124,324	5,629,729
<u>DEDUCTIONS FROM NET ASSETS</u>		
Payments for:		
Benefits paid directly to Participants	2,673,025	2,520,074
Administrative expenses	<u>106,311</u>	<u>102,929</u>
Total deductions	<u>2,779,336</u>	<u>2,623,003</u>
<u>NET INCREASE</u>	3,344,988	3,006,726
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>36,902,188</u>	<u>33,895,462</u>
End of year	<u>\$ 40,247,176</u>	<u>\$ 36,902,188</u>

STATEMENT OF ACCUMULATED PLAN BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Plan year beginning January 1, 2021

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments	\$ 24,303,227
Other Participants	11,937,417
Terminated	5,603,874
	41,844,518
Nonvested benefits	840,742

Total actuarial present value of accumulated plan benefits	<u>\$ 42,685,260</u>
--	----------------------

During 2020, the actuarial present value of accumulated plan benefits increased \$812,073 as a result of benefits accumulated and plan experience, increased \$2,949,179 as a result of the decrease in the discount period, decreased by (\$2,520,074) as a result of benefits paid and increased by \$884,442 as a result of changes to the actuarial assumptions (see Note G). The actuarial present value of accumulated plan benefits was \$40,559,640 at December 31, 2019.

NOTES TO FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Bricklayers and Masons Local No. 6 Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement with related amendments for more complete information.

General

The Plan is a defined benefit pension plan that was formed under an agreement between the Bricklayers and Allied Craftsmen Local No. 6 labor union (Union) and employers signatory thereto. The Plan covers all members of the Union employed under the terms of the collective bargaining agreement. The Plan was established on May 1, 1965. It is subject to the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Pension Benefits

Members with 5 or more years of credited service are entitled to annual pension benefits beginning at normal retirement age (62 for Participants who terminated employment prior to January 1, 2001 and 60 for Participants who terminated employment after January 1, 2001) based on hours of service between May 1, 1965 and April 30, 1968 increased by 22.5%, plus:

- (a) 2.9% (2.8% if terminated prior to January 1, 1999) of total contributions made by an employer between May 1, 1968 and December 31, 1968, provided the member worked at least 150 hours during this time period, plus
- (b) 2.9% (2.8% if terminated prior to January 1, 1999) of total contributions made by an employer for each Plan Year the Participant worked at least 225 hours between January 1, 1969 and December 31, 1989, plus
- (c) 3.3% (3.2% if terminated prior to January 1, 1999) of total contributions made by an employer for each Plan Year the Participant worked at least 225 hours between January 1, 1990 and December 31, 1998, plus
- (d) 3.2% of total contributions made by an employer for each Plan Year the Participant worked at least 225 hours between January 1, 1999 and December 31, 2008 and from January 1, 2008 through February 29, 2008, plus

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

- (e) 2.8% of total contributions made by an employer for each Plan Year the Participant worked at least 225 hours from March 1, 2008 through February 28, 2009, plus
- (f) 2.0% of total contributions made by employer for each Plan Year the Participant worked at least 225 hours from March 1, 2009 through July 31, 2015, plus
- (g) 1.5% of total contributions made by employer for each Plan Year the Participant worked at least 225 hours from August 1, 2015 and June 30, 2017, plus
- (h) 1.0% of total contributions made by employer for each Plan Year the Participant worked at least 225 hours after July 1, 2017.

The Plan permits early retirement at ages 55-59, provided certain credited service minimums have been met. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. If Participants terminate before rendering 5 years of credited service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to employer contributions. Participants may elect to receive the value of their accumulated plan benefits in the form of a lump sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity, 50% joint and survivor annuity, or 75% joint and survivor annuity payable monthly from retirement.

Death and Disability Benefits

Generally, in the event of the death of an active or former member who is not vested, the beneficiary is entitled to a lump sum distribution not to exceed \$10,000. In the event of the death of a vested married member, the spousal beneficiary is entitled to a monthly benefit commencing at the earliest time the member would have been eligible for retirement. The benefit is equal to 50% of the vested benefit on the date of death reduced accordingly for early retirement and for the 50% joint and survivor payment option unless another form of payment is elected by the member and consented to by the spouse. Members who have attained age 45 and completed 10 years of future service receive

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits (Continued)

disability benefits that are equal to their accrued benefit determined on the same basis as a Normal Retirement Benefit. Disability benefits are paid until normal retirement age at which time disabled members begin receiving normal retirement benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investment bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service members have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and present members or their

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

beneficiaries. Benefits under the Plan are based on employer contributions made on their behalf. The accumulated Plan benefits for active members is based on employer contributions made on their behalf though the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to member service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary from Cowden Associates, Inc. in 2021 and Findley Davies, Inc. in 2020 and 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 decrements 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 valuations as of January 1, 2021 are presented in Exhibit A.

The actuarial assumptions presented in Exhibit A are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Expenses

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's Investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 or Level 2 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of registered investment companies is based on the quoted net asset values of the shares as reported by the fund. These are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair value of money market and deposit accounts are based quoted fair market values reported by Huntington National Bank.

Level 2 Fair Value Measurements

The fair value of investments in bank and investment house common/collective investment trusts for which quoted market price are not available are reported at the value reported to the Plan by those entities. Funds are invested in financial instruments issued by highly rated companies. These include collateralized mortgage obligations (CMOs), guaranteed investment contracts (GICs), security backed contracts (synthetic GICs) and cash equivalents

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at the end of the Reporting Period Using:

Fair Value Measurements Using					
	Measured at Net Asset Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2021:					
Registered investment companies	\$ -	\$18,168,537	\$ -	\$ -	\$18,168,537
Government securities	-	691,735	-	-	691,735
Corporate bonds	-	7,924,744	-	-	7,924,744
Common stocks	-	11,201,694	-	-	11,201,694
Preferred stocks	-	1,425,581	-	-	1,425,581
Collateralized mortgage obligations	-	-	403,457	-	403,457
	<u>\$ -</u>	<u>\$39,412,291</u>	<u>\$ 403,457</u>	<u>\$ -</u>	<u>\$39,815,748</u>
December 31, 2020:					
Registered investment companies	\$ -	\$15,902,717	\$ -	\$ -	\$15,902,717
Government securities	-	536,758	-	-	536,758
Corporate bonds	-	8,853,033	-	-	8,853,033
Common stocks	-	9,694,177	-	-	9,694,177
Preferred stocks	-	369,134	-	-	369,134
Collateralized mortgage obligations	-	-	1,063,181	-	1,063,181
	<u>\$ -</u>	<u>\$35,355,819</u>	<u>\$1,063,181</u>	<u>\$ -</u>	<u>\$36,419,000</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020 are reported in net appreciation (depreciation) in fair value of investments.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021 there were no significant transfers between Level 1 and Level 2 and no transfers into or out of Level 3.

NOTE D - FUNDING POLICY

Members are not required to make contributions under the Plan. Employers make contributions to the Plan at the rates specified by the collective bargaining agreement in effect between employers and the Union (expiring April 30, 2022) (See Note L), such that, all members' benefits will be fully provided for by the time they retire. Total contributions to the Plan for the 2021 and 2020 Plan years exceeded the minimum funding requirements of ERISA.

