

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</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 UNION LOCAL NO. 6 OF INDIANA PENSION F</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>01/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1967</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN</u> <u>7985 MARSHALL STREET</u> <u>MERRILLVILLE, IN 46410</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-6113680</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>219-769-3376</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>51-6113680</u>	2c Plan Sponsor's telephone number <u>219-769-3376</u>	2d Business code (see instructions) <u>238900</u>	
2b Employer Identification Number (EIN) <u>51-6113680</u>					
2c Plan Sponsor's telephone number <u>219-769-3376</u>					
2d Business code (see instructions) <u>238900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/20/2023	DONALD SUMMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/20/2023	PATRICK CLARK
	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

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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	711
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	229
a(2) Total number of active participants at the end of the plan year		6a(2)	233
b Retired or separated participants receiving benefits.....		6b	254
c Other retired or separated participants entitled to future benefits		6c	122
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	609
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	100
f Total. Add lines 6d and 6e		6f	709
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	87
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **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 UNION LOCAL NO. 6 OF INDIANA PENSION F	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN	D Employer Identification Number (EIN) 51-6113680

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

1a Enter the valuation date: Month 07 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	93207533
(2) Actuarial value of assets for funding standard account	1b(2)	83222545
c (1) Accrued liability for plan using immediate gain methods	1c(1)	89604119
(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)	89604119
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)	175791843
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3246432
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	6277293
(3) Expected plan disbursements for the plan year.....	1d(3)	6339752

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	03/10/2023
Signature of actuary	Date
PAUL WEDDING, ASA, EA, MAAA	20-08071
Type or print name of actuary	Most recent enrollment number
UNITED ACTUARIAL SERVICES, INC.	317-580-8667
Firm name	Telephone number (including area code)
11590 N. MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529	
Address of the firm	

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

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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	93207533
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	356	93055929
(2) For terminated vested participants	127	20877861
(3) For active participants:		
(a) Non-vested benefits.....		6991198
(b) Vested benefits.....		54866855
(c) Total active	224	61858053
(4) Total	707	175791843
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.02 %

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
06/30/2022	4442450				
			Totals ▶	3(b)	4442450
				3(c)	0
				3(d)	0

(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	92.9 %
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	1.99 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Expense loading	6e	26.3 % ☐ 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	10.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	27.7 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-3830534	-387780
4	2777771	281205

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	1433901
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)	28804272
(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	372203
e Total charges. Add lines 9a through 9d.....	9e	5886355

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	16269915
g Employer contributions. Total from column (b) of line 3.....	9g	4442450
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	6152783
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1306452
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	25711583
(2) "RPA '94" override (90% current liability FFL)	9j(2)	76695288
(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	22882525
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	16996170
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)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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 07/01/2021 and ending 06/30/2022

A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN	D Employer Identification Number (EIN) 51-6113680

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
ROBERT W. BAIRD & CO., INC.
39-6037917

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMERICA
42-1741646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEWTOWER TRUST COMPANY
30-0872552

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, N.A.
22-1146430

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

THE VANGUARD GROUP

23-1945930

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

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

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

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

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

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

ZAZOVE ASSOCIATES LLC

35-2842558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	112524	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ROBERT PUZA

51-6113680

(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?
14 30 50	EMPLOYEE	69373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY WHITE

51-6113680

(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?
30 50	EMPLOYEE	55743	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)

SPENCER RANKIN

51-6113680

(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?
30 50	EMPLOYEE	53650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	49833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES INC.

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	42500	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 50	NONE	39306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEDBETTER PARISI LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(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?
15 16 49 50	NONE	23308	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)

FIRST MIDWEST BANK

36-1495255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50	NONE	14133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHSCOPE BENEFITS

71-0847266

(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?
15 50	NONE	7396	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN</u>	D Employer Identification Number (EIN) <u>51-6113680</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7760849</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TROWEL TRADES LARGE CAP EQUITY INDE</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA BANK AND TRUST, NA</u>		
c EIN-PN <u>38-3558170-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22753169</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION AS TRUSTEE</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6625267</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQY FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
c EIN-PN <u>45-2531297-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4127158</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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 07/01/2021 and ending 06/30/2022		
A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN	D Employer Identification Number (EIN) 51-6113680	

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	116897	2877582
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	495436	694474
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	61121	51459
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1360633	3362354
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	10120051	9003704
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	597381	620427
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	41156342	37139285
(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)	4301371	4127158
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34664425	25336119
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	286858	136891

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	144030	136819
f Total assets (add all amounts in lines 1a through 1e)	1f	93304545	83486272
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	17322	42139
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	79690	327428
k Total liabilities (add all amounts in lines 1g through 1j)	1k	97012	369567
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	93207533	83116705

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4442450	
(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)		4442450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1995	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	115410	
(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)		117405
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	36784	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	805802	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		842586
(3) Rents	2b(3)		10189
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22482987	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22703016	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-220029
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1064611	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1064611

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-267056
(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)		-159857
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-6884107
c Other income.....	2c		109
d Total income. Add all income amounts in column (b) and enter total.....	2d		-3182921
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6310701	
(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)		6310701
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)	117807	
(2) Contract administrator fees.....	2i(2)	7396	
(3) Investment advisory and management fees.....	2i(3)	183891	
(4) Other.....	2i(4)	288112	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		597206
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6907907
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-10090828
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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		950000
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c 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>454629</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.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN</u>	D Employer Identification Number (EIN) <u>51-6113680</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>1</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		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

b EIN 35-1959011

c Dollar amount contributed by employer 969193

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2023

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) 11.01

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

a Name of contributing employer ADAMS MASONRY, INC.

b EIN 35-1951493

c Dollar amount contributed by employer 293201

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2023

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) 11.01

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

a Name of contributing employer S S S I, INC.

b EIN 25-1480393

c Dollar amount contributed by employer 423591

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2023

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) 11.01

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

a Name of contributing employer ONEX CONSTRUCTION, INC.

b EIN 34-1832629

c Dollar amount contributed by employer 495183

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2023

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) 11.01

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of 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

0

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

0

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

0

- 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

98.76

b The corresponding number for the second preceding plan year.....

15b

98.76

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

- 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 _____

**BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA
PENSION FUND**

FINANCIAL STATEMENTS

JUNE 30, 2022

**BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA
PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2022 AND 2021

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SCHEDULE

Supplementary Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	1
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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Bricklayers Union Local No. 6
of Indiana Pension Fund

Opinion

We have audited the financial statements of Bricklayers Union Local No. 6 of Indiana Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Bricklayers Union Local No. 6 of Indiana Pension Fund as of June 30, 2022 and 2021, and the changes in net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2021 and the changes in its accumulated plan benefits for the year ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

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 Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 GAAS 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 GAAS, 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 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Legacy Professionals LLP

Schererville, Indiana

February 20, 2023

**BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA
PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	\$ 25,336,119	\$ 34,664,425
Preferred stocks	620,427	597,381
Stock rights/warrants	136,891	286,858
Corporate bonds and notes	9,003,704	10,120,051
Common collective trusts	37,139,285	41,156,342
Partnership	4,127,158	4,301,371
Money market funds	3,362,354	1,360,633
Invested cash	3,000,000	-
Total investments	<u>82,725,938</u>	<u>92,487,061</u>
RECEIVABLES		
Employer contributions	694,474	495,436
Due from broker	-	14,396
Accrued interest and dividends	25,706	25,656
Due from related welfare plan	4,828	1,382
Due from related local union	710	692
Total receivables	<u>725,718</u>	<u>537,562</u>
PROPERTY AND EQUIPMENT - net	<u>136,819</u>	<u>144,030</u>
PREPAID EXPENSES	<u>20,215</u>	<u>18,995</u>
CASH	<u>300</u>	<u>116,897</u>
Total assets	<u>83,608,990</u>	<u>93,304,545</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	42,139	17,322
Amounts due to other plans under reciprocal agreements	146,926	79,690
Cash overdraft	122,718	-
Due to broker	180,502	-
Total liabilities	<u>492,285</u>	<u>97,012</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 83,116,705</u>	<u>\$ 93,207,533</u>

See accompanying notes to financial statements.

**BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA
PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation)		
in fair value of investments	\$ (8,595,660)	\$ 19,759,276
Interest and dividends	<u>960,100</u>	<u>918,212</u>
	(7,635,560)	20,677,488
Less investment expenses	<u>(183,891)</u>	<u>(176,786)</u>
Investment income (loss) - net	(7,819,451)	20,500,702
Employer contributions	4,442,450	4,000,133
Rental income	<u>10,189</u>	<u>10,189</u>
	<u>(3,366,812)</u>	<u>24,511,024</u>
DEDUCTIONS		
Pension benefits	6,310,701	6,400,505
Administrative expenses	<u>413,315</u>	<u>402,494</u>
Total deductions	<u>6,724,016</u>	<u>6,802,999</u>
NET INCREASE (DECREASE)	(10,090,828)	17,708,025
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>93,207,533</u>	<u>75,499,508</u>
End of year	<u>\$ 83,116,705</u>	<u>\$ 93,207,533</u>

See accompanying notes to financial statements.

**BRICKLAYERS UNION LOCAL NO. 6
OF INDIANA PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2022 AND 2021

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Bricklayers Union Local No. 6 of Indiana Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to the year-end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded as income when collected. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment are reported at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Building and improvements	5 - 40 years
Office furniture and equipment	3 - 7 years

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 which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction primarily located in various counties in northwest Indiana.

Reciprocal Contributions - The Plan has entered into reciprocity agreements with other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the other plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$203,662 and \$186,666 for the years ended June 30, 2022 and 2021, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$1,345,985 and \$794,931 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended June 30, 2022 and 2021, respectively.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through February 20, 2023 which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1967 as a result of collective bargaining agreements between the union and various employer associations to provide retirement and preretirement death and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, participants are eligible for a basic pension upon meeting the following requirements:

- Attained age 65 or older, earned five or more pension credits and has at least one and one-half pension credits earned on the basis of employment during the contribution period, including at least one quarter (1/4) pension credit earned in each of the two consecutive calendar years before the effective date of his retirement; or
- Attained age 58 or older, earned 20 or more pension credits and has earned at least one quarter (1/4) pension credit in each of the two consecutive calendar years during the three-year period consisting of the calendar year of retirement and the two calendar years before the year of retirement.

Pension credit is granted based on hours of work in covered employment both before and during the contribution period. Pension credit may also be allowed for certain non-work periods due to disability or military service. Pension credit is earned in quarters up to one pension credit granted for 1,000 or more hours worked in covered employment during the calendar year.

Vesting service is earned with the completion of 1,000 or more hours of service in a calendar year during the contribution period. A participant generally becomes vested after five years of vesting service with no permanent break in service. Once vested, a participant is entitled to a vested pension upon reaching normal retirement age, which is equal to at least age 65.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

NOTE 3. PRIORITIES UPON TERMINATION (CONTINUED)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated June 17, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was therefore exempt from federal income taxes. The Plan has been amended since receiving the determination letter. The Trustees of the Plan and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan receives a flowthrough of partnership income through its investment in a limited partnership. For the years ended June 30, 2022 and 2021, the Plan has determined that no income taxes are due for its activities. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. FUNDING POLICY

The participating employers contribute such amounts as provided in their collective bargaining agreements. The hourly contribution rates for the past two years were as follows:

June 1, 2020 - May 31, 2021	\$ 10.91
June 1, 2021 - May 31, 2022	\$ 10.96
June 1, 2022 - June 30, 2022	\$ 11.01

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of July 1, 2021.

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by United Actuarial Services as of June 30, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants currently receiving payments	\$ 60,993,699
Other participants	<u>31,075,133</u>
Total vested benefits	92,068,832
Nonvested benefits	<u>3,135,545</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 95,204,377</u></u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits for the year ended June 30, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 92,329,081
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	\$ 3,168,448
Benefits accumulated and experience gain or loss	46,811
Interest	6,463,036
Benefits paid	(6,400,505)
Expenses paid	<u>(402,494)</u>
Net increase	<u>2,875,296</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 95,204,377</u></u>

The actuarial valuation was made using the traditional unit credit cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality - 115% of the Pri-2012 Blue Collar Mortality Tables for male and 100% for female annuitants projected forward using the MP-2020 projection scale

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

Retirement age (actives):

<u>Age</u>	<u>Less Than 20 Years</u>	<u>20 Years or more</u>
55-56	0%	2%
57-61	0%	40%
62	40%	40%
63	25%	40%
64-66	25%	100%
67+	100%	100%

Retirement age (inactive vested):

Age 62 or age 65 for participants with less than 10 pension credits

Interest rate - 6.75% net of investment expenses

Changes in actuarial assumptions included the following:

- The ERISA rate of return used to value liabilities decreased from 7.00% to 6.75% per year after investment expenses; and
- The assumed mortality rates were changed from 115% of the RP-2006 Blue Collar Mortality Table to 115% of the Pri-2012 Blue Collar Mortality Table for males and 100% for females. The mortality projection scale was updated from MP-2019 to MP-2020.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at June 30, 2022 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2022 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2022. The complete financial status is presented as of June 30, 2021.

As of July 1, 2022, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA).

NOTE 7. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2022 and 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at 6/30/22 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 25,336,119	\$ 25,336,119	\$ -	\$ -
Preferred stocks	620,427	-	620,427	-
Stock rights/warrants	136,891	-	136,891	-
Corporate bonds and notes	9,003,704	-	9,003,704	-
Money market funds	3,362,354	-	3,362,354	-
Invested cash	3,000,000	-	3,000,000	-
	41,459,495	<u>\$ 25,336,119</u>	<u>\$ 16,123,376</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	37,139,285			
Partnership	4,127,158			
Total	<u>\$ 82,725,938</u>			

Fair Value Measurements at 6/30/21 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 34,664,425	\$ 34,664,425	\$ -	\$ -
Preferred stocks	597,381	-	597,381	-
Stock rights/warrants	286,858	-	286,858	-
Corporate bonds and notes	10,120,051	-	10,120,051	-
Money market funds	1,360,633	-	1,360,633	-
	47,029,348	<u>\$ 34,664,425</u>	<u>\$ 12,364,923</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	41,156,342			
Partnership	4,301,371			
Total	<u>\$ 92,487,061</u>			

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Measurements

Preferred stocks, stock rights/warrants and corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The money market funds and invested cash are valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

The fair values of certain investments are based on the net asset value per share or its equivalent, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The following tables summarize information regarding investments measured at fair value based on the net asset value per share or its equivalent as of June 30, 2022 and 2021:

June 30, 2022					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Common collective trust - real estate	\$ 6,625,267	Direct equity investments	51%	Quarterly	30 days
		Joint venture investments	42%		
		Other	7%		
Common collective trust - real estate	\$ 7,760,849	Direct equity investments	75%	Quarterly	45 days
		Joint venture investments	18%		
		Mortgage and other loans receivable	2%		
		Other	5%		
Common collective trust - equities	\$22,753,169	Equity securities	98%	Daily	None
		Security lending	2%		
Partnership	\$ 4,127,158	Exchange-traded equity funds	50%	Monthly	5 days
		U.S. Treasury securities	46%		
		Other	4%		

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)**Measurements Using Net Asset Value as a Practical Expedient (continued)**

June 30, 2021					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Common collective trust - real estate	\$ 5,810,223	Direct equity investments	57%	Quarterly	30 days
		Joint venture investments	38%		
		Mortgage and other loans receivable	1%		
		Other	4%		
Common collective trust - real estate	\$ 6,061,470	Direct equity investments	78%	Quarterly	45 days
		Joint venture investments	13%		
		Mortgage and other loans receivable	3%		
		Other	6%		
Common collective trust - equities	\$29,284,649	Equity securities	93%	Daily	None
		Security lending	6%		
		Other	1%		
Partnership	\$ 4,301,371	Exchange-traded equity funds	51%	Monthly	5 days
		U.S. Treasury securities	46%		
		Other	3%		

NOTE 8. CAPITAL COMMITMENTS

The Plan made an investment commitment to a limited partnership during the current year for a total of \$4,500,000. As of June 30, 2022, no capital amounts have been called and the entire balance remained as a commitment.

NOTE 9. RISKS AND UNCERTAINTIES

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

Due to inherent uncertainties involved on the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The estimated fair values of common collective trusts with underlying investments in real estate assets, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the common collective trusts would sell, and the amounts could be material.

