

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide 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 & MASONS LOCAL NO 6 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1965
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) BD OF TTEES BRICKLAYERS & MASONS 6 SARA STUDENY 618 HIGH AVE NW CANTON, OH 44703
2b	Employer Identification Number (EIN) 51-6123024
2c	Plan Sponsor's telephone number 330-454-5900
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	SARA STUDENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	5 438
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 178 6a(2) 180 6b 153 6c 67 6d 400 6e 35 6f 435 6g(1) 6g(2) 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 55

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 32918006
(2) Actuarial value of assets for funding standard account	1b(2) 37561387
c (1) Accrued liability for plan using immediate gain methods	1c(1) 45932876
(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) 45932876
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) 95251715
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1965229
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3133112
(3) Expected plan disbursements for the plan year	1d(3) 3125874

Statement by Enrolled Actuary

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

SIGN HERE	09/30/2024
Signature of actuary BRADFORD L RIGBY	Date 20-07217
Type or print name of actuary ACRISURE	Most recent enrollment number 412-394-9330
Firm name FOUR GATEWAY CENTER, 444 LIBERTY AVENUE, SUITE 605, PITTSBURGH, PA 15222	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	32918006
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	194	48211010
(2) For terminated vested participants	66	14200979
(3) For active participants:		
(a) Non-vested benefits		1652075
(b) Vested benefits		31187651
(c) Total active	178	32839726
(4) Total	438	95251715
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.55 %

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	1991002	0			
Totals ▶			3(b)	1991002	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.7 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (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	194920
f If the plan is in critical status or critical and declining status, and is:	4f	2044
• 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		2.55 %
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)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.50 %	7.50 %
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)	7.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.9 %	
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)	105000	
(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	1752529	184688
5	-2469317	-334646
3	-194920	-20541

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	0

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	676495

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)	15564739	2427075
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 232768**e** Total charges. Add lines 9a through 9d**9e** 3336338**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 907413**g** Employer contributions. Total from column (b) of line 3**9g** 1991002**h** Amortization credits as of valuation date**9h** 6285837 1032829**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 208147**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 15689749**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 49858470**(3)** FFL credit**9j(3)** 0**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 4139391**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 803053**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 current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024	

Part I	Service Provider Information (see instructions)
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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
AMERICAN FUNDS
95-6817943

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB TRUST BANK
82-3967259

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

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

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

ACRISURE

444 LIBERTY AVENUE SUITE 605
PITTSBURGH, PA 15222

92-3652116

(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		48495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

HALL KISTLER

34-0715770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		12935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

ASSURED PARTNERS

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23		20775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

SWALLEN LAWHUN & CO

34-1172572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50 64		41338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

MACALA & PIATT

34-1933033

(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		10047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024	

Part I 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	181891	245380
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	248372	344232
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	76006	1521
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	701445	920987
(2) U.S. Government securities	1c(2)	722993	689721
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6573840	6611664
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1036098	1290197
(B) Common	1c(4)(B)	9752274	8195878
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	276572	210300
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13398058	17654735
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32967549	36164615
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	49543	75870
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	49543	75870
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32918006	36088745

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)	1991002	
(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)		1991002
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	215197	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		215197
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	587047	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		587047
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3688221
c Other income	2c		9824
d Total income. Add all income amounts in column (b) and enter total	2d		6491291

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3085339	
(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)		3085339
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	41338	
(4) IQPA audit fees.....	2i(4)	12935	
(5) Investment advisory and investment management fees	2i(5)	98652	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	48495	
(8) Legal fees	2i(8)	12698	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	21095	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		235213
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3320552

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3170739
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HALL, KISTLER & CO**

(2) EIN: **34-0715770**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 [4305186](#).