When a Participant is employed outside the Jurisdiction of Bricklayers and Masons Local No. 6 the contributions made on behalf of the Participant to the union in whose jurisdiction the Participant was employed are forwarded to Local No. 6. The reverse is done for individuals who are not members of Local No. 6 and who work in the Jurisdiction of Local No. 6.

Although they have not expressed any intention to do so, the Trustees have the right to terminate the Plan at any time subject to the provisions set forth in ERISA.

NOTE E - PLAN TERMINATION

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

- a. Annuity benefits that former members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - PLAN TERMINATION (CONTINUED)

to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- b. Other vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) (a U.S. Government Agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2021 and 2020, that ceiling was equal to the product of (1) 100% of the accrual rate up to \$11, plus 75% of the lesser of (i) \$33, or (ii) the accrual rate, if any, in excess of \$11; and (2) the number of the Member's years of credited service. The accrual rate is a Member's (or beneficiary's) monthly benefit that is eligible for PBGC's guarantee, divided by the Member's years of credited service. However, the monthly benefit used in this computation must not be greater than the monthly benefit that would be payable under the Plan at normal retirement age in the form of a single life annuity. In addition, the monthly benefit used in the computation must be determined without regard to any reduction under Code Sec. 411(a)(3)(E) provisions relating to the cessation of contributions.

Benefit improvements attributable to Plan amendments made within five years of the termination of the Plan may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. Whether all Participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - INFORMATION PREPARED AND CERTIFIED BY HUNTINGTON NATIONAL BANK

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been certified to as complete and accurate by Huntington National Bank.

	<u>2021</u>	<u>2020</u>
Investments at fair value	\$27,795,630	\$25,980,150
Accrued income	72,429	71,991
Investment income	3,126,899	3,052,075

NOTE G - PLAN AMENDMENTS AND CHANGES IN ACTUARIAL ASSUMPTIONS

The interest rate used for determining the RPA '94 current liabilities was changed from 2.95% to 2.43%. The mortality table projection scale was updated. An expense provision has been added. These changes were made due to statutory requirements and/or to better anticipate plan experience. The Plan's Actuarial Present Value of Accumulated Plan Benefits increased \$884,442 as a result of these changes.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Trustees by a letter dated June 1, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2018.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various registered investment companies (mutual funds), corporate bonds, common stock, government securities and collateralized mortgage obligations. These investments 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 these investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and deposit accounts managed by Huntington Bank as of December 31, 2021 and 2020. Huntington Bank is the Custodian of the majority of the Plan's assets and, therefore, this transaction qualifies as a party-in-interest transaction. Fees paid by the Plan for the investment services amounted to \$101,306 and \$88,132 for the years ended December 31, 2021 and 2020, respectively. The investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTE K - PLAN STATUS

The Plan was in neither endangered nor critical status for the plan years beginning January 1, 2021 and 2020.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE L - SUBSEQUENT EVENT

Subsequent events were evaluated through September 24, 2022, which is the date the financial statements were available to be issued.

A new collective bargaining agreement between the Union Mason Contractors Association on behalf of itself and various individual contractors and the I.U. of B.A.C., Local Union No. 6 Ohio was signed to be effective as of May 1, 2022 and will remain in effect until April 30, 2023. Under the agreement contributions to the Pension Plan increased to \$7.33/hour.

Subsequent to the date of December 31, 2021 the globe continues to experience an economic downturn that has expanded throughout world markets. The economic downturn was created by many factors, including increased inflation rates and conflict in foreign nations. Markets have reacted as a result. The effect of this on the Plan has not been measured as of the date our report.

SUPPLEMENTAL SCHEDULES

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

The following methods and assumptions were used:

Healthy Mortality: Pri-2012 Blue Collar with generational projection by Scale MP-2021.

Disabled Mortality: SOA Pri-2012 Total Dataset Disabled Mortality Table

Interest Rates: Full Funding Limitation:
a. Maximum Basis – 2.43%
b. RPA Current Liability – 2.43%
Minimum/Maximum Funding – 7.5%
Present Value of Accrued Benefits – 7.5%

Rates of Retirement: Based on the following:

<u>Age</u>	<u>Rate</u>
55-59	1%
60	50%
61	2%
62	25%
63-64	5%
65	100%

Rates of Disability: Based on the following:

<u>Age</u>	<u>Rate</u>
25	.05%
40	.09%
55	.85%

Rates of Turnover: Based on age and length of service as follows:

<u>Age</u>	<u>Completed Years of Service</u>	
	<u>0-1</u>	<u>2-5+</u>
25	8.52%	2.84%
35	6.32%	2.11%
45	3.96%	1.32%
55	1.44%	.48%
60	.41%	.14%

Form of Payment: Single participants are assumed to elect the Life Annuity. All married participants are assumed to elect the Joint & 50% Survivor Annuity.

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS (CONTINUED)

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Assumptions Made in Valuing Spouse's Benefit:	85% of the Participants are assumed to be married, with the female spouse three years younger than the male spouse.
Expenses:	The normal cost is increased by last years non-investment related expenses, rounded to the nearest \$1,000. This 2021 amount is assumed to increase 2.5% per year throughout the projection.
Incomplete Data:	None.
Benefit Accrual Rate:	Pension credits and expected contributions were projected on the assumption that all active participants would work 1,200 hours annually.
Projected Industry Activity:	For the purpose of the credit balance projection, future covered employment for 2021 and beyond has been estimated to be 275,000 total hours per year. This assumption has been set with input from the Board of Trustees.
Asset Valuation:	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.
Funding Method:	Entry Age Normal: Under this method the Actuarial Present Value of the Projected Benefits is allocated on a level basis over the service of the individual between entry age and assumed retirement age. The portion of the Actuarial Present Value not provided for at a Valuation date by the Actuarial Present Value of Future Normal Costs is called the Actuarial Accrued Liability. Under this method the Actuarial Gains/(Losses), as they occur, reduce/(increase) the Unfunded Accrued Liability.

IRS FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds Investment Co of Amer	Registered Investment Company - 31,345.745 shares	\$ 558,779	\$ 1,616,187
	Amer Fds Growth Fd of Amer	Registered Investment Company - 23,998.853 shares	619,627	1,735,357
	Amer Fds Income Fd of Amer	Registered Investment Company - 58,670.720 shares	725,380	1,510,184
	Amer Fds Capital Income Builder	Registered Investment Company - 16,855.502 shares	627,163	1,183,088
	Amer Fds Cap World Growth & Income	Registered Investment Company - 27,503.637 shares	689,845	1,737,680
	Amer Fds American Mutual Fd	Registered Investment Company - 17,960.045 shares	359,260	950,805
	Amer Fds New Perspective Fd	Registered Investment Company - 1,258.222 shares	40,086	82,149
	Amer Fds Bond Fd of America	Registered Investment Company - 51,522.596 shares	276,782	689,888
	Amer Fds American Balanced	Registered Investment Company - 30,944.427 shares	453,711	1,033,853
	Amer Fds American High Income Trust	Registered Investment Company - 81,968.713 shares	616,881	862,311
	Amer Fds US Govt Securities	Registered Investment Company - 19,621.796 shares	177,264	277,256
	Amer Fds Intermed Bond Fd of America	Registered Investment Company - 24,862.384 shares	199,975	341,360
*	Huntington Bank	Huntington Conservative Deposit	82,635	82,635
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	94,984
	U.S. Govt Obligations	USTN \$125,000 1.625% 08/15/29	124,976	126,777
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	128,086
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	96,217
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	121,011
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	74,903
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	49,757
	Morgan St Sparqs	Corp Bond \$100,000 2.75% 05/19/22	103,648	100,876
	Zoetis Inc	Corp Bond \$100,000 3.25% 02/01/23	105,482	101,844
	McDonalds Corp Series Mtn	Corp Bond \$150,000 3.25% 06/10/24	152,418	157,622
	American Honda Finance Series Gmtn	Corp Bond \$125,000 2.3% 09/09/26	123,554	129,238
	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	107,134
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	99,246
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	139,548
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	152,491
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	51,152
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	49,501
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4821 Class VA 4% 10/15/29	95,331	96,489
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	38,776	37,261
	U.S. Govt Collateralized Mort Obligations	Freddie Mac Series 4377 Class LA 3% 06/15/40	11,737	11,172
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	44,426	43,698
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	53,023	52,194
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	17,212	16,716
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	36,553	37,179
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	27,543	27,537
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	83,445	81,211
*	Huntington Bank	Huntington Conservative Deposit	105,186	105,186
	Norfolk Southern Corp	Corp Bond \$125,000 3.0% 04/01/22	129,828	125,200