NOTE 9. RISKS AND UNCERTAINTIES (CONTINUED)

The Plan invests in a common collective trust and a partnership which utilize a variety of trading strategies. These financial instruments contain various degrees of off-balance sheet risk, including both market risk and credit risk. Market risk is the risk of potential adverse changes to the value of the financial instruments and their derivatives because of changes in market conditions such as, but not limited to, interest and currency rate movements and volatility in commodity or security prices. Credit risk is the risk of the potential inability of counterparties to perform under the terms of contracts, which may be in excess of the amounts recorded in the respective investment fund's balance sheet.

As of June 30, 2022 and 2021, the Plan held units in Trowel Trades Large Cap Equity Index Fund with a fair value of \$22,753,169 (27% of net assets) and \$29,284,649 (31% of net assets), respectively. The common collective trust has an objective to approximate the risk and return characterized by the Wilshire 5000 Total Market Index. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefit. If a significant decline in the fair value of these investments during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

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 10. PROPERTY AND EQUIPMENT

Property and equipment at June 30, 2022 and 2021 consisted of the following:

	<u>2022</u>	<u>2021</u>
Land	\$ 35,700	\$ 35,700
Building and improvements	254,887	254,887
Office furniture and equipment	<u>25,267</u>	<u>19,917</u>
	315,854	310,504
Less accumulated depreciation	<u>(179,035)</u>	<u>(166,474)</u>
Net property and equipment	<u>\$ 136,819</u>	<u>\$ 144,030</u>

Depreciation expense was \$12,561 in 2022 and \$9,835 in 2021.

NOTE 11. RELATED ORGANIZATIONS

The Plan is related to a local union and a welfare plan, both of which are tax-exempt.

Common Administrative Expenses

Common administrative expenses are incurred with the related welfare plan and local union. These expenses are initially paid by the Plan and are allocated periodically. Common administrative expenses allocated to the welfare plan for the years ended June 30, 2022 and 2021 totaled approximately \$215,000 and \$206,000 respectively. Common administrative expenses allocated to the local union for each of the years ended June 30, 2022 and 2021 totaled approximately \$3,000. Administrative expenses are presented net of allocations to the related organizations.

Office Lease

The Plan leases office space in Merrillville, Indiana, to the welfare plan and the local union. The lease agreements expire on December 31 of each year, with provisions to automatically renew for successive one year terms. The lease requires the welfare plan to pay monthly rent of \$383 and the local union to pay monthly rent of \$466.

The Plan's rental income for each of the years ended June 30, 2022 and 2021 was \$10,189.

NOTE 12. MAJOR EMPLOYERS

Contributions from one employer accounted for approximately 17% of total employer contributions for the year ended June 30, 2022, and contributions from two employers accounted for approximately 35% of total employer contributions for the year ended June 30, 2021. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plans

All full-time employees are covered by two multiemployer defined benefit pension plans. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)**Defined Benefit Pension Plans** (continued)

The Plan's shared participation in the multiemployer defined benefit pension plans for the years ended June 30, 2022 and 2021 is outlined in the following table. Plans that are considered to be significant are required to be individually identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

<u>Pension Plan</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions</u>		<u>Most Recently Available Annual Report (Form 5500)</u>
		<u>2021</u>	<u>2020</u>		<u>2021</u>	<u>2020</u>	
Bricklayers Union Local No. 6 of Indiana Pension Fund	51-6113680/001	Green as of 7/1/22	Green as of 7/1/21	N/A	\$ 34,649	\$ 34,402	6/30/2021
Bricklayers & Trowel Trades International Pension Fund	52-6127746/001	Yellow as of 1/1/22	Yellow as of 1/1/21	Implemented	<u>8,532</u>	<u>8,078</u>	12/31/2021
Total					<u>\$ 43,181</u>	<u>\$ 42,480</u>	

Contributions to the plans are made monthly under the terms of participation agreements, which do not have expiration dates. The Plan's contributions do not represent more than 5% of total contributions to the plans as indicated in the plans' most recently available annual reports.

Defined Contribution Retirement Plan

The Plan's full-time employees are covered by a local area multiemployer defined contribution retirement plan. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan's share of contributions totaled \$9,480 and \$5,856 for the years ended June 30, 2022 and 2021, respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees and their dependents. The Plan's share of contributions totaled \$29,713 and \$29,485 for the years ended June 30, 2022 and 2021, respectively.

NOTE 14. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Bricklayers Union Local No. 6
of Indiana Pension Fund

We have audited the financial statements of Bricklayers Union Local No. 6 of Indiana Pension Fund (the Plan) as of and for the years ended June 30, 2022 and 2021, and our report thereon dated February 20, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Schererville, Indiana

February 20, 2023

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 PENSION
MUTUAL FUND

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
BAIRD FDS INC				
CORE PL BD INS				
RECD 2014.061 SHS AS A REINVESTED		24,128.45	24,128.45	.00
DIV AT \$ 11.980 PER SH				
RECD 1824.692 SHS AS A REINVESTED		21,732.08	21,732.08	.00
DIV AT \$ 11.910 PER SH				
RECD 1899.286 SHS AS A REINVESTED		22,563.52	22,563.52	.00
DIV AT \$ 11.880 PER SH				
RECD 2178.173 SHS AS A REINVESTED		25,615.32	25,615.32	.00
DIV AT \$ 11.760 PER SH				
RECD 1904.648 SHS AS A REINVESTED		22,265.33	22,265.33	.00
DIV AT \$ 11.690 PER SH				
RECD 6218.286 SHS AS A REINVESTED		72,816.13	72,816.13	.00
CAPITAL GAINS DISTRIBUTION				
RECD 2662.693 SHS AS A REINVESTED		31,047.00	31,047.00	.00
DIV AT \$ 11.660 PER SH				
RECD 1626.750 SHS AS A REINVESTED		18,577.48	18,577.48	.00
DIV AT \$ 11.420 PER SH				
RECD 2227.836 SHS AS A REINVESTED		24,795.81	24,795.81	.00
DIV AT \$ 11.130 PER SH				
RECD 2253.701 SHS AS A REINVESTED		24,294.90	24,294.90	.00
DIV AT \$ 10.780 PER SH				
RECD 2305.350 SHS AS A REINVESTED		24,252.28	24,252.28	.00
DIV AT \$ 10.520 PER SH				
SOLD 23992.322 SHS 05/23/22		292,735.31	250,000.00	42,735.31-
@ 10.42				
RECD 2454.182 SHS AS A REINVESTED		25,670.74	25,670.74	.00
DIV AT \$ 10.460 PER SH				
RECD 2478.150 SHS AS A REINVESTED		25,326.69	25,326.69	.00
DIV AT \$ 10.220 PER SH				
SOLD 243902.439 SHS 06/30/22	*	2,968,600.44	2,500,000.00	468,600.44-
@ 10.25				
WILL SETTLE ON 07/01/22				
PURCHASES	13	363,085.73	363,085.73	.00
SALES	2	3,261,335.75	2,750,000.00	511,335.75-
GOLDMAN SACHS FINANCIAL				
PURCHASES	21	3,589,171.21	3,589,171.21	.00
SALES	13	2,090,475.11	2,090,475.11	.00
VANGUARD S&P SMALL CAP 600				
INDEX INSTL				
PURCHASED 22013.686 SHS 03/03/22	*	8,750,000.00	8,750,000.00	.00
@ 397.48				

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 PENSION
MUTUAL FUND

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
PURCHASED 1390.287 SHS 03/08/22		534,787.74	534,787.74	.00
@ 384.66 PER SH				
PURCHASES	2	9,284,787.74	9,284,787.74	.00
VANGUARD RUSSELL 2000 INDX FD - INST				
RECD 74.225 SHS AS A REINVESTED		25,376.82	25,376.82	.00
DIV AT \$ 341.890 PER SH				
RECD 161.692 SHS AS A REINVESTED		54,262.36	54,262.36	.00
DIV AT \$ 335.590 PER SH				
SOLD 29822.978 SHS 03/03/22	*	5,606,871.21	9,284,787.74	3,677,916.53
@ 311.33				
PURCHASES	2	79,639.18	79,639.18	.00
SALES	1	5,606,871.21	9,284,787.74	3,677,916.53

