

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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 BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1967
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUN 7985 MARSHALL STREET MERRILLVILLE, IN 46410	2b	Employer Identification Number (EIN) 51-6113680
		2c	Plan Sponsor's telephone number 219-769-3376
		2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/26/2024	DONALD SUMMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/25/2024	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

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	709
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1)	233
		6a(2)	229
		6b	246
		6c	120
		6d	595
		6e	91
		6f	686
		6g	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	83
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

► 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 2022	
b Assets	
(1) Current value of assets	1b(1) 83116705
(2) Actuarial value of assets for funding standard account	1b(2) 86719975
c (1) Accrued liability for plan using immediate gain methods	1c(1) 90383850
(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) 90383850
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) 177735692
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3529654
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6340045
(3) Expected plan disbursements for the plan year	1d(3) 6401543

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

SIGN HERE	01/22/2024
Signature of actuary PAUL WEDDING, ASA, EA, MAAA	Date 23-08071
Type or print name of actuary UNITED ACTUARIAL SERVICES, INC.	Most recent enrollment number 317-580-8667
Firm name 11590 N. MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83116705
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	351	93063358
(2) For terminated vested participants	122	20422183
(3) For active participants:		
(a) Non-vested benefits		7979084
(b) Vested benefits		56271067
(c) Total active	236	64250151
(4) Total	709	177735692
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.76 %

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
06/30/2023	4355283				
Totals ▶			3(b)	4355283	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.9 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	1.94 %
	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 Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	401451
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1130850	-114480
4	1044091	105698

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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	1557489

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	27436983	4185949
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 387681**e** Total charges. Add lines 9a through 9d.....**9e** 6131119**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 16996170**g** Employer contributions. Total from column (b) of line 3.....**9g** 4355283**h** Amortization credits as of valuation date.....

Outstanding balance

9h 6776938 978188**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1360259**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	27564165
9j(2)	74959458

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** 23689900**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 17558781**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 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

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

J.P.MORGAN INVESTMENT MANAGEMENT IN

13-3200244

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

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

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

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

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

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

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

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	105914	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	72869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY GORBY

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	57330	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)

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	54500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	54407	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	47600	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	45228	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	36531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(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	24863	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)

OLD NATIONAL BANK

36-1729164

(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	13585	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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **07/01/2022** and ending **06/30/2023**

A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION F	B Three-digit plan number (PN) ▶ 001
C Plan or DFE 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	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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-EMPLOYER PROPERTY TRUST**

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

c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6843612
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TROWEL TRADES LARGE CAP EQUITY INDE**

b Name of sponsor of entity listed in (a): **COMERICA BANK AND TRUST, NA**

c EIN-PN 38-3558170-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24380244
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AFL-CIO BUILDING INVESTMENT TRUST**

b Name of sponsor of entity listed in (a): **PNC BANK, NATIONAL ASSOCIATION AS TRUSTEE**

c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4080632
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PARAMETRIC DEFENSIVE EQUITY FUND LL**

b Name of sponsor of entity listed in (a): **PARAMETRIC PORTFOLIO ASSOCIATES LLC**

c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4746853
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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	2877582	590544
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	694474	696181
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	51459	83557
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3362354	2086265
(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)	9003704	8556279
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	620427	632504
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		4881640
(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)	37139285	35304488
(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)	4127158	4746853
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	25336119	27911079
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	136891	275792

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	136819	128408
f Total assets (add all amounts in lines 1a through 1e)	1f	83486272	85893590

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	42139	21474
i Acquisition indebtedness	1i		
j Other liabilities	1j	327428	222330
k Total liabilities (add all amounts in lines 1g through 1j)	1k	369567	243804

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	83116705	85649786
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4355283	
(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)		4355283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	40847	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	85829	
(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)		126676
(2) Dividends: (A) Preferred stock	2b(2)(A)	32947	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	716067	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		749014
(3) Rents	2b(3)		11307
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18329508	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18179301	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		150207
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	709188	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		709188

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1116054
(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)		633742
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1309357
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9160828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5996575	
(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)		5996575
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)	129359	
(2) Contract administrator fees	2i(2)	7396	
(3) Investment advisory and management fees	2i(3)	181325	
(4) Other	2i(4)	313092	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		631172
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6627747
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2533081
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 495874.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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	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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 786201

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 2024

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) 11.06

(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 510267

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 2024

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) 11.06

(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 383135

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 2024

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) 11.06

(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 398505

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 2024

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) 11.06

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

a Name of contributing employer KWIATKOWSKI MASONRY, IN

b EIN 35-1417303 **c** Dollar amount contributed by employer 449731

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 2024

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) 11.06

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

a Name of contributing employer COLVIN MASONRY, INC

b EIN 36-3360489 **c** Dollar amount contributed by employer 329124

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 2024

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) 11.06

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **J. T. THORPE & SON, INC.**

b EIN **94-0925270**

c Dollar amount contributed by employer **244705**

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 **2024**

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) **11.06**

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

a Name of contributing employer **LARSON-DANIELSON CONSTRUCTION**

b EIN **35-0461550**

c Dollar amount contributed by employer **232420**

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 **2024**

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) **11.06**

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

a Name of contributing employer **ZIOLKOWSKI CONSTRUCTION**

b EIN **35-1445992**

c Dollar amount contributed by employer **198276**

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 **2024**

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) **11.06**

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

a Name of contributing employer **BISCO REFRACTORIES**

b EIN **20-0386326**

c Dollar amount contributed by employer **169898**

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 **2024**

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) **11.06**

(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	96.01
b	The corresponding number for the second preceding plan year.....	15b	94.81
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, 2023