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Fifth Third Bancorp	Corp Bond \$100,000 2.6% 06/15/22	100,169	100,784
	Eaton Corp	Corp Bond \$125,000 2.75% 11/02/22	129,049	127,138
	Precision Castparts Corp	Corp Bond \$125,000 2.5% 01/15/23	123,610	126,855
	Home Depot Inc	Corp Bond \$125,000 2.7% 04/01/23	124,409	127,421
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 3.35275% 12/29/49	49,925	49,650
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	66,744
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	76,740
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	37,710
	Carlyle Finance LLC	Preferred Stock - 2,000 shares	49,460	50,600
	First Republic Bank/SF Series M	Preferred Stock - 2,000 shares	50,000	49,000
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	63,025
	Globe Life Inc	Preferred Stock - 1,000 shares	25,000	25,900
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	77,820
	Hudson Pacific Properties Inc Series C	Preferred Stock - 1,800 shares	45,000	46,962
	Huntington Bancshares Inc Series H	Preferred Stock - 1,500 shares	37,388	39,420
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	52,220
	KKR Group Fin Co IX LLC	Preferred Stock - 2,000 shares	50,000	52,300
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	53,360
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	75,690
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	37,545
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	50,800
	Rivernorth/Doubleline Series A	Preferred Stock - 2,500 shares	62,228	61,658
	Schwab (Charles) Corp Series J	Preferred Stock - 2,500 shares	62,550	65,275
	Stifel Financial Corp Series D	Preferred Stock - 2,550 shares	63,750	65,816
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	67,088
	Wells Fargo & Company Series CC	Preferred Stock - 2,000 shares	49,600	50,600
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	40,000
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	38,790
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	62,900
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	73,710
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 1,750 shares	43,750	43,908
*	Huntington Bank	Deposit Account	24,200	24,200
*	Huntington Bank	Federated Government Obligations Fund	380,057	380,057
	Ameriprise Financial Inc	Corp Bond \$200,000 4.0% 10/15/23	215,020	210,685
	UnitedHealth Group Inc	Corp Bond \$200,000 3.5% 02/15/24	211,244	210,428
	Arizona Public Service Co	Corp Bond \$200,000 3.35% 06/15/24	207,028	208,422
	Aflac Inc	Corp Bond \$200,000 3.625% 11/15/24	211,356	213,533
	Manuf & Traders Trust Co	Corp Bond \$200,000 2.9% 02/06/25	204,284	209,109
	Ralph Lauren Corp	Corp Bond \$200,000 3.75% 09/15/25	210,538	215,581
	NSTAR Electric Co	Corp Bond \$200,000 3.25% 11/15/25	210,038	209,837
	Bank of America Corp Series Gmtm	Corp Bond \$200,000 3.5% 04/19/26	207,124	215,451
	Hershey Co	Corp Bond \$200,000 2.3% 08/15/26	197,818	207,395

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	JP Morgan Chase & Co	Corp Bond \$200,000 2.95% 10/01/26	206,038	211,196
	Duke Energy Carolinas	Corp Bond \$200,000 2.95% 12/01/26	203,742	210,852
	CBOE Holdings Inc	Corp Bond \$200,000 3.65% 01/12/27	214,764	216,497
	Schwab (Charles) Corp	Corp Bond \$200,000 3.3% 04/01/27	205,992	214,268
	Gulf Power Co	Corp Bond \$200,000 3.3% 05/30/27	206,952	214,662
	John Deere Capital Corp Series Mtn	Corp Bond \$200,000 2.8% 09/08/27	206,400	211,720
	Wisconsin Pwr & Lt Co	Corp Bond \$200,000 3.05% 10/15/27	208,694	209,813
	Oracle Corp	Corp Bond \$200,000 3.25% 11/15/27	212,738	210,871
	Avalon Bay Communities Inc	Corp Bond \$200,000 3.2% 01/15/28	209,784	214,187
	Bank of NY Mellon Corp Series Mtn	Corp Bond \$200,000 3.4% 01/29/28	209,719	217,076
	Salesforce.com Inc	Corp Bond \$200,000 3.7% 04/11/28	215,682	221,742
	Schwab (Charles) Corp	Corp Bond \$200,000 4.0% 02/01/29	220,962	223,783
	Rockwell Automation, Inc.	Corp Bond \$200,000 3.5% 03/01/29	212,170	219,306
	Public Storage	Corp Bond \$200,000 3.385% 05/01/29	215,188	218,072
	Northern Trust Corp	Corp Bond \$200,000 3.15% 05/03/29	206,184	215,635
	IBM Corp	Corp Bond \$200,000 3.5% 05/15/29	208,084	217,017
	Atmos Energy Corp	Corp Bond \$200,000 2.625% 09/15/29	205,198	206,290
	State Street Corp	Corp Bond \$200,000 2.4% 01/24/30	201,736	205,613
	Comcast Corp	Corp Bond \$200,000 2.625% 02/01/30	202,748	206,666
	Oklahoma Gas & Elec Co	Corp Bond \$200,000 3.3% 03/15/30	216,294	213,337
	American Express	Common Stock - 1,034 shares	125,206	169,162
	Avalon Bay Communities Inc	Common Stock - 612 shares	130,465	154,585
	Bank of America Corp	Common Stock - 5,598 shares	229,681	249,055
	Blackrock Inc	Common Stock - 170 shares	77,393	155,645
	Capital One Financial Corp	Common Stock - 1,492 shares	132,596	216,474
	Crown Castle Intl Corp	Common Stock - 837 shares	117,075	174,715
	JP Morgan Chase & Co	Common Stock - 1,821 shares	204,197	288,355
	M & T Bank Corp	Common Stock - 748 shares	113,529	114,878
	Prologis Inc	Common Stock - 2,213 shares	182,336	372,581
	Prudential Financial Inc	Common Stock - 1,867 shares	198,226	202,084
	Regions Financial Holding Company	Common Stock - 6,116 shares	143,603	133,329
	Danaher Corp	Common Stock - 672 shares	215,045	221,095
	Edwards Lifesciences Corp	Common Stock - 1,821 shares	131,448	235,911
	Humana Inc	Common Stock - 334 shares	135,605	154,929
	Intuitive Surgical Inc	Common Stock - 789 shares	135,729	283,488
	Johnson & Johnson	Common Stock - 1,039 shares	134,680	177,742
	Eli Lilly & Co	Common Stock - 545 shares	66,281	150,540
	UnitedHealth Group Inc	Common Stock - 506 shares	122,070	254,083
	Church & Dwight Co Inc	Common Stock - 1,799 shares	153,512	184,398
	Costco Wholesale Corp	Common Stock - 244 shares	72,550	138,519
	Pepsico Inc	Common Stock - 612 shares	76,090	106,311