TRANSACTIONS NOTED BY A "*" ARE IN THEMSELVES GREATER THAN 5%

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 - PENSION
CASH

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
GOLDMAN SACHS FINANCIAL				
PURCHASES	72	7,975,405.80	7,975,405.80	.00
SALES	175	7,776,146.86	7,776,146.86	.00

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
JP MORGAN CHASE BANK NA 0.00% DUE 08/07/2022				
PURCHASED 200000 07/07/21 FROM MORGAN STANLEY & CO. @ 126.303		252,606.00	252,606.00	.00
SOLD 200000 06/02/22 TO J.P. MORGAN SECURITIES INC. @ 100		206,400.00	200,000.00	6,400.00-
SOLD 200000 06/07/22 TO JP MORGAN SECURITIES LLC @ 100.18		252,606.00	200,360.00	52,246.00-
PURCHASES	1	252,606.00	252,606.00	.00
SALES	2	459,006.00	400,360.00	58,646.00-
ARES CAPITAL CORP 3.750% DUE 02/01/2022				
PURCHASED 125000 07/29/21 FROM WELLS FARGO SECURITIES LLC @ 106.2209		132,776.13	132,776.13	.00
PURCHASED 140000 07/29/21 FROM MIZUHO SECURITIES USA @ 105.681		147,953.40	147,953.40	.00
PURCHASED 135000 07/29/21 FROM MIZUHO SECURITIES USA @ 105.417		142,312.95	142,312.95	.00
SOLD 400000 01/07/22 TO TRUIST SECURITIES INC @ 110.535		423,042.48	442,140.00	19,097.52
PURCHASES	3	423,042.48	423,042.48	.00
SALES	1	423,042.48	442,140.00	19,097.52
BARCLAYS BANK PLC 0.00% DUE 02/04/2025				
CONVERTIBLE				
SOLD 90000 08/09/21 TO BARCLAYS CAPITAL LE @ 149.2277		105,928.29	134,304.93	28,376.64
SOLD 20000 08/12/21 TO BARCLAYS CAPITAL LE @ 149.2503		23,252.32	29,850.06	6,597.74

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
SOLD 25000 08/23/21 TO BARCLAYS CAPITAL LE @ 155.4622		28,706.27	38,865.55	10,159.28
SOLD 25000 09/16/21 TO CITIGROUP GLOBAL MARKETS INC @ 156.2974		28,691.26	39,074.35	10,383.09
SOLD 35000 09/23/21 TO CITIGROUP GLOBAL MARKETS INC @ 154.66		37,799.15	54,131.00	16,331.85
SOLD 15000 10/14/21 TO BARCLAYS CAPITAL LE @ 154.9149		15,794.49	23,237.24	7,442.75
SOLD 20000 10/15/21 TO CITIGROUP GLOBAL MARKETS INC @ 155.527		21,059.32	31,105.40	10,046.08
SOLD 15000 10/18/21 TO CITIGROUP GLOBAL MARKETS INC @ 156.4		15,794.49	23,460.00	7,665.51
SOLD 20000 10/26/21 TO CITIGROUP GLOBAL MARKETS INC @ 159.5808		21,059.32	31,916.16	10,856.84
SOLD 35000 10/27/21 TO CITIGROUP GLOBAL MARKETS INC @ 162.822		36,853.81	56,987.70	20,133.89
SOLD 50000 11/04/21 TO CITIGROUP GLOBAL MARKETS INC @ 170.8767		52,648.30	85,438.35	32,790.05
SOLD 15000 11/09/21 TO CITIGROUP GLOBAL MARKETS INC @ 171.3287		15,794.49	25,699.31	9,904.82
SOLD 35000 11/16/21 TO BARCLAYS CAPITAL LE @ 171.7132		36,853.81	60,099.62	23,245.81
SALES	13	440,235.32	634,169.67	193,934.35
BOFA FINANCE LLC 0.125% DUE 09/01/2022 CONVERTIBLE				
SOLD 80000 08/18/21 TO BOFA SECURITIES, INC. @ 129.0838		82,433.12	103,267.04	20,833.92

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
PURCHASED 30000 09/24/21 FROM BOFA SECURITIES, INC. @ 122.1885		36,656.55	36,656.55	.00
PURCHASED 75000 12/09/21 FROM BOFA SECURITIES, INC. @ 108.729467		81,547.10	81,547.10	.00
PURCHASED 20000 01/18/22 FROM BOFA SECURITIES, INC. @ 105.3228		21,064.56	21,064.56	.00
SOLD 60000 05/09/22 TO PIPER JAFFRAY @ 99.5		70,110.96	59,700.00	10,410.96-
SOLD 50000 05/10/22 TO PIPER JAFFRAY @ 99.5		58,425.80	49,750.00	8,675.80-
SOLD 435000 06/22/22 TO BOFA SECURITIES, INC. @ 99.25		479,704.80	431,717.36	47,987.44-
PURCHASES	3	139,268.21	139,268.21	.00
SALES	4	690,674.68	644,434.40	46,240.28-
GOLDMAN SACHS FINANCIAL				
PURCHASES	89	5,973,355.22	5,973,355.22	.00
SALES	75	5,669,589.13	5,669,589.13	.00
ILLUMINA INC 0.00% DUE 08/15/2023				
PURCHASED 70000 08/23/21 FROM BNP PARIBAS PRIME BROKERAGE @ 125.4617		87,823.19	87,823.19	.00
PURCHASED 50000 09/07/21 FROM BNP PARIBAS PRIME BROKERAGE @ 122.2277		61,113.85	61,113.85	.00
PURCHASED 50000 10/01/21 FROM DEUTSCHE BANK ALEX BROWN INC. @ 116.259		58,129.50	58,129.50	.00
PURCHASED 5000 10/06/21 FROM JEFFERIES & CO. @ 115.4146		5,770.73	5,770.73	.00
PURCHASED 35000 11/11/21 FROM BOFA SECURITIES, INC. @ 115.5979		40,459.27	40,459.27	.00

SCHEDULE N - 5% TRANSACTIONS
FOR PERIOD 07/01/21 THRU 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

DESCRIPTION	NO. OF TRANS	COST	CASH	REALIZED GAIN/LOSS
PURCHASED 210000 11/10/21 FROM BNP PARIBAS PRIME BROKERAGE @ 115.539		242,631.90	242,631.90	.00
PURCHASED 20000 02/17/22 FROM JEFFERIES & CO. @ 108.6612		21,732.24	21,732.24	.00
SOLD 350000 05/12/22 TO J.P. MORGAN SECURITIES INC. @ 97.5		415,057.36	341,250.00	73,807.36-
SOLD 90000 06/28/22 TO JEFFERIES & CO. @ 95.66		102,603.32	86,094.00	16,509.32-
PURCHASES	7	517,660.68	517,660.68	.00
SALES	2	517,660.68	427,344.00	90,316.68-

FOOTNOTES

STATEMENT 1

SCHEDULE C - DIRECT COMPENSATION FOR EMPLOYEES
 THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
 PLAN EMPLOYEES AND REPORTED ON SCHEDULE C
 HAS BEEN DETERMINED IN ACCORDANCE WITH DEPARTMENT OF
 LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.
 THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED
 TO BE TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED
 UNDER THE CURRENT INTERNAL REVENUE CODE.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME SERVICE CODES

INNOVATIVE SOFTWARE SOLUTIONS, INC. 15
 INNOVATIVE SOFTWARE SOLUTIONS, INC. 16
 INNOVATIVE SOFTWARE SOLUTIONS, INC. 49
 INNOVATIVE SOFTWARE SOLUTIONS, INC. 50

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	18,995.	20,215.
ACCRUED INTEREST AND DIVIDENDS	25,656.	25,706.
DUE FROM RELATED WELFARE FUND	1,382.	4,828.
DUE FROM RELATED LOCAL UNION	692.	710.
DUE FROM BROKER	14,396.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	61,121.	51,459.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
STOCK RIGHTS/WARRANTS	286,858.	136,891.
TOTAL TO SCHEDULE H, LINE 1C(15)	286,858.	136,891.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	5
DESCRIPTION	BEGINNING	ENDING	
RECIPROCAL CONTRIBUTIONS PAYABLE	79,690.	146,926.	
DUE TO BROKER	0.	180,502.	
TOTAL TO SCHEDULE H, LINE 1J	79,690.	327,428.	