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>51-6123024</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☒ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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) 2023
v. 230707

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 **BRICKLAYERS NO 5 OHIO**

b EIN **34-0754400**

c Dollar amount contributed by employer **280286**

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

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

(1) Contribution rate (in dollars and cents) **7.65**

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

a Name of contributing employer **BEAVER CONSTRUCTORS**

b EIN **27-4076388**

c Dollar amount contributed by employer **162416**

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) **8.98**

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

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

b EIN **34-1843623**

c Dollar amount contributed by employer **123428**

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

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

(1) Contribution rate (in dollars and cents) **6.95**

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

a Name of contributing employer **VALENTINE CONTRACTORS**

b EIN **20-3598333**

c Dollar amount contributed by employer **288812**

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) **8.98**

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

a Name of contributing employer **LENCYK MASONRY CO INC**

b EIN **34-1432884**

c Dollar amount contributed by employer **62602**

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) **8.98**

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

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

b EIN **51-6029565**

c Dollar amount contributed by employer **187309**

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): _____

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 **COON CAULKING & RESTORATION**

b EIN **61-1102289**

c Dollar amount contributed by employer **86759**

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) **8.98**

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

a Name of contributing employer **RG SMITH CO**

b EIN **34-0678463**

c Dollar amount contributed by employer **79801**

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) **8.98**

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

a Name of contributing employer **THE SELINSKY FORCE**

b EIN **20-8865828**

c Dollar amount contributed by employer **192803**

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) **8.98**

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

a Name of contributing employer **KOCH KNIGHT LLC**

b EIN **48-1248315**

c Dollar amount contributed by employer **61552**

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) **8.98**

(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

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

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

0

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	51-6123024	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	Average		No.	Average		No.
	No.	Compensation		Accrued Monthly Benefit	Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	Average		No.	Average		No.
	No.	Compensation		Accrued Monthly Benefit	Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	51-6123024	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	51-6123024	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

AUDITED FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6
PENSION PLAN

December 31, 2023 and 2022



HALL, KISTLER & COMPANY LLP
CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

soundideas. solidanswers.

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed an audit of the accompanying financial statements of the Bricklayers and Masons Local No. 6 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the statement of accumulated plan benefits as of January 1, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material

misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Bricklayers and Masons Local No. 6 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Bricklayers and Masons Local No. 6 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information

required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Hall, Kistner + Co, LLP

Certified Public Accountants

Canton, Ohio
October 10, 2024

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
Investments at fair value:		
Registered investment companies	\$ 17,654,735	\$ 13,398,058
Interest-bearing cash	920,987	701,445
Government securities	689,721	722,993
Corporate bonds	6,611,664	6,573,840
Common stocks	8,195,878	9,752,274
Preferred stocks	1,290,197	1,036,098
Collateralized mortgage obligation	210,300	276,572
Total investments at fair value	<u>35,573,482</u>	<u>32,461,280</u>
Receivables:		
Employers' contributions	344,232	248,372
Accrued interest and dividends	1,521	76,006
Total receivables	<u>345,753</u>	<u>324,378</u>
Cash (noninterest-bearing)	245,380	181,891
Total assets	<u>36,164,615</u>	<u>32,967,549</u>
<u>LIABILITIES</u>		
Reciprocal contributions payable	72,400	45,518
Accounts payable	3,470	4,025
Total liabilities	<u>75,870</u>	<u>49,543</u>
Net assets available for benefits	<u>\$ 36,088,745</u>	<u>\$ 32,918,006</u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Years ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
<u>ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS</u>		
Investment income:		
Interest income	\$ 215,197	\$ 262,106
Dividend income	587,047	540,942
Net appreciation (depreciation) in fair value of investments	3,688,221	(6,590,762)
	<u>4,490,465</u>	<u>(5,787,714)</u>
Less: investment expenses	(98,652)	(93,957)
	<u>4,391,813</u>	<u>(5,881,671)</u>
Employers' contributions	1,991,002	1,624,857
Other income	9,824	-
	<u>2,000,826</u>	<u>1,624,857</u>
Total additions (subtractions)	6,392,639	(4,256,814)
<u>DEDUCTIONS FROM NET ASSETS</u>		
Payments for:		
Benefits paid directly to Participants	3,085,339	2,967,118
Administrative expenses	136,561	105,238
	<u>3,221,900</u>	<u>3,072,356</u>
Total deductions	3,221,900	3,072,356
<u>NET INCREASE (DECREASE)</u>	3,170,739	(7,329,170)
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>32,918,006</u>	<u>40,247,176</u>
End of year	<u>\$ 36,088,745</u>	<u>\$ 32,918,006</u>