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Proctor & Gamble Co	Common Stock - 1,152 shares	139,703	188,444
	Sysco Corp	Common Stock - 1,696 shares	77,880	133,221
	Amazon.com Inc	Common Stock - 123 shares	229,438	410,124
	Booking Holdings Inc	Common Stock - 50 shares	105,894	119,962
	Chipotle Mexican Grill	Common Stock - 103 shares	142,508	180,070
	Walt Disney Co	Common Stock - 847 shares	83,006	131,192
	Dow Inc	Common Stock - 1,500 shares	94,043	85,080
	Hilton Worldwide Holdings Inc	Common Stock - 790 shares	112,291	123,232
	Home Depot Inc	Common Stock - 580 shares	126,064	240,706
	Nike Inc Cl B	Common Stock - 1,052 shares	89,614	175,337
	Tesla Inc	Common Stock - 225 shares	135,901	237,776
	Advanced Micro Devices	Common Stock - 1,650 shares	91,039	237,435
	Alphabet Inc Cl A	Common Stock - 143 shares	170,226	414,277
	Analog Devices Inc	Common Stock - 883 shares	98,861	155,205
	Apple Inc	Common Stock - 3,792 shares	264,660	673,345
	Fiserv Inc	Common Stock - 1,078 shares	112,825	111,886
	Microsoft Corp	Common Stock - 1,882 shares	255,712	632,954
	Nvidia Corp	Common Stock - 1,328 shares	93,305	390,578
	Texas Instruments Inc	Common Stock - 1,087 shares	134,021	204,867
	Visa Inc Class A	Common Stock - 1,280 shares	225,907	277,389
	Boeing Co	Common Stock - 590 shares	92,790	118,779
	Caterpillar Inc	Common Stock - 622 shares	136,959	128,592
	Deere & Co	Common Stock - 404 shares	143,788	138,528
	Illinois Tool Works	Common Stock - 761 shares	116,120	187,815
	Rockwell Automation, Inc.	Common Stock - 662 shares	103,952	230,939
	Chevron Corporation	Common Stock - 688 shares	81,577	80,737
	Pioneer Natural Resource	Common Stock - 404 shares	77,326	73,480
	Valero Energy Corp	Common Stock - 1,390 shares	112,127	104,403
	Sherwin-Williams Co	Common Stock - 525 shares	117,379	184,884
	Nextera Energy Inc	Common Stock - 1,695 shares	92,666	158,245
	Wec Energy Group Inc	Common Stock - 1,004 shares	89,932	97,458
	Chubb Limited	Common Stock - 791 shares	123,038	152,908
	Accenture Plc Cl A	Common Stock - 685 shares	131,295	283,967
	Ishares Russell 1000 Growth	Registered Investment Company - 767 shares	98,391	234,388
	Ishares Core S&P Small-Cap	Registered Investment Company - 5,777 shares	637,874	661,524
	Blackrock Funds High Yield Bond Instit	Registered Investment Company - 33,640.462 shares	259,368	263,741
	Pimco Short Term Fund Instit	Registered Investment Company - 31,660.153 shares	310,111	309,320
	Morgan Stanley Intl Advantage	Registered Investment Company - 51,339.688 shares	1,177,732	1,555,593
	MFS Global Real Estate Fund	Registered Investment Company - 52,398.693 shares	1,005,777	1,178,971
	Victory Sycamore Est Value Fund	Registered Investment Company - 18,005.341 shares	927,635	893,785
	Wasatch Emerging Markets Select	Registered Investment Company - 20,027.155 shares	468,235	459,019

* Represents a party-in-interest to the Plan.

\$ 28,240,077	\$ 39,815,748
----------------------	----------------------

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
AT DECEMBER 31, 2021

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2021

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan
 EIN: 51-6123024
 Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan
 Plan Number: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Huntington Bank	Federated Government Obligations Fund	\$ 4,680,164	\$ 4,579,833	-	-	\$ 4,680,164	\$ 4,579,833	-
				-	-	\$ 4,579,833	\$ 4,579,833	-

Bricklayers Masons Local Union No. 6 Pension Plan

EIN: 51-6123024; PN: 001

Attachment to the Form 5500 Schedule MB, line 8b(2)- Schedule of Active Participant Data

	Years of Service										
Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25	0	6	1	0	0	0	0	0	0	0	7
25-29	0	12	5	0	0	0	0	0	0	0	17
30-34	0	3	5	5	0	0	0	0	0	0	13
35-39	2	7	4	2	2	0	0	0	0	0	17
40-44	0	3	2	7	3	8	1	0	0	0	24
45-49	0	6	8	6	7	7	0	0	0	0	34
50-54	1	8	3	5	7	2	4	0	0	0	30
55-59	1	6	1	3	0	1	4	0	0	0	16
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	1	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
missing	13	3	0	0	0	0	0	0	0	0	16
Total	17	55	29	28	19	18	9	1	0	0	176

Actuarial Methods and Assumptions

As of January 1, 2021

Interest Rates

	<u>Current Year</u>	<u>Prior Year</u>
Minimum/Maximum Funding	7.50%	7.50%
Present Value of Accrued Benefits	7.50%	7.50%
Full Funding Limitation		
Maximum Basis	2.43%	2.95%
RPA Current Liability	2.43%	2.95%

Mortality

Healthy:	Pri-2012 Blue Collar with generational projection by Scale MP-2021 <i>Last year: RP-2000 Combined Healthy Blue Collar Mortality Table projected to 2020 by scale MP-2019</i>
Disabled:	SOA Pri-2012 Total Dataset Disabled Mortality Table <i>Last year: RP-2000 Mortality for Disabled projected by Scale MP-2019 to 2020</i>

Turnover

Based on age and service. Sample rates are as follows:

	<u>Completed Years of Service</u>					
<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
25	8.52%	8.52%	2.84%	2.84%	2.84%	2.84%
35	6.32	6.32	2.11	2.11	2.11	2.11
45	3.96	3.96	1.32	1.32	1.32	1.32
55	1.44	1.44	0.48	0.48	0.48	0.48
60	0.41	0.41	0.14	0.14	0.14	0.14

Retirement

Based on age as follows:

<u>Age</u>	<u>Rate</u>
55-59	1%
60	50
61	2
62	25
63-64	5
65	100

Terminated vested participants are assumed to retire at age 65.