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

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2023 AND 2022

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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, 2023 and 2022, 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, 2023 and 2022, and the changes in net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2022 and the changes in 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

December 12, 2023

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	\$ 27,911,079	\$ 25,336,119
Preferred stocks	632,504	620,427
Stock rights/warrants	275,792	136,891
Corporate bonds and notes	8,556,279	9,003,704
Common collective trusts	35,304,488	37,139,285
Partnerships	9,628,493	4,127,158
Money market funds	2,086,265	3,362,354
Invested cash	-	3,000,000
Total investments	<u>84,394,900</u>	<u>82,725,938</u>
RECEIVABLES		
Employer contributions	696,181	694,474
Due from broker	21,882	-
Accrued interest and dividends	33,788	25,706
Due from related welfare plan	2,425	4,828
Due from related local union	687	710
Other	3,526	-
Total receivables	<u>758,489</u>	<u>725,718</u>
PROPERTY AND EQUIPMENT - net	<u>128,408</u>	<u>136,819</u>
PREPAID EXPENSES	<u>21,249</u>	<u>20,215</u>
CASH	<u>590,544</u>	<u>300</u>
Total assets	<u>85,893,590</u>	<u>83,608,990</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	21,474	42,139
Amounts due to other plans under reciprocal agreements	222,330	146,926
Cash overdraft	-	122,718
Due to broker	-	180,502
Total liabilities	<u>243,804</u>	<u>492,285</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 85,649,786</u>	<u>\$ 83,116,705</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, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation)		
in fair value of investments	\$ 3,914,889	\$ (8,595,660)
Interest and dividends	<u>879,349</u>	<u>960,100</u>
	4,794,238	(7,635,560)
Less investment expenses	<u>(181,325)</u>	<u>(183,891)</u>
Investment income (loss) - net	4,612,913	(7,819,451)
Employer contributions	4,355,283	4,442,450
Rental income	<u>11,307</u>	<u>10,189</u>
	<u>8,979,503</u>	<u>(3,366,812)</u>
DEDUCTIONS		
Pension benefits	5,996,575	6,310,701
Administrative expenses	<u>449,847</u>	<u>413,315</u>
Total deductions	<u>6,446,422</u>	<u>6,724,016</u>
NET INCREASE (DECREASE)	2,533,081	(10,090,828)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>83,116,705</u>	<u>93,207,533</u>
End of year	<u>\$ 85,649,786</u>	<u>\$ 83,116,705</u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2023 AND 2022

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 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 \$236,570 and \$203,662 for the years ended June 30, 2023 and 2022, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$1,493,393 and \$1,345,985 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended June 30, 2023 and 2022, 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 December 12, 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.

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 flow-through of partnership income through its investments structured as limited partnerships. For the years ended June 30, 2023 and 2022, 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:

July 1, 2021 - May 31, 2022	\$ 10.96
June 1, 2022 - May 31, 2023	\$ 11.01
June 1, 2023 - June 30, 2023	\$ 11.06

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of July 1, 2022.

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by United Actuarial Services as of June 30, 2022. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving payments	\$ 61,116,383
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Other participants	<u>31,478,981</u>
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Total vested benefits	92,595,364
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Nonvested benefits	<u>3,663,436</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 96,258,800</u></u>
---	-----------------------------

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits for the year ended June 30, 2022 were as follows:

Actuarial present value of accumulated plan

benefits at beginning of year	\$ 95,204,377
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Increase (decrease) during the year attributable to:

Change in actuarial assumptions	\$ 1,335,306
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Benefits accumulated and experience gain or loss	16,838
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Interest	6,426,295
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Benefits paid	(6,310,701)
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Expenses paid	<u>(413,315)</u>
---------------	------------------

Net increase	<u>1,054,423</u>
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Actuarial present value of accumulated plan

benefits at end of year	<u><u>\$ 96,258,800</u></u>
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NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

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-2021 projection scale

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 updating the mortality projection scale from MP-2020 to MP-2021.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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, 2023 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, 2023 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, 2023. The complete financial status is presented as of June 30, 2022.