SCHEDULE H	OTHER INCOME	STATEMENT	6
DESCRIPTION	AMOUNT		
OTHER INVESTMENT RETURNS	109.		
TOTAL TO SCHEDULE H, LINE 2C	109.		

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	7
DESCRIPTION	AMOUNT		
BANK FEES	6,955.		
BUILDING MAINTENANCE	9,690.		
COMPUTER MAINTENANCE AND PROGRAMMING	23,408.		
CONSERVANCY TAX	1,102.		
DEPRECIATION EXPENSE	12,561.		
INSURANCE	18,332.		
MEETINGS AND CONFERENCES	1,024.		
OFFICE EXPENSE	6,931.		
PAYROLL TAXES	7,375.		
PENSION AND WELFARE CONTRIBUTIONS	82,374.		
PLAN TERMINATION INSURANCE	22,041.		
SALARIES	91,731.		
TELEPHONE AND UTILITIES EXPENSE	4,588.		
TOTAL TO SCHEDULE H, LINE 2I(4)	288,112.		

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

Bricklayers Union Local No. 6 of Indiana Pension Fund
Interest Bearing Cash
EIN 51-6113680
Y/E 6/30/22

	Cost @ 6/30/22	Market Value @ 6/30/22
Interest Bearing Cash:		
Goldman Sachs Financial Square Fund	\$ 3,362,354	\$ 3,362,354
Total, Schedule H, Part I Line c (1)	\$ 3,362,354	\$ 3,362,354

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

Bricklayers Union Local No. 6 of Indiana Pension Fund
EIN #51-6113680
Year Ended June 30, 2022

Schedule H, Part IV, Item 4i - Schedule of Investments Held

Value of interest in common/collective trusts	Shares	Cost @ 6/30/2022	Market Value @ 6/30/2022
AFL-CIO Building Investment Trust	742.284	\$ 2,248,250	\$ 6,625,267
Trowel Trades Large Cap Equity Index Fund	567,921.965	5,425,232	22,753,169
New Tower Trust Company Multi-Employer Property Trust	479.211	2,321,071	7,760,849
		<u>\$ 9,994,553</u>	<u>\$ 37,139,285</u>

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

Bricklayers Union Local No. 6 of Indiana Pension Fund
EIN 51-6113680
Y/E 6/30/22

	Cost @ 6/30/22	Market Value @ 6/30/22
Value of 103-12 Investment Entities:		
Parametric Defensive Equity Fund LLC	\$ 3,500,000	\$ 4,127,158
Total, Schedule H, Part I Line c (12)	\$ 3,500,000	\$ 4,127,158

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 PENSION
MUTUAL FUND

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
FIXED INCOME SECURITIES						
NONGOVERNMENT OBLIGATIONS						
797,094.971	BAIRD FDS INC CORE PL BD INS	221,592 .00	8,170,223.45 ① 9,020,514.12	10.250 11.317	27.38	2.71
TOTAL NONGOVERNMENT OBLIGATIONS		221,592 .00	8,170,223.45 9,020,514.12		27.38	2.71
TOTAL FIXED INCOME SECURITIES		221,592 .00	8,170,223.45 9,020,514.12		27.38	2.71

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

BRICKLAYERS UNION LOCAL #6 PENSION
MUTUAL FUND

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
TOTAL ASSETS		242,148 232.17	12,673,841.03 13,524,131.70			
OTHER ASSETS						
82,871.585	VANGUARD TOTAL INTL STOCK INDEX FUND INSTITUTIONAL	352,452 .00	9,155,652.71 ^① 8,607,654.35	110.480 103.867	30.68	3.85
23,403.973	VANGUARD S&P SMALL CAP 600 INDEX INSTL	116,083 .00	8,010,243.80 ^① 9,284,787.74	342.260 396.718	26.84	1.45
NET ASSETS		710,683 232.17	29,839,737.54 31,416,573.79	Σ^① 25,336,119 Registered Investment Companies		
NET ASSETS & ACCRUALS			29,839,969.71			

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - PENSION
CASH

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
CASH AND EQUIVALENTS						
1,000,883.71	GOLDMAN SACHS FINANCIAL SQUARE FUND #465	13,683 458.46	1,000,883.71 1,000,883.71	1.000 1.000	100.00	1.37
TOTAL CASH AND EQUIVALENTS		13,683 458.46	1,000,883.71 1,000,883.71		100.00	1.37
CASH		0 .00	.00 .00	.000 .000		
TOTAL CASH		0 .00	.00 .00		.00	0.00
NET ASSETS		13,683 458.46	1,000,883.71 1,000,883.71			
NET ASSETS & ACCRUALS			1,001,342.17			

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
STOCKS						
COMMON STOCKS						
TECHNOLOGY						
27,000	VERRA MOBILITY CORP WARRANTS	0 .00	136,890.00 80,042.50	5.070 2.965	1.31	
	TOTAL TECHNOLOGY	0 .00	136,890.00 80,042.50	Line 1c(15)	1.31	0.00
OTHER						
210	HERCULES TR II WARRANTS EXP 03/31/29 --- 210 RESTRICTED ---	0 .00	.00 .00	.000		
	TOTAL OTHER	0 .00	.00 .00		.00	0.00
	TOTAL COMMON STOCKS	0 .00	136,890.00 80,042.50		1.31	0.00
	TOTAL STOCKS	0 .00	136,890.00 80,042.50		1.31	0.00
FIXED INCOME SECURITIES						
NONGOVERNMENT OBLIGATIONS						
320,000	AIR TRANSPORT SERVICES 1.125% DUE 10/15/2024	3,600 760.00	345,440.00 301,547.20	107.950 94.234	3.31	1.04
370,000	AKAMAI TECHNOLOGIES INC 0.375% DUE 09/01/2027 CONVERTIBLE	1,387 462.50	367,595.00 414,946.41	99.350 112.148	3.52	.38

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
180,000	BOOKING HOLDINGS INC 0.750% DUE 05/01/2025	1,350 62.49	215,784.00 220,660.58	119.880 122.589	2.07	.63
390,000	CITIGROUP GLOBAL MARKETS 0.125% DUE 06/17/2027	487 12.18	392,535.00 390,000.00	100.650 100.000	3.76	.12
30,000	DEXCOM INC 0.250% DUE 11/15/2025	75 9.58	27,450.00 35,030.10	91.500 116.767	.26	.27
440,000	EURONET WORLDWIDE INC 0.750% DUE 03/15/2049 CALL 03/20/2025 @ 100.00	3,300 971.66	444,950.00 478,532.76	101.125 108.757	4.26	.74
240,000	FORD MOTOR COMPANY 0.00% DUE 03/15/2026	NOT AVAIL .00	218,880.00 260,023.77	91.200 108.343	2.10	
275,000	LIBERTY MEDIA CORP 1.375% DUE 10/15/2023	3,781 798.26	321,887.50 261,252.10	117.050 95.001	3.08	1.17
190,000	LUMENTUM HOLDINGS INC 0.500% DUE 12/15/2026 CONVERTIBLE	950 42.22	194,636.00 220,919.72	102.440 116.274	1.86	.49
50,000	MIDDLEBY CORP 1.000% DUE 09/01/2025 CONVERTIBLE UNTIL 08/28/2025	500 166.66	56,475.00 59,451.18	112.950 118.902	.54	.89
40,000	SOLAR EDGE TECHNOLOGIES 0.00% DUE 09/15/2025	NOT AVAIL .00	48,080.00 44,306.68	120.200 110.767	.46	
270,000	WORKDAY INC 0.25% DUE 10/01/2022	675 168.75	282,285.00 319,434.75	104.550 118.309	2.70	.24
80,000	ZILLOW GROUP INC 2.750% DUE 05/15/2025	2,200 281.11	75,360.00 99,758.96	94.200 124.699	.72	2.92
TOTAL NONGOVERNMENT OBLIGATIONS		18,305 3,735.41	2,991,357.50 3,105,864.21		28.66	0.61