Expenses

The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000. This 2021 amount is assumed to increase 2.50% per year throughout the projection. *Last year: none.*

Actuarial Methods and Assumptions(continued)

Disability Based on age. Sample rates as follows:

<u>Age</u>	<u>Rate</u>
25	0.05%
40	0.09
55	0.85

Percent Married 85% of the participants are assumed to be married, with the female spouse three years younger than the male spouse.

Form of Payment Single participants are assumed to elect the Life Annuity. All married participants are assumed to elect the Joint & 50% Survivor Annuity.

Asset Valuation Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Entry Age Normal. Under this method the Actuarial Present Value of the Projected Benefit is allocated on a level basis over the service of the individual between entry age and assumed retirement age. The portion of the Actuarial Present Value not provided for at a Valuation date by the Actuarial Present Value of Future Normal Costs is called the Actuarial Accrued Liability. Under this method the Actuarial Gains/(Losses), as they occur, reduce/(increase) the Unfunded Accrued Liability.

Incomplete Data None.

Benefit Accrual Rate Pension credits and expected contributions were projected on the assumption that all active participants would work 1,200 hours annually.

Projected Industry Activity For the purpose of the credit balance projection, future covered employment for 2021 and beyond has been estimated to be 275,000 total hours per year. This assumption has been set with input from the Board of Trustees.

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 2021 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	36,902,188
(2) Actuarial value of assets for funding standard account	1b(2)	35,052,372
c (1) Accrued liability for plan using immediate gain methods	1c(1)	44,702,379

(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)	42,685,260

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)	90,700,858
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1,861,315
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	2,679,253
(3) Expected plan disbursements for the plan year.....	1d(3)	2,679,253

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>9/23/2022</u> Date 2007217
	Type or print name of actuary Bradford L. Rigby	Most recent enrollment number 412-394-9330
	Firm name Cowden Associates, Inc.	Telephone number (including area code)

Four Gateway Center
Pittsburgh PA 15222
Address of the firm

444 Liberty Avenue, Suite 605

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) 2021 v. 201209

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a** 36,902,188**b** "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment**(1)** Number of participants 187 **(2)** Current liability 39,598,710**(2)** For terminated vested participants

85 14,385,940

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

2,469,206

(b) Vested benefits

34,247,002

(c) Total active

176 36,716,208

(4) Total

448 90,700,858

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c** 40.68%**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
06/30/2021	1,517,463	0			
Totals ▶			3(b)	1,517,463	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a** 82.1 %**b** Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5**4b** N**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9
(2) Females	6c(2)	9F
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	17.0 % ☐ N/A ☒ N/A
f Salary scale	6f	☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	274,987	28,979
4	991,918	104,532

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☐ Yes ☒ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	605,076

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)	16,143,788
(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	212,516
e Total charges. Add lines 9a through 9d	9e	3,046,065

Credits to funding standard account:

f Prior year credit balance, if any	9f	1,602,163
g Employer contributions. Total from column (b) of line 3	9g	1,517,463

	Outstanding balance	
h Amortization credits as of valuation date	9h	4,891,618
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	237,822

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	12,746,539
(2) "RPA '94" override (90% current liability FFL)	9j(2)	47,994,022
(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	4,289,813
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,243,748
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 2021 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)	
(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	
--	-----------	--

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

Plan Provisions

Effective July 1, 2014
Last Amendment Effective July 1, 2017

The following is a summary of the major provisions of the plan as of January 1, 2021. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation Immediately once the employer is obligated under the collective bargaining agreement to contribute under this plan.

Normal Retirement Age Age 62 for participants who terminated prior to January 1, 2001.
Age 60 for participants who terminated after January 1, 2001.

Future Service One full year of future service will be granted for each year with more than 870 hours worked and one tenth of a year for every 100 hours worked as a covered employee up to 870 hours.

Past Service Benefit The monthly benefit is the sum of each year between May 1, 1965 and April 30, 1968 based on hours as follows:

<u>Hours</u>	<u>Monthly benefit</u>
0 - 225	\$ 0.00
225 - 449	0.75
450 - 674	1.50
675 - 899	2.25
900 – 1,124	3.00
1,125 – 1,349	3.75
1,350 – 1,574	4.50
1,575 – 1,799	5.25
1,800 and up	6.00

Accrued Benefit A monthly life annuity equal to the sum of the following:

- Past Service Benefit earned between May 1, 1965 and April 30, 1968 increased by 22.5%, plus,
- 2.9% of total contributions made by Employer between May 1, 1968 and December 31, 1968, plus,
- 2.9% of total contributions made by Employer for each plan year between January 1, 1969 and December 31, 1989, plus,

Plan Provisions (continued)

**Accrued
Benefit
(continued)**

- 3.3% of total contributions made by Employer for each plan year between January 1, 1990 and December 31, 1998, plus,
- 3.2% of total contributions made by Employer for each plan year between January 1, 1999 and February 29, 2008, plus,
- 2.8% of total contributions made by Employer for each plan year between March 1, 2008 and February 28, 2009, plus,
- 2.0% of total contributions made by Employer for each plan year March 1, 2009 and July 31, 2015, plus,
- 1.5% of total contributions made by Employer for each plan year between August 1, 2015 and June 30, 2017, plus,
- 1.0% of total contributions made by Employer for each plan year after July 1, 2017.

The Accrued Benefit excludes:

- Amounts earned in plan years the participant worked less than 150 total hours before December 31, 1968, and,
- Amounts earned in plan years the participant worked less than 225 total hours after January 1, 1969.

**Normal
Retirement**

Eligibility: The later of the participant's Normal Retirement Age or their fifth anniversary.

Benefit: The Accrued Benefit

**Early
Retirement**

Eligibility: Age 55 with 5 years of service.

Benefit: A monthly life annuity equal to the sum of the following:

- The Accrued Benefit as of July 1, 2017 reduced by .3% for each month by which the commencement date precedes Normal Retirement Age, plus,
- The Accrued Benefit from July 1, 2017 to present reduced by .4% for each month by which the commencement date precedes Normal Retirement Age.

Plan Provisions (continued)

**Disability
Retirement
Benefit**

Eligibility: Total and Permanent Disability after reaching age 45 with at least 10 years of Future Service.

Benefit: The Accrued Benefit without reduction payable at the later of a) six months following disablement, or b) application for commencement.

**Termination
Benefit**

Eligibility: Upon termination of employment prior to retirement after completion of at least 5 years of Future Service, a participant is 100% vested in his accrued benefit.

Benefit: The Accrued Benefit deferred to Normal Retirement Date or, for a participant eligible for Early Retirement, the Accrued benefit reduced as described under the early retirement provisions.

Death Benefit

Eligibility: Vested and married for at least one year.

Benefit: A monthly benefit to the surviving spouse for life starting on the participant's earliest commencement date in the amount of the survivor portion of an early retirement 50% joint and survivor benefit.

**Lump Sum
Death Benefit**

Eligibility: An active or former participant that is not vested.

Benefit: A lump sum benefit immediately payable to a surviving beneficiary equal to the lesser of 100 times the Accrued Benefit at date of death or \$10,000.

**Optional
Payment Forms**

Life Annuity
50% Joint & Survivor
75% Joint & Survivor

The conversion factors are based on specified formulas as described in the plan document Section 5.2(b).