As of July 1, 2023, 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, 2023 and 2022. 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 6/30/23 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	\$ 27,911,079	\$ 27,911,079	\$ -	\$ -
Preferred stocks	632,504	-	632,504	-
Stock rights/warrants	275,792	-	275,792	-
Corporate bonds and notes	8,556,279	-	8,556,279	-
Money market funds	<u>2,086,265</u>	<u>-</u>	<u>2,086,265</u>	<u>-</u>
	39,461,919	<u>\$ 27,911,079</u>	<u>\$ 11,550,840</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	35,304,488			
Partnerships	<u>9,628,493</u>			
Total	<u>\$ 84,394,900</u>			

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	<u>3,000,000</u>	<u>-</u>	<u>3,000,000</u>	<u>-</u>
	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	<u>4,127,158</u>			
Total	<u>\$ 82,725,938</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 values 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, 2023 and 2022:

June 30, 2023					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Common collective trust - real estate	\$ 4,080,632	Direct equity investments	49%	Quarterly	30 days
		Joint venture investments	42%		
		Other	9%		
Common collective trust - real estate	\$ 6,843,612	Direct equity investments	72%	Quarterly	45 days
		Joint venture investments	24%		
		Mortgage and other loans receivable	2%		
		Other	2%		
Common collective trust - equities	\$24,380,244	Equity securities	99%	Daily	None
		Exchange-traded equity funds	1%		
Partnership	\$ 4,746,853	Exchange-traded equity funds	49%	Monthly	5 days
		U.S. Treasury securities	46%		
		Other	5%		
Partnership	\$ 4,881,640	Infrastructure assets	98%	Quarterly	45 days
		Other	2%		

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

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 8. 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.

The Plan invests in common collective trusts and partnerships 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.

NOTE 8. RISKS AND UNCERTAINTIES (CONTINUED)

As of June 30, 2023 and 2022, the Plan held units in Trowel Trades Large Cap Equity Index Fund with a fair value of \$24,380,244 (28% of net assets) and \$22,753,169 (27% 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 9. PROPERTY AND EQUIPMENT

Property and equipment at June 30, 2023 and 2022 consisted of the following:

	<u>2023</u>	<u>2022</u>
Land	\$ 35,700	\$ 35,700
Building and improvements	259,456	254,887
Office furniture and equipment	<u>26,432</u>	<u>25,267</u>
	321,588	315,854
Less accumulated depreciation	<u>(193,180)</u>	<u>(179,035)</u>
Net property and equipment	<u><u>\$ 128,408</u></u>	<u><u>\$ 136,819</u></u>

Depreciation expense was \$14,144 in 2023 and \$12,561 in 2022.

NOTE 10. 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, 2023 and 2022 totaled approximately \$230,000 and \$215,000 respectively. Common administrative expenses allocated to the local union for the years ended June 30, 2023 and 2022 totaled approximately \$4,000 and \$3,000 respectively. Administrative expenses are presented net of allocations to the related organizations.

NOTE 10. RELATED ORGANIZATIONS (CONTINUED)

Office Lease as Lessor

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 required the welfare plan to pay monthly rent of \$383 from March 2022 through December 2022. Effective January 2023, the monthly rent increased to \$476. The lease required the local union to pay monthly rent of \$466 from March 2022 through December 2022. Effective January 2023, the monthly rent increased to \$559.

The Plan's rental income for the years ended June 30, 2023 and 2022 was \$11,307 and \$10,189 respectively.

NOTE 11. MAJOR EMPLOYER

During the years ended June 30, 2023 and 2022, contributions from one employer accounted for approximately 14% and 17%, respectively, of employer contributions. 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 12. 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 12. 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, 2023 and 2022 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>2023</u>	<u>2022</u>		<u>2023</u>	<u>2022</u>	
Bricklayers Union Local No. 6 of Indiana Pension Fund	51-6113680/001	Green as of 7/1/23	Green as of 7/1/22	N/A	\$ 34,366	\$ 34,649	6/30/2022
Bricklayers & Trowel Trades International Pension Fund	52-6127746/001	Yellow as of 1/1/23	Yellow as of 1/1/22	Implemented	<u>8,424</u>	<u>8,532</u>	12/31/2022
Total					<u>\$ 42,790</u>	<u>\$ 43,181</u>	

Contributions to the plans are made monthly under the terms of participation agreements, which do not have expiration dates. The Plan's share of 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 \$9,435 and \$9,480 for the years ended June 30, 2023 and 2022, 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 \$29,611 and \$29,713 for the years ended June 30, 2023 and 2022, respectively.

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, 2023 and 2022, and our report thereon dated December 12, 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

December 12, 2023

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC 15
 BRIDGEWAY BENEFIT TECHNOLOGIES LLC 16
 BRIDGEWAY BENEFIT TECHNOLOGIES LLC 49
 BRIDGEWAY BENEFIT TECHNOLOGIES LLC 50