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
FOREIGN OBLIGATIONS						
200,000	TOTAL S.A. 0.500% DUE 12/02/2022	1,000 80.55	204,250.00 211,250.00	102.125 105.625	1.96	.49
400,000	ADM AG HOLDING LTD 0.00% DUE 08/26/2023	NOT AVAIL .00	394,500.00 425,000.00	98.625 106.250	3.78	
500,000	BRENNTAG FINANCE BV 1.875% DUE 12/02/2022	9,375 755.20	501,250.00 551,100.00	100.250 110.220	4.80	1.87
400,000	QIAGEN NV 1.000% DUE 11/13/2024	4,000 533.33	454,496.00 488,300.00	113.624 122.075	4.35	.88
200,000	BHARTI AIRTEL LTD 1.500% DUE 02/17/2025 CONVERTIBLE	3,000 1,116.66	245,500.00 226,378.00	122.750 113.189	2.35	1.22
185,000	BARCLAYS BANK PLC 0.00% DUE 02/18/2025 CONVERTIBLE	NOT AVAIL .00	180,597.00 191,703.96	97.620 103.624	1.73	
150,000	CYBERARK SOFTWARE LTD 0.00% DUE 11/15/2024	NOT AVAIL .00	158,340.00 166,950.27	105.560 111.300	1.52	
500,000	DEUTSCHE BANK AG LONDON 1.000% DUE 05/01/2023	5,000 833.33	531,250.00 510,237.81	106.250 102.048	5.09	.94
250,000	JAZZ INVESTMENTS I LTD 2.000% DUE 06/15/2026	5,000 222.22	293,125.00 306,185.92	117.250 122.474	2.81	1.71
200,000	SSR MINING INC 2.500% DUE 04/01/2039 PUT / SOFT CALL 04/01/26 @ 100.00 CONVERTIBLE	5,000 1,250.00	227,600.00 234,598.00	113.800 117.299	2.18	2.20
270,000	SHOPIFY INC 0.125% DUE 11/01/2025	337 56.24	224,775.00 322,333.78	83.250 119.383	2.15	.15
TOTAL FOREIGN OBLIGATIONS		32,712 4,847.53	3,415,683.00 3,634,037.74		32.72	0.96

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
PREFERRED STOCKS NONCONVERTIBLE						
95	BANK OF AMERICA CORP / PREFERRED 7.250% DUE PERPETUAL MATURITY	6,887 1,721.87	114,427.50 125,723.30	1,204.500 1,323.403	1.10	6.02
	TOTAL PREFERRED STOCKS NONCONVERTIB	6,887 1,721.87	114,427.50 125,723.30		1.10	6.02
	TOTAL FIXED INCOME SECURITIES	57,904 10,304.81	6,521,468.00 6,865,625.25		62.48	0.89
CONVERTIBLE SECURITIES						
PREFERRED STOCKS						
10,120	AMG CAPITAL TRUST II 5.150% DUE 10/15/2037	26,059 6,514.75	506,000.00 539,652.37	50.000 53.325	4.85	5.15
	TOTAL PREFERRED STOCKS	26,059 6,514.75	506,000.00 539,652.37		4.85	5.15
DEBENTURES						
400,000	GLENCORE FUNDING LLC 0.00% DUE 03/27/2025	NOT AVAIL .00	408,000.00 415,800.00	102.000 103.950	3.91	
120,000	AKAMAI TECHNOLOGIES INC 0.125% DUE 05/01/2025	150 25.00	131,340.00 125,138.40	109.450 104.282	1.26	.11
253,000	BOFA FINANCE LLC 0.250% DUE 05/01/2023	632 105.41	256,496.46 263,883.93	101.382 104.302	2.46	.25
335,000	KAMAN CORP 3.250% DUE 05/01/2024	10,887 1,814.58	313,225.00 372,035.58	93.500 111.055	3.00	3.48
450,000	LIBERTY MEDIA CORP 2.125% DUE 03/31/2048 PUTABLE CALL 04/07/2023 @ 100.00 (49) CONVERTIBLE BOND	9,562 2,417.19	432,450.00 436,214.70	96.100 96.937	4.14	2.21

Σ ③ 620,427 Line 1c(4)(A)

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 06/30/22

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BRICKLAYERS UNION LOCAL #6 - ZAZOVE

FACE AMOUNT/ NO. SHARES	DESCRIPTION	ANNUAL INCOME CURRENT ACCRUAL	MARKET VALUE BOOK VALUE	MARKET PRICE BOOK PRICE	% OF ACCT	% YLD TO MKT
40,000	MESA LABORATORIES INC CONVERTIBLE BD 1.375% DUE 08/15/2025 CONVERTIBLE BOND	550 207.78	37,200.00 44,080.00	93.000 110.200	.36	1.48
250,000	NRG ENERGY INC 2.750% DUE 06/01/2048 PUTABLE CALL 06/01/25 @ 100.00 CONVERTIBLE	6,875 572.91	268,375.00 290,511.67	107.350 116.205	2.57	2.56
200,000	PEBBLEBROOK HOTEL TRUST 1.750% DUE 12/15/2026 CONVERTIBLE	3,500 155.55	178,100.00 203,975.00	89.050 101.988	1.71	1.97
90,000	RINGCENTRAL INC 0.00% DUE 03/01/2025	NOT AVAILABLE .00	73,575.00 106,345.62	81.750 118.162	.70	
135,000	SOUTHWEST AIRLINES CO 1.250% DUE 05/01/2025 CONVERTIBLE UNTIL 04/30/2025	1,687 281.24	158,962.50 167,604.70	117.750 124.152	1.52	1.06
40,000	SQUARE INC 0.500% DUE 05/15/2023 CONVERTIBLE	200 25.55	43,280.00 43,101.20	108.200 107.753	.41	.46
78,000	TPG SPECIALTY LENDING INC 4.500% DUE 08/01/2022 CONVERTIBLE UNTIL 07/29/2022	3,510 1,462.50	82,680.00 85,020.00	106.000 109.000	.79	4.25
230,000	TANDEM DIABETES CARE INC 1.500% DUE 05/01/2025 CONVERTIBLE UNTIL 04/30/2025	3,450 575.00	212,980.00 246,182.16	92.600 107.036	2.04	1.62
	TOTAL DEBENTURES	41,003 7,642.71	2,596,663.96 ② 2,799,892.96		24.88	1.58
	TOTAL CONVERTIBLE SECURITIES	67,062 14,157.46	3,102,663.96 3,339,545.33		29.72	2.16

Σ ② 9,003,704 Lin1c(3)(B)

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
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **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 Union Local No. 6 of Indiana Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Bricklayers Union Local No. 6 of Indiana Pension Fund	D Employer Identification Number (EIN) 51-6113680

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

1a Enter the valuation date: Month 7 Day 1 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	93,207,533
(2) Actuarial value of assets for funding standard account	1b(2)	83,222,545
c (1) Accrued liability for plan using immediate gain methods	1c(1)	89,604,119
(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)	89,604,119
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)	175,791,843
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3,246,432
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	6,277,293
(3) Expected plan disbursements for the plan year.....	1d(3)	6,339,752

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		03/10/2023
	Signature of actuary	Date
Paul Wedding, ASA, EA, MAAA		20-08071
	Type or print name of actuary	Most recent enrollment number
United Actuarial Services, Inc.		(317) 580-8667
	Firm name	Telephone number (including area code)

11590 N. Meridian Street, Suite 610
Carmel IN 46032-4529
Address of the firm

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

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

Schedule MB (Form 5500) 2021 v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	93,207,533
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	356	93,055,929
(2) For terminated vested participants	127	20,877,861
(3) For active participants:		
(a) Non-vested benefits		6,991,198
(b) Vested benefits		54,866,855
(c) Total active	224	61,858,053
(4) Total	707	175,791,843
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	53.02 %

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
06/30/2022	4,442,450				
Totals ▶			3(b)	4,442,450	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.9 %
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	1.99 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Expense loading	6e	26.3 % ☐ 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	10.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	27.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-3,830,534	-387,780
4	2,777,771	281,205

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	1,433,901
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	28,804,272
(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	372,203
e Total charges. Add lines 9a through 9d.....	9e	5,886,355

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	16,269,915
g Employer contributions. Total from column (b) of line 3.....	9g	4,442,450
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	6,152,783
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1,306,452
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	25,711,583
(2) "RPA '94" override (90% current liability FFL)	9j(2)	76,695,288
(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	22,882,525
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	16,996,170
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 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

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

BRICKLAYERS UNION LOCAL No. 6 OF INDIANA PENSION FUND
EIN: 51-6113680/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Employer Contributions

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

BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND

EIN: 51-6113680/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

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

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

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

PLAN HISTORY

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. A recent history of hourly contribution rates is shown below.