Bricklayers & Masons Local Union No. 6 Pension Plan
EIN: 51-6123024; PN: 001
Attachment to 2021 Schedule MB, line 6 – Summary of Plan Provisions

Plan Provisions (continued)

**Employer
Contributions**

Current contributions rates are as follows:

<u>Plan Year(s)</u>	<u>Tile, Marble, Terrazo</u>	<u>Bricklayers</u>
6/01/2019 – 4/30/2020	\$ 4.65	\$ 6.14
5/01/2020 – Current	4.84	6.39

Bricklayers & Masons Local Union No. 6 Pension Plan

EIN: 51-6123024; PN: 001

Attachment to 2021 Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Actuarial Liabilities and Amortization Payments**MINIMUM FUNDING**

	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
Amendment 95		1/1/1995	4.0	\$ 11,142	\$ 3,095
Amendment 96		1/1/1996	5.0	52,045	11,966
Amendment 97		1/1/1997	6.0	103,185	20,449
Amendment 98		1/1/1998	7.0	417,110	73,256
Amendment 99		1/1/1999	8.0	297,300	47,216
Amendment 00		1/1/2000	9.0	716,524	104,489
Amendment 01		1/1/2001	10.0	181,516	24,600
Amendment 03		1/1/2003	12.0	208,474	25,071
Amendment 04		1/1/2004	13.0	301,262	34,487
Amendment 05		1/1/2005	14.0	136,087	14,912
Amendment 06		1/1/2006	15.0	131,458	13,854
Amendment 07		1/1/2007	16.0	138,717	14,115
Amendment 07		1/1/2007	16.0	212,911	21,666
Amendment 09		1/1/2009	3.0	460,250	164,631
Amendment 10		1/1/2010	4.0	178,235	49,503
Amendment 10		1/1/2010	4.0	39,313	10,918
Amendment 11		1/1/2011	5.0	225,879	51,935
Amendment 11		1/1/2011	5.0	8,503	1,954
Amendment 12		1/1/2012	6.0	183,186	36,304
Amendment 12		1/1/2012	6.0	49,818	9,873
Amendment 13		1/1/2013	7.0	597,842	104,997
Amendment 13		1/1/2013	7.0	53,208	9,345
Amendment 13		1/1/2013	7.0	25,742	4,522
Amendment 14		1/1/2014	8.0	312,988	49,708
Amendment 14		1/1/2014	8.0	84,885	13,481
Amendment 15		1/1/2015	9.0	717,266	104,598
Amendment 15		1/1/2015	9.0	35,059	5,113
Amendment 16		1/1/2016	10.0	1,058,993	143,517
Amendment 16		1/1/2016	10.0	199,159	26,991
Amendment 17		1/1/2017	11.0	1,161,930	147,751
Amendment 17		1/1/2017	11.0	120,371	15,307
Amendment 18		1/1/2018	12.0	860,227	103,449
Amendment 19		1/1/2019	13.0	135,808	15,547
Assumption 19		1/1/2019	13.0	1,935,423	221,564
Experience Loss 19		1/1/2019	13.0	1,735,791	198,711
Experience Loss 20	\$ 1,860,512	1/1/2020	14.0	1,789,278	196,067
Experience Loss 21	274,987	1/1/2021	15.0	274,987	28,979
Assumption Change 21	991,918	1/1/2021	15.0	991,918	104,532
Subtotal				\$ 16,143,788	\$ 2,228,473

Schedule of Actuarial Liabilities and Amortization Payments(Continued)**MINIMUM FUNDING**

	<u>Initial Amount</u>	<u>Date Established</u>	<u>Remaining Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Credits</u>					
Assumption 96		1/1/1996	5.0	\$ 810	\$ 186
Assumption 97		1/1/1997	6.0	14,133	2,802
Assumption 03		1/1/2003	12.0	1,574,097	189,302
Experience Gain 07		1/1/2007	1.0	45,098	45,097
Amendment 08		1/1/2008	2.0	143,563	74,378
Assumption 08		1/1/2008	2.0	231,088	119,720
Experience Gain 08		1/1/2008	2.0	29,972	15,528
Amendment 09		1/1/2009	3.0	533,401	190,802
Amendment 16		1/1/2016	10.0	1,041,848	141,193
Amendment 18		1/1/2018	12.0	1,250,892	150,430
Assumption 20	\$ 27,778	1/1/2020	14.0	<u>26,715</u>	<u>2,927</u>
Subtotal				\$ 4,891,618	\$ 932,365
Net Amortization Balance and Payment				\$ 11,252,170	\$ 1,296,108
Credit Balance as of January 1, 2021				1,602,163	
Unfunded Liability				\$ 9,650,007	

Justification for Significant Assumptions

Mortality - Base Table	The plan population is too small to be considered statistically credible. The assumption was set by considering demographic experience in nearby geography and within a similar industry.
Mortality - Projection	The plan population is too small to be considered statistically credible. The assumption was set by considering demographic experience in nearby geography and within a similar industry.
Retirement	The assumption was set by the prioractuary.
Turnover	The assumption was set by the prioractuary.
Projected Industry Activity	This assumption was set with input from the Board of Trustees.
Projected New Entrant Population	The assumption was selected based upon a study of recent plan experience.
Funding Interest Rates	This assumption is set based upon expectations of the Fund manager for both the current and long-term expectations of return on plan investments based upon the current asset allocation.
Administrative Expenses	The prior year's administrative expenses reduced for irregularly occurring items are the most recent experience, self-adjusting annually, and as such were considered the best indication of the next year expense level.

This list constitutes the significant assumptions used in the valuation of plan obligations.

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds Investment Co of Amer	Registered Investment Company - 31,345.745 shares	\$ 558,779	\$ 1,616,187
	Amer Fds Growth Fd of Amer	Registered Investment Company - 23,998.853 shares	619,627	1,735,357
	Amer Fds Income Fd of Amer	Registered Investment Company - 58,670.720 shares	725,380	1,510,184
	Amer Fds Capital Income Builder	Registered Investment Company - 16,855.502 shares	627,163	1,183,088
	Amer Fds Cap World Growth & Income	Registered Investment Company - 27,503.637 shares	689,845	1,737,680
	Amer Fds American Mutual Fd	Registered Investment Company - 17,960.045 shares	359,260	950,805
	Amer Fds New Perspective Fd	Registered Investment Company - 1,258.222 shares	40,086	82,149
	Amer Fds Bond Fd of America	Registered Investment Company - 51,522.596 shares	276,782	689,888
	Amer Fds American Balanced	Registered Investment Company - 30,944.427 shares	453,711	1,033,853
	Amer Fds American High Income Trust	Registered Investment Company - 81,968.713 shares	616,881	862,311
	Amer Fds US Govt Securities	Registered Investment Company - 19,621.796 shares	177,264	277,256
	Amer Fds Intermed Bond Fd of America	Registered Investment Company - 24,862.384 shares	199,975	341,360
*	Huntington Bank	Huntington Conservative Deposit	82,635	82,635
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	94,984
	U.S. Govt Obligations	USTN \$125,000 1.625% 08/15/29	124,976	126,777
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	128,086
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	96,217
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	121,011
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	74,903
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	49,757
	Morgan St Sparqs	Corp Bond \$100,000 2.75% 05/19/22	103,648	100,876
	Zoetis Inc	Corp Bond \$100,000 3.25% 02/01/23	105,482	101,844
	McDonalds Corp Series Mtn	Corp Bond \$150,000 3.25% 06/10/24	152,418	157,622
	American Honda Finance Series Gmtm	Corp Bond \$125,000 2.3% 09/09/26	123,554	129,238
	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	107,134
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	99,246
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	139,548
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	152,491
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	51,152
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	49,501
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4821 Class VA 4% 10/15/29	95,331	96,489
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	38,776	37,261
	U.S. Govt Collateralized Mort Obligations	Freddie Mac Series 4377 Class LA 3% 06/15/40	11,737	11,172
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	44,426	43,698
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	53,023	52,194
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	17,212	16,716
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	36,553	37,179
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	27,543	27,537
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	83,445	81,211
*	Huntington Bank	Huntington Conservative Deposit	105,186	105,186
	Norfolk Southern Corp	Corp Bond \$125,000 3.0% 04/01/22	129,828	125,200