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	20,215.	21,249.
ACCRUED INTEREST AND DIVIDENDS	25,706.	33,788.
DUE FROM RELATED WELFARE FUND	4,828.	2,425.
DUE FROM RELATED LOCAL UNION	710.	687.
DUE FROM BROKER	0.	21,882.
OTHER RECEIVABLE	0.	3,526.
TOTAL TO SCHEDULE H, LINE 1B(3)	51,459.	83,557.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
STOCK RIGHTS/WARRANTS	136,891.	275,792.
TOTAL TO SCHEDULE H, LINE 1C(15)	136,891.	275,792.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	5
DESCRIPTION	BEGINNING	ENDING	
RECIPROCAL CONTRIBUTIONS PAYABLE	146,926.	222,330.	
DUE TO BROKER	180,502.	0.	
TOTAL TO SCHEDULE H, LINE 1J	327,428.	222,330.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	6
DESCRIPTION	AMOUNT		
BANK FEES	6,720.		
BUILDING MAINTENANCE	17,382.		
COMPUTER MAINTENANCE AND PROGRAMMING	24,963.		
CONSERVANCY TAX	1,091.		
DEPRECIATION EXPENSE	14,144.		
INSURANCE	19,061.		
MEETINGS AND CONFERENCES	10,037.		
OFFICE EXPENSE	4,114.		
PAYROLL TAXES	7,754.		
PENSION AND WELFARE CONTRIBUTIONS	81,836.		
PLAN TERMINATION INSURANCE	22,688.		
SALARIES	97,263.		
TELEPHONE AND UTILITIES EXPENSE	6,039.		
TOTAL TO SCHEDULE H, LINE 2I(4)	313,092.		



Bricklayers Union Local 6 Pension MF

For Period 07/01/22 Through 06/30/23

Sale Activity				
Date	Description	Broker Commission	Realized Gain/Loss	Cash
Fixed Income				
12/19/22	Baird Core Plus Bond Instl Fd #71 Long Term Capital Gains Dist At \$.001 Per Share	0.00	1,526.41	1,526.41
	Total Fixed Income	\$ 0.00	\$ 1,526.41	\$ 1,526.41
Cash Equivalents				
06/30/23	Goldman Sachs Government Sales (12) 07/01/22 To 06/30/23	0.00	0.00	5,153,267.83
	Total Cash Equivalents	\$ 0.00	\$ 0.00	\$ 5,153,267.83
Unsettled Trades				
06/30/23	Received From Brokers	0.00	0.00	3,000,000.00
	Total Unsettled Trades	\$ 0.00	\$ 0.00	\$ 3,000,000.00
	Total Sales	\$ 0.00	\$ -107,325.11	\$ 9,854,794.24

5% Transactions				
Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Baird Core Plus Bond Instl Fd #71				
Recd 1923.815 Shs As A Reinvested		10.370	19,949.96	19,949.96
Div At \$ 10.370 Per Sh			0.00	0.00
Recd 1992.364 Shs As A Reinvested		10.240	20,401.80	20,401.80
Div At \$ 10.240 Per Sh			0.00	0.00
Recd 2133.746 Shs As A Reinvested		9.840	20,996.06	20,996.06
Div At \$ 9.840 Per Sh			0.00	0.00
Recd 2363.684 Shs As A Reinvested		9.550	22,573.18	22,573.18
Div At \$ 9.550 Per Sh			0.00	0.00
Recd 2117.875 Shs As A Reinvested		9.890	20,945.78	20,945.78
Div At \$ 9.890 Per Sh			0.00	0.00
Recd 150.831 Shs As A Reinvested		10.120	1,526.41	1,526.41
Capital Gains Distribution			0.00	0.00
Recd 3049.110 Shs As A Reinvested		9.850	30,033.73	30,033.73
Div At \$ 9.850 Per Sh			0.00	0.00
Recd 1770.093 Shs As A Reinvested		10.190	18,037.25	18,037.25
Div At \$ 10.190 Per Sh			0.00	0.00
Recd 2260.836 Shs As A Reinvested		9.880	22,337.06	22,337.06
Div At \$ 9.880 Per Sh			0.00	0.00



Bricklayers Union Local 6 Pension MF

For Period 07/01/22 Through 06/30/23

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Purchased 229124.236 Shs 03/02/23 @ 9.82	*	9.820	2,250,000.00 0.00	2,250,000.00 0.00
Recd 3049.573 Shs As A Reinvested Div At \$ 10.030 Per Sh		10.030	30,587.22 0.00	30,587.22 0.00
Recd 2950.838 Shs As A Reinvested Div At \$ 10.160 Per Sh		10.160	29,980.52 0.00	29,980.52 0.00
Recd 3064.936 Shs As A Reinvested Div At \$ 9.890 Per Sh		9.890	30,312.22 0.00	30,312.22 0.00
Recd 2999.818 Shs As A Reinvested Div At \$ 9.990 Per Sh		9.990	29,968.18 0.00	29,968.18 0.00
Purchases	14	9.838	2,547,649.37 0.00	2,547,649.37 0.00
Goldman Sachs Government Purchases	23	1.000	3,652,841.67 0.00	3,652,841.67 0.00
Sales	12	1.000	5,153,267.83 0.00	5,153,267.83 0.00
Vanguard S&P Small Cap 600 Index Cl Instl Fd				
Recd 360.447 Shs As A Reinvested Div At \$ 344.910 Per Sh		344.910	124,321.90 0.00	124,321.90 0.00
Sold 3968.779 Shs 03/01/23 @ 377.95	*	377.950	1,574,487.83 0.00	1,500,000.00 -74,487.83
Purchases	1	344.910	124,321.90 0.00	124,321.90 0.00
Sales	1	377.950	1,574,487.83 0.00	1,500,000.00 -74,487.83