<u>Effective Date</u>	<u>Hourly Contribution</u> <u>Rate</u>
June 1, 2002	\$ 4.85
June 1, 2003	5.20
June 1, 2004	6.55
June 1, 2005	6.65
June 1, 2006	7.05
June 1, 2007	7.25
June 1, 2008	7.85
June 1, 2009	8.85
June 1, 2010	9.10
December 1, 2011	9.85
June 1, 2012	9.99
June 1, 2013	10.04
June 1, 2014	10.09
June 1, 2015	10.14
June 1, 2016	10.39
June 1, 2017	10.46
June 1, 2018	10.71
June 1, 2019	10.86
June 1, 2020	10.91
June 1, 2021	10.96

SUMMARY OF PLAN PROVISIONS

Participation	The first January 1 or July 1 following completion of a 12 consecutive month period during which the employee completed 1,000 hours of Service in Covered Employment.														
Vesting service	Plan Year with at least 1,000 hours														
Pension credit	Based on the table below: <table> <tr> <th><u>Hours</u></th><th><u>Credits</u></th></tr> <tr> <td><u>Worked</u></td><td></td></tr> <tr> <td>0-249</td><td>0</td></tr> <tr> <td>250-499</td><td>0.25</td></tr> <tr> <td>500-749</td><td>0.50</td></tr> <tr> <td>750-999</td><td>0.75</td></tr> <tr> <td>1,000 +</td><td>1.00</td></tr> </table> Any hours worked that are based on reciprocity payments made to the Fund at a rate less than the accrual rate shall be pro-rated to reflect the difference in accrual rates.	<u>Hours</u>	<u>Credits</u>	<u>Worked</u>		0-249	0	250-499	0.25	500-749	0.50	750-999	0.75	1,000 +	1.00
<u>Hours</u>	<u>Credits</u>														
<u>Worked</u>															
0-249	0														
250-499	0.25														
500-749	0.50														
750-999	0.75														
1,000 +	1.00														
Break in service	Plan Year with less than 250 hours														
Grace period	Disregard of service or benefit breaks due to special circumstances.														

SUMMARY OF PLAN PROVISIONS (CONT.)

Basic pension

Eligibility

Earlier of: (1) age 65 and 5 years of plan participation or 10 pension credits, or (2) age 58 and 20 pension credits; must have at least $\frac{1}{4}$ pension credit earned in each of the 2 years preceding retirement.

Monthly amount

The appropriate monthly benefit accrual rate for each calendar year in effect at the time of retirement or separation (2 consecutive plan years with less than 250 hours). Current rates are shown below:

<u>Hours</u> <u>Worked</u>	<u>Benefit Rate</u>
250-499	\$20.38
500-749	\$40.82
750-999	\$61.15
1,000-1,249	\$81.56
1,250-1,499	\$87.98
1,500-1,749	\$95.40
1,750-1,999	\$101.76
2,000-2,249	\$108.12
2,250-2,499	\$112.36
2,500-2,749	\$115.54

An additional \$1.59 is accrued for each additional 250 hours worked in a calendar year. Pension credit earned before the contribution period is \$76.94. Payable for life with 60 payments guaranteed.

Early pension

Eligibility

Earlier of (1) age 62 and 10 pension credits, or (2) age 55 and 20 pension credits

Monthly amount

Basic reduced by $\frac{5}{9}$ ths of 1% for each month prior to age 65. Reduction is from age 58 if age 55 and 20 pension credits. Payable for life with 60 payments guaranteed.

Disability pension

Eligibility

7 $\frac{1}{2}$ pension credits, totally and permanently disabled, $\frac{1}{4}$ pension credit in each of the 2 calendar years immediately preceding disability.

Monthly amount

Basic paid as a joint and 50% survivor pension with 60 payments guaranteed.

SUMMARY OF PLAN PROVISIONS (CONT.)

Trade disability pension	
<i>Eligibility</i>	7 ½ pension credits, permanently disabled, not able to perform work as a bricklayer, ¼ pension credit in each of the 2 calendar years immediately preceding disability, not eligible for regular disability pension.
<i>Monthly amount</i>	Percentage of the participant's accrued benefit equal to the sum of the Participant's age plus pension credits not to exceed 100% paid until the earlier of death or normal retirement age.
Vested pension	
<i>Eligibility</i>	5 years of vesting service or 10 pension credits
<i>Monthly amount</i>	For the first 5 years of age less than 65, the Basic form is reduced by 5/9ths of 1% for each month prior to age 65 down to age 60 plus 5/18ths of 1% for each month prior to age 60. Payable for life.
Optional forms of payment	• Qualified joint and 50% survivor annuity with 60 payments guaranteed (no reduction) • Qualified joint and 75% survivor annuity with 60 payments guaranteed (actuarially equivalent to the joint and 50% survivor annuity)* • Qualified joint and 100% survivor annuity with 60 payments guaranteed (actuarially equivalent to joint and 50% survivor annuity)* • Ten year certain and life annuity
	* Includes subsidized pop-up feature
Pre-retirement spouse death benefit	
<i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	100% of participant's qualified joint and 100% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date. Not payable in any month the surviving spouse receives payment under the 60-month certain form of pre-retirement death benefit.

SUMMARY OF PLAN PROVISIONS (CONT.)

60-month certain pre-retirement death benefit

Eligibility

Death of an active participant who was eligible for a basic, early or disability pension.

Monthly amount

100% of the benefit that would have been payable had the participant retired. Payable to surviving spouse or beneficiary for 60 months.

Lump sum pre-retirement death benefit

Eligibility

Death of an active participant prior to eligibility for a monthly pension benefit with 10 pension credits, does not have a surviving spouse who is eligible for the 60-month certain death benefit. A surviving spouse may elect the lump sum death benefit in lieu of the pre-retirement surviving spouse death benefit provided the lump sum is at least as valuable.

Lump sum amount

100% of employer contributions

ACTUARIAL ASSUMPTIONS

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

Valuation date	July 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	6.75% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.75% per year net of investment expenses
<i>Current liability</i>	1.99% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$390,000 per year excluding investment expenses.
<i>ASC 960</i>	A 6.25% load was applied to the accrued liabilities for 2021 (6.00% for 2020).
Loading for pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.5% for participants with hours worked after September 1, 2019; liabilities for retired participants receiving a joint and 75% survivor or joint and 100% survivor form of benefit increased by 2.5% for retirements after September 1, 2019.
Mortality	
<i>Assumed plan mortality</i>	115% for males and 100% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as required by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal

Select rates

<u>Year of Employment</u>	<u>Rate</u>
First	35%
Second	35%
Third	15%

Ultimate rates

T-4 Turnover Table from The Actuary's Pension Handbook (less GAM 51 mortality) - Specimen rates shown below:

<u>Age</u>	<u>Withdrawal Rate</u>
20	.0544
25	.0529
30	.0507
35	.0470
40	.0419
45	.0354
50	.0248
55	.0094
60	.0009

Disability

Specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
20	.0012
25	.0017
30	.0022
35	.0029
40	.0044
45	.0072
50	.0121
55	.0202
60	.0325

50% of future disablements assumed to be regular disablements and 50% assumed to be trade disablements.

ACTUARIAL ASSUMPTIONS (CONT.)