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Fifth Third Bancorp	Corp Bond \$100,000 2.6% 06/15/22	100,169	100,784
	Eaton Corp	Corp Bond \$125,000 2.75% 11/02/22	129,049	127,138
	Precision Castparts Corp	Corp Bond \$125,000 2.5% 01/15/23	123,610	126,855
	Home Depot Inc	Corp Bond \$125,000 2.7% 04/01/23	124,409	127,421
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 3.35275% 12/29/49	49,925	49,650
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	66,744
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	76,740
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	37,710
	Carlyle Finance LLC	Preferred Stock - 2,000 shares	49,460	50,600
	First Republic Bank/SF Series M	Preferred Stock - 2,000 shares	50,000	49,000
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	63,025
	Globe Life Inc	Preferred Stock - 1,000 shares	25,000	25,900
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	77,820
	Hudson Pacific Properties Inc Series C	Preferred Stock - 1,800 shares	45,000	46,962
	Huntington Bancshares Inc Series H	Preferred Stock - 1,500 shares	37,388	39,420
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	52,220
	KKR Group Fin Co IX LLC	Preferred Stock - 2,000 shares	50,000	52,300
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	53,360
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	75,690
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	37,545
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	50,800
	Rivernorth/Doubleline Series A	Preferred Stock - 2,500 shares	62,228	61,658
	Schwab (Charles) Corp Series J	Preferred Stock - 2,500 shares	62,550	65,275
	Stifel Financial Corp Series D	Preferred Stock - 2,550 shares	63,750	65,816
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	67,088
	Wells Fargo & Company Series CC	Preferred Stock - 2,000 shares	49,600	50,600
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	40,000
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	38,790
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	62,900
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	73,710
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 1,750 shares	43,750	43,908
*	Huntington Bank	Deposit Account	24,200	24,200
*	Huntington Bank	Federated Government Obligations Fund	380,057	380,057
	Ameriprise Financial Inc	Corp Bond \$200,000 4.0% 10/15/23	215,020	210,685
	UnitedHealth Group Inc	Corp Bond \$200,000 3.5% 02/15/24	211,244	210,428
	Arizona Public Service Co	Corp Bond \$200,000 3.35% 06/15/24	207,028	208,422
	Aflac Inc	Corp Bond \$200,000 3.625% 11/15/24	211,356	213,533
	Manuf & Traders Trust Co	Corp Bond \$200,000 2.9% 02/06/25	204,284	209,109
	Ralph Lauren Corp	Corp Bond \$200,000 3.75% 09/15/25	210,538	215,581
	NSTAR Electric Co	Corp Bond \$200,000 3.25% 11/15/25	210,038	209,837
	Bank of America Corp Series Gmtn	Corp Bond \$200,000 3.5% 04/19/26	207,124	215,451
	Hershey Co	Corp Bond \$200,000 2.3% 08/15/26	197,818	207,395

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	JP Morgan Chase & Co	Corp Bond \$200,000 2.95% 10/01/26	206,038	211,196
	Duke Energy Carolinas	Corp Bond \$200,000 2.95% 12/01/26	203,742	210,852
	CBOE Holdings Inc	Corp Bond \$200,000 3.65% 01/12/27	214,764	216,497
	Schwab (Charles) Corp	Corp Bond \$200,000 3.3% 04/01/27	205,992	214,268
	Gulf Power Co	Corp Bond \$200,000 3.3% 05/30/27	206,952	214,662
	John Deere Capital Corp Series Mtn	Corp Bond \$200,000 2.8% 09/08/27	206,400	211,720
	Wisconsin Pwr & Lt Co	Corp Bond \$200,000 3.05% 10/15/27	208,694	209,813
	Oracle Corp	Corp Bond \$200,000 3.25% 11/15/27	212,738	210,871
	Avalon Bay Communities Inc	Corp Bond \$200,000 3.2% 01/15/28	209,784	214,187
	Bank of NY Mellon Corp Series Mtn	Corp Bond \$200,000 3.4% 01/29/28	209,719	217,076
	Salesforce.com Inc	Corp Bond \$200,000 3.7% 04/11/28	215,682	221,742
	Schwab (Charles) Corp	Corp Bond \$200,000 4.0% 02/01/29	220,962	223,783
	Rockwell Automation, Inc.	Corp Bond \$200,000 3.5% 03/01/29	212,170	219,306
	Public Storage	Corp Bond \$200,000 3.385% 05/01/29	215,188	218,072
	Northern Trust Corp	Corp Bond \$200,000 3.15% 05/03/29	206,184	215,635
	IBM Corp	Corp Bond \$200,000 3.5% 05/15/29	208,084	217,017
	Atmos Energy Corp	Corp Bond \$200,000 2.625% 09/15/29	205,198	206,290
	State Street Corp	Corp Bond \$200,000 2.4% 01/24/30	201,736	205,613
	Comcast Corp	Corp Bond \$200,000 2.625% 02/01/30	202,748	206,666
	Oklahoma Gas & Elec Co	Corp Bond \$200,000 3.3% 03/15/30	216,294	213,337
	American Express	Common Stock - 1,034 shares	125,206	169,162
	Avalon Bay Communities Inc	Common Stock - 612 shares	130,465	154,585
	Bank of America Corp	Common Stock - 5,598 shares	229,681	249,055
	Blackrock Inc	Common Stock - 170 shares	77,393	155,645
	Capital One Financial Corp	Common Stock - 1,492 shares	132,596	216,474
	Crown Castle Intl Corp	Common Stock - 837 shares	117,075	174,715
	JP Morgan Chase & Co	Common Stock - 1,821 shares	204,197	288,355
	M & T Bank Corp	Common Stock - 748 shares	113,529	114,878
	Prologis Inc	Common Stock - 2,213 shares	182,336	372,581
	Prudential Financial Inc	Common Stock - 1,867 shares	198,226	202,084
	Regions Financial Holding Company	Common Stock - 6,116 shares	143,603	133,329
	Danaher Corp	Common Stock - 672 shares	215,045	221,095
	Edwards Lifesciences Corp	Common Stock - 1,821 shares	131,448	235,911
	Humana Inc	Common Stock - 334 shares	135,605	154,929
	Intuitive Surgical Inc	Common Stock - 789 shares	135,729	283,488
	Johnson & Johnson	Common Stock - 1,039 shares	134,680	177,742
	Eli Lilly & Co	Common Stock - 545 shares	66,281	150,540
	UnitedHealth Group Inc	Common Stock - 506 shares	122,070	254,083
	Church & Dwight Co Inc	Common Stock - 1,799 shares	153,512	184,398
	Costco Wholesale Corp	Common Stock - 244 shares	72,550	138,519
	Pepsico Inc	Common Stock - 612 shares	76,090	106,311