Transactions noted by a "*" are in themselves greater than 5%



Bricklayers Union Local #6 (P) Cash

For Period 07/01/22 Through 06/30/23

Sale Activity				
Date	Description	Broker Commission	Realized Gain/Loss	Cash
Cash Equivalents				
06/30/23	Goldman Sachs Government Sales (36) 07/01/22 To 06/30/23	0.00	0.00	2,831,807.56
	Total Cash Equivalents	\$ 0.00	\$ 0.00	\$ 2,831,807.56
	Total Sales	\$ 0.00	\$ 0.00	\$ 2,831,807.56

5% Transactions				
Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Goldman Sachs Government Purchases	35	1.000	2,346,600.37 0.00	2,346,600.37 0.00
Sales	36	1.000	2,831,807.56 0.00	2,831,807.56 0.00

Transactions noted by a "***" are in themselves greater than 5%



Bricklayers Union Local #6 - Zazove

For Period 07/01/22 Through 06/30/23

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Total S.A.				
0.500% Due 12/02/2022				
Purchased 200000 09/01/22		99.665	199,330.00	199,330.00
From Unicredit Bank @ 99.665			0.00	0.00
Sold 200000 09/14/22		99.875	211,250.00	199,750.00
To Merrill Lynch			0.00	-11,500.00
@ 99.875				
Sold 200000 10/03/22		99.380	199,330.00	198,760.00
To JP Morgan Securities			0.00	-570.00
@ 99.38				
Purchases	1	99.665	199,330.00	199,330.00
			0.00	0.00
Sales	2	99.627	410,580.00	398,510.00
			0.00	-12,070.00
Booking Holdings Inc				
0.750% Due 05/01/2025				
Purchased 10000 07/01/22		119.679	11,967.95	11,967.95
From Citigroup Global Markets Inc			0.00	0.00
@ 119.6795				
Purchased 60000 07/05/22		119.208	71,524.80	71,524.80
From Citigroup Global Markets Inc			0.00	0.00
@ 119.208				
Purchased 20000 07/11/22		120.500	24,100.00	24,100.00
From Goldman, Sachs & Co/Courtesy Ac			0.00	0.00
@ 120.5				
Purchased 70000 07/13/22		122.952	86,066.68	86,066.68
From Jefferies & Co.			0.00	0.00
@ 122.9524				
Sold 110000 12/08/22		134.767	137,298.37	148,243.70
To JP Morgan Securities			0.00	10,945.33
@ 134.767				
Sold 10000 12/09/22		135.650	12,295.24	13,565.00
To JP Morgan Securities			0.00	1,269.76
@ 135.65				
Sold 10000 12/12/22		136.627	12,141.88	13,662.76
To Jefferies and Co			0.00	1,520.88
@ 136.6276				
Sold 25000 01/04/23		136.290	30,354.70	34,072.65
To Merrill Lynch			0.00	3,717.95
@ 136.2906				
Sold 15000 01/04/23		137.285	18,212.82	20,592.77
To Bnp Paribas Prime Brokerage			0.00	2,379.95
@ 137.2851				
Sold 20000 01/05/23		137.718	24,283.76	27,543.60
To Citigroup Global Markets Inc			0.00	3,259.84
@ 137.718				
Sold 10000 01/06/23		139.479	12,141.88	13,947.99
To Bnp Paribas Prime Brokerage			0.00	1,806.11
@ 139.4799				



Bricklayers Union Local #6 - Zazove

For Period 07/01/22 Through 06/30/23

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Sold 20000 01/09/23 To Barclays Capital @ 140.5671		140.567	24,283.76 0.00	28,113.42 3,829.66
Sold 20000 01/23/23 To JP Morgan Securities @ 143.456		143.456	24,100.00 0.00	28,691.20 4,591.20
Sold 50000 01/26/23 To Barclays Capital @ 143.4381		143.438	59,651.15 0.00	71,719.05 12,067.90
Sold 20000 01/27/23 To Jefferies and Co @ 144.7082		144.708	23,841.60 0.00	28,941.64 5,100.04
Sold 30000 02/02/23 To Barclays Capital @ 144.3481		144.348	35,714.85 0.00	43,304.43 7,589.58
Purchases	4	121.037	193,659.43 0.00	193,659.43 0.00
Sales	12	138.940	414,320.01 0.00	472,398.21 58,078.20
Deutsche Bank AG London 1.000% Due 05/01/2023 Sold 130000 01/11/23 To Deutsche Bank Securities @ 114.7076		114.707	133,900.00 0.00	149,119.88 15,219.88
Purchased 35000 03/15/23 From Wells Fargo Securities @ 106.292		106.292	37,202.20 0.00	37,202.20 0.00
Recd Proceeds On Maturity Of 405,000 Par Value Purchases	1	114.210 106.292	413,540.01 0.00 37,202.20 0.00	462,551.26 49,011.25 37,202.20 0.00
Sales	2	114.331	547,440.01 0.00	611,671.14 64,231.13
Goldman Sachs Government Purchases	82	1.000	5,414,835.88 0.00	5,414,835.88 0.00
Sales	83	1.000	4,705,291.32 0.00	4,705,291.32 0.00