STATEMENT OF ACCUMULATED PLAN BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Plan year beginning January 1, 2023

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments	\$ 29,384,647
---	---------------

Other Participants	10,454,942
--------------------	------------

Terminated	5,544,457
------------	-----------

	45,384,046
--	------------

Nonvested benefits

	548,830
--	---------

Total actuarial present value of accumulated plan benefits

	\$ 45,932,876
--	---------------

During 2022, the actuarial present value of accumulated plan benefits increased \$1,141,928 as a result of benefits accumulated and plan experience, increased \$3,240,433 as a result of the decrease in the discount period, decreased by (\$2,967,118) as a result of benefits paid and decreased by (\$144,885) as a result of plan amendments (see Note G). The actuarial present value of accumulated plan benefits was \$44,662,518 at December 31, 2021.

NOTES TO FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2023 and 2022

NOTE A - DESCRIPTION OF THE PLAN

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

General

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

Pension Benefits

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

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

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

Death and Disability Benefits

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits (Continued)

disability benefits that are equal to their accrued benefit determined on the same basis as a Normal Retirement Benefit. Disability benefits are paid until normal retirement age at which time disabled members begin receiving normal retirement benefits. This benefit has been reduced to not exceed \$5,000 due to the Rehabilitation Plan. See Note K.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

The actuarial present value of accumulated Plan benefits is determined by an actuary from Cowden Associates, Inc. in 2023 and 2022, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2023 are presented in Exhibit A.

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

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Expenses

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS

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

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

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Fair Value Measurements

There were no plan investments subject to Level 3 fair value measurements. This category would include investments that are not actively traded, and significant other observable inputs are not available.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

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

Fair Value Measurements Using

	Measured at Net Asset Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2023:					
Registered investment companies	\$ -	\$ 17,654,735	\$ -	\$ -	\$17,654,735
Interest-bearing cash	-	920,987	-	-	920,987
Government securities	-	689,721	-	-	689,721
Corporate bonds	-	6,611,664	-	-	6,611,664
Common stocks	-	8,195,878	-	-	8,195,878
Preferred stocks	-	1,290,197	-	-	1,290,197
Collateralized mortgage obligations	-	-	210,300	-	210,300
	<u>\$ -</u>	<u>\$ 35,363,182</u>	<u>\$ 210,300</u>	<u>\$ -</u>	<u>\$35,573,482</u>
December 31, 2022:					
Registered investment companies	\$ -	\$ 13,398,058	\$ -	\$ -	\$13,398,058
Interest-bearing cash	-	701,445	-	-	701,445
Government securities	-	722,993	-	-	722,993
Corporate bonds	-	6,573,840	-	-	6,573,840
Common stocks	-	9,752,274	-	-	9,752,274
Preferred stocks	-	1,036,098	-	-	1,036,098
Collateralized mortgage obligations	-	-	276,572	-	276,572
	<u>\$ -</u>	<u>\$ 32,184,708</u>	<u>\$ 276,572</u>	<u>\$ -</u>	<u>\$32,461,280</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2023 and 2022 are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2023 there were no significant transfers between Level 1 and Level 2 and no transfers into or out of Level 3.