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan

EIN: 51-6123024

Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Proctor & Gamble Co	Common Stock - 1,152 shares	139,703	188,444
	Sysco Corp	Common Stock - 1,696 shares	77,880	133,221
	Amazon.com Inc	Common Stock - 123 shares	229,438	410,124
	Booking Holdings Inc	Common Stock - 50 shares	105,894	119,962
	Chipotle Mexican Grill	Common Stock - 103 shares	142,508	180,070
	Walt Disney Co	Common Stock - 847 shares	83,006	131,192
	Dow Inc	Common Stock - 1,500 shares	94,043	85,080
	Hilton Worldwide Holdings Inc	Common Stock - 790 shares	112,291	123,232
	Home Depot Inc	Common Stock - 580 shares	126,064	240,706
	Nike Inc Cl B	Common Stock - 1,052 shares	89,614	175,337
	Tesla Inc	Common Stock - 225 shares	135,901	237,776
	Advanced Micro Devices	Common Stock - 1,650 shares	91,039	237,435
	Alphabet Inc Cl A	Common Stock - 143 shares	170,226	414,277
	Analog Devices Inc	Common Stock - 883 shares	98,861	155,205
	Apple Inc	Common Stock - 3,792 shares	264,660	673,345
	Fiserv Inc	Common Stock - 1,078 shares	112,825	111,886
	Microsoft Corp	Common Stock - 1,882 shares	255,712	632,954
	Nvidia Corp	Common Stock - 1,328 shares	93,305	390,578
	Texas Instruments Inc	Common Stock - 1,087 shares	134,021	204,867
	Visa Inc Class A	Common Stock - 1,280 shares	225,907	277,389
	Boeing Co	Common Stock - 590 shares	92,790	118,779
	Caterpillar Inc	Common Stock - 622 shares	136,959	128,592
	Deere & Co	Common Stock - 404 shares	143,788	138,528
	Illinois Tool Works	Common Stock - 761 shares	116,120	187,815
	Rockwell Automation, Inc.	Common Stock - 662 shares	103,952	230,939
	Chevron Corporation	Common Stock - 688 shares	81,577	80,737
	Pioneer Natural Resource	Common Stock - 404 shares	77,326	73,480
	Valero Energy Corp	Common Stock - 1,390 shares	112,127	104,403
	Sherwin-Williams Co	Common Stock - 525 shares	117,379	184,884
	Nextera Energy Inc	Common Stock - 1,695 shares	92,666	158,245
	Wec Energy Group Inc	Common Stock - 1,004 shares	89,932	97,458
	Chubb Limited	Common Stock - 791 shares	123,038	152,908
	Accenture Plc Cl A	Common Stock - 685 shares	131,295	283,967
	Ishares Russell 1000 Growth	Registered Investment Company - 767 shares	98,391	234,388
	Ishares Core S&P Small-Cap	Registered Investment Company - 5,777 shares	637,874	661,524
	Blackrock Funds High Yield Bond Instit	Registered Investment Company - 33,640.462 shares	259,368	263,741
	Pimco Short Term Fund Instit	Registered Investment Company - 31,660.153 shares	310,111	309,320
	Morgan Stanley Intl Advantage	Registered Investment Company - 51,339.688 shares	1,177,732	1,555,593
	MFS Global Real Estate Fund	Registered Investment Company - 52,398.693 shares	1,005,777	1,178,971
	Victory Sycamore Est Value Fund	Registered Investment Company - 18,005.341 shares	927,635	893,785
	Wasatch Emerging Markets Select	Registered Investment Company - 20,027.155 shares	468,235	459,019

* Represents a party-in-interest to the Plan.

\$	28,240,077	\$	39,815,748
----	------------	----	------------

PPA Funded Percentage

Projection of Liability to January 1, 2021

Actuarial Accrued Liability, January 1, 2020	\$ 39,840,557
Normal Cost	620,299
Estimated Benefit Payments	2,525,409
Interest at 7.50% to End of Year	
On Actuarial Accrued Liability and Normal Cost	3,034,564
On Estimated Benefit Payments	102,595

Estimated Actuarial Accrued Liability, January 1, 2021	40,867,416
--	------------

Estimated Actuarial Value of Plan Assets, January 1, 2021	35,042,217
---	------------

Funded Percentage (Ratio of Assets to Liabilities), January 1, 2021	85.74%
---	--------

A funded percentage greater than 80% indicates that the plan is neither endangered nor critical, provided the plan also satisfies the credit balance requirement detailed on the following page.

Projected Funded Percentage

The projected funded percentages shown below do not affect the determination of whether the plan is endangered or critical for 2021. They are shown to give an indication of anticipated future progress.

January 1, 2022	88%
January 1, 2023	90%
January 1, 2024	94%
January 1, 2025	96%
January 1, 2026	98%
January 1, 2027	100%
January 1, 2028	102%
January 1, 2029	104%
January 1, 2030	106%
January 1, 2031	109%
January 1, 2032	111%

Credit Balance Projection and Conclusion

The following table shows the estimated credit balance for the next 7 years. To avoid the endangered or critical categories, the credit balance must be expected to remain positive for the current year and the following six years.

Estimated Credit Balance

December 31, 2020	\$ 1,680,000
December 31, 2021	1,660,000
December 31, 2022	1,650,000
December 31, 2023	1,430,000
December 31, 2024	1,280,000
December 31, 2025	1,220,000
December 31, 2026	1,240,000
December 31, 2027	1,340,000
December 31, 2028	1,670,000

The above projections were developed from January 1, 2020 census data and estimated December 31, 2020 plan assets. As indicated, the credit balance is expected to remain positive for at least the current and following six years.

Conclusion

The plan satisfies both the funded percentage test and the credit balance projection test for 2021. Consequently, the plan is in the green zone for 2021.

SCHEDULE R, LINE 13e - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

Sponsor's Name:
EIN:
Name of Plan:
Plan Number:

Bricklayers & Masons Local No. 6 Pension Plan
51-6123024
Bricklayers & Masons Local No. 6 Pension Plan
001

<u>Name of Contributing Employer</u>	<u>EIN</u>	<u>Contribution</u> <u>Rate</u>	<u>Base Unit</u> <u>Measure</u>
Ohio State Bricklayers	51-6029565	\$ 6.08	Hourly
		\$ 3.10	Hourly
		\$ 4.19	Hourly
		\$ 6.61	Hourly
		\$ 3.26	Hourly
		\$ 4.39	Hourly
		\$ 5.25	Hourly
		\$ 6.34	Hourly

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2021

Sponsor's Name: Bricklayers & Masons Local No. 6 Pension Plan
EIN: 51-6123024
Name of Plan: Bricklayers & Masons Local No. 6 Pension Plan
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Huntington Bank	Federated Government Obligations Fund	\$ 4,680,164	\$ 4,579,833	-	-	\$ 4,680,164	\$ 4,680,164	-
				-	-	\$ 4,579,833	\$ 4,579,833	-