Transactions noted by a "*" are in themselves greater than 5%

Broker Commissions

Broker	Broker Commission	Gross Amount
Goldman Sachs	1,153.82	573,251.82
Imperial Capital LLC	6.18	799.66

SUPPLEMENTAL SCHEDULE I

Bricklayers Union Local No. 6 of Indiana Pension Fund
EIN 51-6113680
Y/E 6/30/23

	Interest Rate	Maturity Date	Units/Par Value	Cost @ 6/30/23	Market Value @ 6/30/23
Interest Bearing Cash:					
Goldman Sachs Financial Square Fund				\$ 2,086,265	\$ 2,086,265
Partnership/joint venture interests:					
Infrastructure Investments Fund ERISA LP				\$ 4,500,000	\$ 4,881,640
Value of 103-12 Investment Entities:					
Parametric Defensive Equity Fund LLC				\$ 3,500,000	\$ 4,746,853
Value of interest in common/collective trusts					
AFL-CIO Building Investment Trust			702.625	\$ 2,128,132	\$ 4,080,632
Trowel Trades Large Cap Equity Index Fund			508,884.389	4,861,259	24,380,244
New Tower Trust Company Multi-Employer Property Trust			476.164	2,306,316	6,843,612
				\$ 9,295,707	\$ 35,304,488
Registered Investment Companies					
Baird Core Plus Bond Fund			1,056,046.726	\$ 11,568,163	\$ 10,518,225
Vanguard Total International Stock Index Fund Instl			83,705.934	866,921	10,074,009
Vanguard S&P Small Cap 600 Index Instl			19,795.641	7,834,622	7,318,845
				\$ 20,269,706	\$ 27,911,079
Corporate Stocks - Preferred					
AMG Cap Trust II	5.150%	10/15/2037	10,120.000	\$ 539,652	\$ 521,181
Bk Of Amer Corp Ser L Conv Pfd.	7.250%	Perpetual	95.000	125,723	111,323
				\$ 665,375	\$ 632,504
Corporate Debt Instruments					
ADM AG Holding LTD	0.000%	8/26/2023	400,000	\$ 397,820	\$ 396,160
Akamai Technologies	0.375%	9/1/2027	370,000	347,053	357,324
Ares Capital Corp	3.750%	2/1/2022	460,000	441,165	458,565
Barclays Bank PLC	0.000%	2/18/2025	455,000	472,728	468,104
Bharti Airtel Ltd	1.500%	2/17/2025	200,000	327,340	286,420
Bofa Finance LLC	0.600%	5/25/2027	435,000	535,263	503,513
Bnp Paribas .75%	0.750%	5/5/2025	110,000	180,859	158,455
Citigroup Global Markets	0.125%	6/17/2027	390,000	441,909	417,222
Citigroup Global Markets Conv	0.125%	6/17/2027	120,000	129,780	128,088
Cyberark Software Ltd	0.000%	11/15/2024	180,000	217,306	203,850
Dexcom Inc.	0.250%	11/15/2025	30,000	36,598	32,024
Enphase Energy Inc Conv	0.000%	3/1/2026	190,000	166,858	178,505
Enphase Energy Inc Conv	0.000%	3/1/2028	70,000	66,294	65,806
Ford Motor Company	0.000%	3/15/2026	140,000	179,245	153,370
Glencore Funding LLC	0.000%	3/27/2025	800,000	443,360	425,680
Helix Energy Solutions Conv 6.75%	6.750%	2/15/2026	25,000	35,484	33,025
Jazz Investments I LTD	2.000%	6/15/2026	250,000	216,963	254,063
JP Morgan Chase Bank NA	0.500%	6/15/2027	440,000	585,877	531,520
Liberty Media Corp	1.375%	10/15/2023	460,000	539,057	531,990
Kaman Corp	3.250%	5/1/2024	335,000	331,985	322,605
Mesa Laboratories Inc Convertible BD	1.375%	8/15/2025	75,000	63,999	66,930
Middleby Corp	1.000%	9/1/2025	165,000	219,450	204,848
Mgp Ingredients Inc Conv 1.875%	1.875%	11/15/2041	40,000	51,635	49,280
NRG Energy Inc.	2.750%	6/1/1948	250,000	259,375	263,875
Pebblebrook Hotel Trust	1.750%	12/15/2026	200,000	159,548	168,824
Parsons Corp	0.250%	8/15/2025	205,000	247,411	234,623
Qiagen NV	1.000%	11/13/2024	400,000	403,944	429,220
Solar Edge Technologies	0.000%	9/15/2025	170,000	209,389	201,620
Southwest Airlines CO	1.250%	5/1/2025	440,000	503,232	504,460
SSR Mining Inc	2.500%	4/1/2039	265,000	267,659	283,230
Stmicroelectronics NV Reg S	0.000%	8/4/2027	200,000	284,660	243,080
				\$ 8,763,246	\$ 8,556,279
Other					
Stock Rights/Warrants					
Cano Health inc Exp, 06/03/2026			24,370	\$ 9,985	\$ 5,605
Call Th International Ltd/Cayman, 9/28/2027			14,309	40,911	41,067
Granite Ridge Resources Inc Wt, 8/29/2027			12,902	51,812	85,540
Call Westrock Coffee Hlds LLC Wt Exp, 8/29/2027			47,860	64,573	143,580
				\$ 167,281	\$ 275,792