NOTE D - FUNDING POLICY

Members are not required to make contributions under the Plan. Employers make contributions to the Plan at the rates specified by the collective bargaining agreement in effect between employers and the Union (expiring April 30, 2026), such that, all members' benefits will be fully provided for by the time they retire. Total contributions to the Plan for the 2023 and 2022 Plan years exceeded the minimum funding requirements of ERISA. See Note K.

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

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

NOTE E - PLAN TERMINATION

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - PLAN TERMINATION (CONTINUED)

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2023 and 2022, that ceiling was equal to the product of (1) 100% of the accrual rate up to \$11, plus 75% of the lesser of (i) \$33, or (ii) the accrual rate, if any, in excess of \$11; and (2) the number of the Member's years of credited service. The accrual rate is a Member's (or beneficiary's) monthly benefit that is eligible for PBGC's guarantee, divided by the Member's years of credited service. However, the monthly benefit used in this computation must not be greater than the monthly benefit that would be payable under the Plan at normal retirement age in the form of a single life annuity. In addition, the monthly benefit used in the computation must be determined without regard to any reduction under Code Sec. 411(a)(3)(E) provisions relating to the cessation of contributions.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - INFORMATION PREPARED AND CERTIFIED BY THE PLAN TRUSTEE

Huntington National Bank, the (former) trustee of the Plan, held investments at Huntington National Bank for the period of January 1, 2023 to August 1, 2023. OneDigital, the (successor) trustee of the Plan, held investments at Charles Schwab from August 2, 2023 and thereafter. These respective financial institutions certified the following information included in the 2023 financial statements and supplemental schedule:

- Investments, including fair value, investment transactions, and related information
- Investment income, including net unrealized appreciation (depreciation) in fair value of investment, net realized gains (losses) from sale of securities, and interest and dividend income
- Form 5500, Schedule H, 4(i) – schedule of assets held for investment purposes
- Form 5500, Schedule H, 4(j) – schedule of reportable transactions

NOTE G - PLAN AMENDMENTS AND CHANGES IN ACTUARIAL ASSUMPTIONS

The Plan was not formally amended during 2023. The interest rate used for determining the RPA '94 current liabilities was changed from 2.22% to 2.55%. The method of calculating actuarial accrued liability was changed. These changes were made due to statutory requirements, Plan rehabilitation and/or to better anticipate plan experience. The Plan's Actuarial Present Value of Accumulated Plan Benefits decreased \$144,885 as a result of these changes. See Note K.

NOTE H - TAX STATUS

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE H - TAX STATUS (CONTINUED)

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2020.

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various registered investment companies (mutual funds), corporate bonds, common stock, government securities and collateralized mortgage obligations. These investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and deposit accounts managed by Charles Schwab during the period from August 2, 2023 and thereafter. Charles Schwab is the Custodian of the majority of the Plan's assets and, therefore, this transaction qualified as a party-in-interest transaction. Fees paid by the Plan for the investment services amounted to \$30,790 for the year ended December 31, 2023. The investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

Certain Plan investments were shares of mutual funds and deposit accounts managed by Huntington Bank during the period from January 1, 2023 to August 1, 2023. Huntington Bank was the Custodian of the majority of the Plan's assets and, therefore, this transaction qualified as a party-in-interest transaction. Fees paid by the Plan for the investment services amounted to \$67,862 for the year ended December 31, 2023. The investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE J - PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Certain Plan investments were shares of mutual funds and deposit accounts managed by Huntington Bank as of December 31, 2022. Huntington Bank was the Custodian of the majority of the Plan's assets and, therefore, this transaction qualified as a party-in-interest transaction. Fees paid by the Plan for the investment services amounted to \$93,957 for the year ended December 31, 2022. The investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

NOTE K - PLAN STATUS

The Plan was in neither endangered nor critical status for the plan year beginning January 1, 2022.