Future retirement rates	According to the following schedule:																										
<i>Active lives</i>																											
	<table><tr><td></td><td colspan="2"><u>Retirement Rates</u></td></tr><tr><td><u>Age</u></td><td><u>Less than 20 yrs.</u></td><td><u>20 yrs. or more</u></td></tr><tr><td>55-56</td><td>-</td><td>.02</td></tr><tr><td>57-61</td><td>-</td><td>.40</td></tr><tr><td>62</td><td>.40</td><td>.40</td></tr><tr><td>63</td><td>.25</td><td>.40</td></tr><tr><td>64-66</td><td>.25</td><td>1.00</td></tr><tr><td>67+</td><td>1.00</td><td>1.00</td></tr></table>				<u>Retirement Rates</u>		<u>Age</u>	<u>Less than 20 yrs.</u>	<u>20 yrs. or more</u>	55-56	-	.02	57-61	-	.40	62	.40	.40	63	.25	.40	64-66	.25	1.00	67+	1.00	1.00
	<u>Retirement Rates</u>																										
<u>Age</u>	<u>Less than 20 yrs.</u>	<u>20 yrs. or more</u>																									
55-56	-	.02																									
57-61	-	.40																									
62	.40	.40																									
63	.25	.40																									
64-66	.25	1.00																									
67+	1.00	1.00																									
	Resulting in an average expected retirement age of 59.6.																										
<i>Inactive vested lives</i>	Age 62 or age 65 for participants with less than 10 pension credits.																										
<i>Disabled lives</i>	Disability retirement benefit payable upon disability.																										
Future hours worked																											
<i>Vested</i>	1,750 hours per year, 0 after assumed retirement age																										
<i>Non-Vested</i>	1,250 hours per year, 0 after assumed retirement age																										
Future hourly contribution rate	\$10.96																										
Average future accrual per year	Assumed equal to the benefit rate in effect for the prior year for continuing actives, \$83.00 for all others.																										
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.																										
Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to July 1, 2020 are still assumed to be deceased.																										
Marriage assumptions	100% assumed married with the male spouse 4 years older than his wife																										

ACTUARIAL ASSUMPTIONS (CONT.)

Optional form assumption	All non-retired participants assumed to elect the joint and 50% survivor form of benefit.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Section 415 limit assumptions	
<i>Dollar limit</i>	\$230,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity with 60 payments guaranteed.
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

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

ERISA rate of return used to value liabilities	Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2021 survey of investment consultants. Based on this analysis, we selected a final assumed rate of 6.75%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.
Mortality	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population. The blue collar table was chosen based on the industry of the plan participants. Finally, a 115% multiplier was applied for males and a 100% multiplier was applied to females in order to more closely match projected deaths to actual post-retirement death experience. The period of actual data studied to develop this multiplier was from July 1, 2016 to June 30, 2021 for this plan, blended with a study of deaths for larger plans in similar industries. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.
Retirement	Actual rates of retirement by age were last studied for this plan for the period July 1, 2014 to June 30, 2019. The assumed future rates of retirement were selected based on the results of this study.
Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period July 1, 2014 to June 30, 2019. The assumed future rates of withdrawal were selected based on the results of this study.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method <i>ERISA Funding</i>	Traditional unit credit cost method, effective July 1, 2006.
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service
Population valued <i>Actives</i>	Eligible employees with at least 250 hours during the plan year preceding the valuation date.
<i>Inactive vested</i>	Vested participants with less than 250 hours during the plan year preceding the valuation date.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method <i>Actuarial value</i>	The market value of assets less unrecognized gains and losses in each of the last five years. Gain or loss is equal to the difference between the actual return on market value of assets and the expected return on the actuarial value, and is recognized (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
<i>Unfunded vested benefits</i>	For the presumptive method, market value is used
Pension Relief Act of 2010	10-year smoothing was elected with respect to the loss incurred during the plan year ended in 2009.

BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND
EIN: 51-6113680/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Below is the projected expected benefit payout from the most recent actuarial valuation. The projections exclude any future accruals.

Plan Year Beginning	Expected Annual Benefit Payments
2021	\$ 6,339,751
2022	6,438,854
2023	6,535,515
2024	6,626,431
2025	6,699,130
2026	6,775,949
2027	6,797,229
2028	6,794,948
2029	6,819,292
2030	6,794,230

Schedule MB, line 8b(2) - Schedule of Active Participant Data

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

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Bricklayers Union Local No. 6 of Indiana Pension Fund EIN: 51-6113680/PN: 001
July 1, 2021

[illegible]

BRICKLAYERS UNION LOCAL No. 6 OF INDIANA PENSION FUND

EIN: 51-6113680/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

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

Bricklayers Local No. 6 of Indiana Pension Fund
EIN: 51-6113680/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		7/1/2021 Outstanding Balance	7/1/2021 Amortization Payment
				Years	Months		
Charges							
7/1/1995	Amendment		30	4	0	591,162	162,570
7/1/1996	Assumptions		30	5	0	20,240	4,593
1/1/1997	Amendment		30	5	6	790,878	165,903
7/1/1997	Assumptions		30	6	0	395,557	77,140
7/1/1998	Amendment		30	7	0	1,141,398	196,672
7/1/1998	Assumptions		30	7	0	44,971	7,749
7/1/1999	Amendment		30	8	0	399,914	62,131
7/1/2000	Amendment		30	9	0	1,500,375	213,437
7/1/2000	Assumptions		30	9	0	1,094,050	155,635
7/1/2001	Amendment		30	10	0	2,544,976	335,523
7/1/2001	Assumptions		30	10	0	152,081	20,050
7/1/2002	Amendment		30	11	0	1,294,174	159,667
7/1/2005	Assumptions	3,947,238	30	14	0	2,824,308	298,005
7/1/2006	Amendment	822,046	30	15	0	611,687	61,924
7/1/2006	Assumptions	522,778	30	15	0	389,007	39,381
7/1/2007	Assumptions	633,040	30	16	0	487,886	47,582
7/1/2008	Amendment	997,531	30	17	0	421,369	39,733
7/1/2008	Experience Loss	173,525	15	2	0	35,063	18,104
7/1/2009	Experience Loss	3,776,383	15	3	0	1,105,604	392,852
7/1/2010	Assumptions	19,517	15	4	0	7,362	2,025
7/1/2011	Experience Loss	1,808,437	15	5	0	823,987	186,997
7/1/2012	Experience Loss	699,956	15	6	0	370,056	72,167
7/1/2013	Experience Loss	661,745	15	7	0	394,847	68,035
7/1/2016	Assumptions	97,476	15	10	0	75,413	9,942
7/1/2016	Experience Loss	703,499	15	10	0	544,237	71,751
7/1/2017	Assumptions	1,302,678	15	11	0	1,074,195	132,527
7/1/2017	Experience Loss	849,866	15	11	0	700,806	86,461
7/1/2018	Assumptions	3,946,711	15	12	0	3,441,785	400,536
7/1/2018	Plan Change	1,713,278	15	12	0	1,494,087	173,874
7/1/2019	Assumptions	721,859	15	13	0	662,396	73,196
7/1/2019	Experience Loss	76,961	15	13	0	70,621	7,804
7/1/2020	Experience Loss	73,222	15	14	0	70,309	7,419
7/1/2020	Plan Change	470,421	15	14	0	451,700	47,661
7/1/2021	Assumptions	2,777,771	15	15	0	2,777,771	281,205

Bricklayers Local No. 6 of Indiana Pension Fund
EIN: 51-6113680/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		7/1/2021 Outstanding Balance	7/1/2021 Amortization Payment
				Years	Months		

Total Charges: 28,804,272 4,080,251

Credits

7/1/2010	Experience Gain	2,370,491	15	4	0	893,977	245,845
7/1/2012	Assumptions	770,174	15	6	0	407,179	79,406
7/1/2014	Assumptions	108,524	15	8	0	71,617	11,127
7/1/2014	Experience Gain	860,618	15	8	0	567,956	88,239
7/1/2015	Experience Gain	371,528	15	9	0	267,061	37,991
7/1/2018	Experience Gain	131,251	15	12	0	114,459	13,320
7/1/2021	Experience Gain	3,830,534	15	15	0	3,830,534	387,780

Total Credits: 6,152,783 863,708

Net Charges: 22,651,489 3,216,543

Less Credit Balance: 16,269,915

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 6,381,574

BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND
EIN: 51-6113680/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

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

- The ERISA rate of return assumption used to value liabilities was changed from 7.00% to 6.75% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.
- The assumed mortality rates were changed from 115% of the RP-2006 Blue Collar Mortality Table to 115% of the PRI-2012 Blue Collar Mortality Table for males and 100% for females. The mortality projection scale was updated from MP-2019 to MP-2020. These changes were made because (1) the PRI-2012 table comes from the only major mortality study that includes significant multiemployer pension plan experience, and (2) we wanted to reflect the latest mortality improvement data available.
- The assumed hourly contribution rate was increased from \$10.91 to \$10.96 to reflect the negotiated increase effective June 1, 2021.
- The expense load on ASC 960 liabilities was changed from 6.00% to 6.25% based on recent plan experience.
- The current liability interest rate was changed from 2.68% to 1.99%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

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

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**