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

▶ **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 2022

b Assets

(1) Current value of assets.....	1b(1)	83,116,705
(2) Actuarial value of assets for funding standard account	1b(2)	86,719,975
c (1) Accrued liability for plan using immediate gain methods	1c(1)	90,383,850
(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)	90,383,850
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)	177,735,692
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3,529,654
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	6,340,045
(3) Expected plan disbursements for the plan year.....	1d(3)	6,401,543

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		January 22, 2024
Signature of actuary		Date
Paul Wedding, ASA, EA, MAAA		23-08071
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) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83,116,705
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	351	93,063,358
(2) For terminated vested participants	122	20,422,183
(3) For active participants:		
(a) Non-vested benefits		7,979,084
(b) Vested benefits		56,271,067
(c) Total active	236	64,250,151
(4) Total	709	177,735,692
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.76 %

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
06/30/2023	4,355,283				
Totals ▶			3(b)	4,355,283	3(c)
(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	95.9 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	1.94 %
	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 Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	401,451
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,130,850	-114,480
4	1,044,091	105,698

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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	1,557,489

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	27,436,983	4,185,949
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 387,681**e** Total charges. Add lines 9a through 9d..... **9e** 6,131,119**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 16,996,170**g** Employer contributions. Total from column (b) of line 3..... **9g** 4,355,283

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	6,776,938	978,188

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 1,360,259**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

9j(1)	27,564,165	
9j(2)	74,959,458	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 23,689,900**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

(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

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

(3) Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
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 2022 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 2022 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
June 1, 2022	11.01

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.														
Normal retirement age	Age 65 and 5 years of plan participation.														

SUMMARY OF PLAN PROVISIONS (CONT.)

Basic pension																							
<i>Eligibility</i>	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.																						
<i>Monthly amount</i>	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: <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Hours</u> <u>Worked</u></th><th style="text-align: center;"><u>Benefit Rate</u></th></tr> </thead> <tbody> <tr><td style="text-align: center;">250-499</td><td style="text-align: center;">\$20.38</td></tr> <tr><td style="text-align: center;">500-749</td><td style="text-align: center;">\$40.82</td></tr> <tr><td style="text-align: center;">750-999</td><td style="text-align: center;">\$61.15</td></tr> <tr><td style="text-align: center;">1,000-1,249</td><td style="text-align: center;">\$81.56</td></tr> <tr><td style="text-align: center;">1,250-1,499</td><td style="text-align: center;">\$87.98</td></tr> <tr><td style="text-align: center;">1,500-1,749</td><td style="text-align: center;">\$95.40</td></tr> <tr><td style="text-align: center;">1,750-1,999</td><td style="text-align: center;">\$101.76</td></tr> <tr><td style="text-align: center;">2,000-2,249</td><td style="text-align: center;">\$108.12</td></tr> <tr><td style="text-align: center;">2,250-2,499</td><td style="text-align: center;">\$112.36</td></tr> <tr><td style="text-align: center;">2,500-2,749</td><td style="text-align: center;">\$115.54</td></tr> </tbody> </table> 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.	<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
<u>Hours</u> <u>Worked</u>	<u>Benefit Rate</u>																						
250-499	\$20.38																						
500-749	\$40.82																						
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2,250-2,499	\$112.36																						
2,500-2,749	\$115.54																						
Early pension																							
<i>Eligibility</i>	Earlier of (1) age 62 and 10 pension credits, or (2) age 55 and 20 pension credits																						
<i>Monthly amount</i>	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																							
<i>Eligibility</i>	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.																						
<i>Monthly amount</i>	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, 2022
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>	1.94% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$415,000 per year excluding investment expenses, increasing 2.5% per year
<i>ASC 960</i>	A 6.50% load was applied to the accrued liabilities for 2022 (6.25% for 2021).
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.
Loading for inactive vested death	Liabilities for inactive vested participants increased by 3.1%
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-2021 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

No withdrawal assumed after participant reaches early retirement age.

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
Active lives

According to the following schedule:

<u>Age</u>	<u>Retirement Rates</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 59.7.

Inactive vested lives

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

Disabled lives

Disability retirement benefit payable upon disability.

Timing of decrements

Beginning of year

Future hours worked

Vested

1,750 hours per year, 0 after assumed retirement age

Non-Vested

1,250 hours per year, 0 after assumed retirement age

Future hourly contribution rate

\$11.01

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>	\$245,000 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.
Benefits Vested	No death benefits are vested. Regular disability benefits are considered vested. Trade disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 62 and has 10 pension credits or age 55 and has 20 pension credits.

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 2022 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-2021 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, 2017 to June 30, 2022 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

BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND
EIN: 51-6113680/PN: 001
ATTACHMENT TO 2022 SCHEDULE MB: LINE 8B
STATEMENT BY ENROLLED ACTUARY

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, 2022

[illegible]

BRICKLAYERS UNION LOCAL No. 6 OF INDIANA PENSION FUND

EIN: 51-6113680/PN: 001

ATTACHMENT TO 2022 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 2022 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		7/1/2022 Outstanding Balance	7/1/2022 Amortization Payment
				Years	Months		
Charges							
7/1/1995	Amendment		30	3	0	457,522	162,570
7/1/1996	Assumptions		30	4	0	16,703	4,593
1/1/1997	Amendment		30	4	6	667,161	165,903
7/1/1997	Assumptions		30	5	0	339,910	77,140
7/1/1998	Amendment		30	6	0	1,008,495	196,672
7/1/1998	Assumptions		30	6	0	39,735	7,749
7/1/1999	Amendment		30	7	0	360,583	62,131
7/1/2000	Amendment		30	8	0	1,373,806	213,437
7/1/2000	Assumptions		30	8	0	1,001,758	155,635
7/1/2001	Amendment		30	9	0	2,358,591	335,523
7/1/2001	Assumptions		30	9	0	140,943	20,050
7/1/2002	Amendment		30	10	0	1,211,086	159,667
7/1/2005	Assumptions	3,947,238	30	13	0	2,696,829	298,005
7/1/2006	Amendment	822,046	30	14	0	586,872	61,924
7/1/2006	Assumptions	522,778	30	14	0	373,226	39,381
7/1/2007	Assumptions	633,040	30	15	0	470,024	47,582
7/1/2008	Amendment	997,531	30	16	0	407,396	39,733
7/1/2008	Experience Loss	173,525	15	1	0	18,104	18,104
7/1/2009	Experience Loss	3,776,383	15	2	0	760,862	392,852
7/1/2010	Assumptions	19,517	15	3	0	5,697	2,025
7/1/2011	Experience Loss	1,808,437	15	4	0	679,987	186,997
7/1/2012	Experience Loss	699,956	15	5	0	317,997	72,167
7/1/2013	Experience Loss	661,745	15	6	0	348,872	68,035
7/1/2016	Assumptions	97,476	15	9	0	69,890	9,942
7/1/2016	Experience Loss	703,499	15	9	0	504,379	71,751
7/1/2017	Assumptions	1,302,678	15	10	0	1,005,230	132,527
7/1/2017	Experience Loss	849,866	15	10	0	655,813	86,461
7/1/2018	Assumptions	3,946,711	15	11	0	3,246,533	400,536
7/1/2018	Plan Change	1,713,278	15	11	0	1,409,328	173,874
7/1/2019	Assumptions	721,859	15	12	0	628,971	73,196
7/1/2019	Experience Loss	76,961	15	12	0	67,057	7,804
7/1/2020	Experience Loss	73,222	15	13	0	67,135	7,419
7/1/2020	Plan Change	470,421	15	13	0	431,312	47,661
7/1/2021	Assumptions	2,777,771	15	14	0	2,665,085	281,205
7/1/2022	Assumption	1,044,091	15	15	0	1,044,091	105,698

Bricklayers Local No. 6 of Indiana Pension Fund
EIN: 51-6113680/PN: 001
Attachment to 2022 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		7/1/2022 Outstanding Balance	7/1/2022 Amortization Payment
				Years	Months		

Total Charges: **27,436,983** **4,185,949**

Credits

7/1/2010	Experience Gain	2,370,491	15	3	0	691,880	245,845
7/1/2012	Assumptions	770,174	15	5	0	349,898	79,406
7/1/2014	Assumptions	108,524	15	7	0	64,573	11,127
7/1/2014	Experience Gain	860,618	15	7	0	512,098	88,239
7/1/2015	Experience Gain	371,528	15	8	0	244,533	37,991
7/1/2018	Experience Gain	131,251	15	11	0	107,966	13,320
7/1/2021	Experience Gain	3,830,534	15	14	0	3,675,140	387,780
7/1/2022	Experience Gain	1,130,850	15	15	0	1,130,850	114,480

Total Credits: **6,776,938** **978,188**

Net Charges: **20,660,045** **3,207,761**

Less Credit Balance: 16,996,170

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: **3,663,875**

BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA PENSION FUND
EIN: 51-6113680/PN: 001
ATTACHMENT TO 2022 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

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

- The mortality projection scale was updated from MP-2020 to MP-2021. This change was made to reflect the latest mortality improvement data available.
- The assumed hourly contribution rate was increased from \$10.96 to \$11.01 to reflect the negotiated increase effective June 1, 2022.
- The assumed operational expenses were increased from \$390,000 with no assumed annual increase to \$415,000 with an assumed 2.5% annual increase in expenses to reflect our best estimate of future expenses based on recent plan experience.
- A 3.1% load was added to inactive vested liabilities to value inactive vested death benefits due to a limitation of valuing this benefit directly in our new valuation software.
- We changed our valuation software, which includes a change in the timing of when active participants are expected to leave active status from the middle of the year to the beginning of the year.
- The expense load on ASC 960 liabilities was changed from 6.25% to 6.50% based on recent plan experience.
- The current liability interest rate was changed from 1.99% to 1.94%. 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.

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**

JUSTIFICATION FOR CHANGE IN ACTUARIAL
ASSUMPTION

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