On March 31, 2023, it was determined that the Plan is in critical status for the plan year beginning January 1, 2023. As of this date, the Plan actuary certified this status to the U.S. Department of the Treasury, as well as the Plan sponsor. The Plan is considered to be in critical status because it has funding or liquidity problems, or both. Specifically, the Plan's actuary determined that over the next three years, the Plan is projected to have an accumulated funding deficiency for the 2025 and 2026 plan years. Effective July 1, 2023, the Plan adopted a Rehabilitation Plan.

The preferred Schedule of the Rehabilitation Plan stipulated the following changes:

- For future retirees, the Early Retirement subsidy was removed. Early Retirement reductions were increased to full actuarial equivalence for each month prior to Normal Retirement Date.
- The Plan's death benefit was reduced from \$10,000 to \$5,000.
- A one time credited contribution increase of \$1.65/hour was adopted effective May 1, 2023.

Additionally, the Plan is generally not permitted to pay lump sum benefits while it is in critical status. Exceptions to this restriction are that certain lump sum payments are permitted for:

- Benefits small enough to be eligible for immediate distribution (i.e. with present values below statutory and Plan defined thresholds), or
- Makeup payments in the case of a retroactive annuity starting date or any similar payment of benefits owed with respect to a prior period.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE L - SUBSEQUENT EVENTS

Subsequent events were evaluated through October 10, 2024, which is the date the financial statements were available to be issued.

Effective May 1, 2024 through April 30, 2025, employers will contribute \$9.18 per hour to the Plan.

SUPPLEMENTAL SCHEDULES

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

The following methods and assumptions were used:

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

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

Interest Rates:

Full Funding Limitation:

a. Maximum Basis – 2.55%

b. RPA Current Liability – 2.55%

Minimum/Maximum Funding – 7.5%

Present Value of Accrued Benefits – 7.5%

Rates of Retirement:

Based on the following:

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

Rates of Disability:

Based on the following:

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

Rates of Turnover:

Based on age and length of service as follows:

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

Form of Payment:

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

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS (CONTINUED)

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Assumptions Made in Valuing Spouse's Benefit:	85% of the Participants are assumed to be married, with the female spouse three years younger than the male spouse.
Expenses:	The normal cost is increased by last years non-investment related expenses, rounded to the nearest \$1,000. This 2023 amount is assumed to increase 2.5% per year throughout the projection.
Incomplete Data:	One active was missing his date of birth. He was assumed to be age 25.
Benefit Accrual Rate:	Pension credits and expected contributions were projected on the assumption that all active participants would work 1,200 hours annually.
Projected Industry Activity:	For the purpose of the credit balance projection, future covered employment for 2023 has been estimated to be 275,000 total hours per year. From 2024, future covered employment has been estimated to be 243,000 total hours per year. This assumption has been set with input from the Board of Trustees.
Asset Valuation:	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.
Funding Method:	Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years. This method was made effective January 1, 2023. <i>(Prior Valuation: Entry Age Normal)</i>

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

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds The Investment Co of Amer	Registered Investment Company - 30,368.942 shares	\$ 969,976	\$ 1,522,699
	Amer Fds The Growth Fd of Amer	Registered Investment Company - 17,814.670 shares	718,848	1,090,970
	Amer Fds The Income Fd of Amer	Registered Investment Company - 64,735.988 shares	1,181,905	1,509,643
	Amer Fds Capital Income Builder	Registered Investment Company - 17,953.560 shares	928,270	1,189,603
	Amer Fds Cap World Growth & Inc	Registered Investment Company - 27,165.611 shares	1,077,039	1,620,157
	Amer Fds American Mutual Fd	Registered Investment Company - 19,550.272 shares	778,579	992,567
	Amer Fds New Perspective Fd	Registered Investment Company - 1,382.264 shares	56,162	75,859
	Amer Fds The Bond Fd of America	Registered Investment Company - 59,444.961 shares	744,647	683,023
	Amer Fds American Balanced Fd	Registered Investment Company - 32,419.441 shares	848,392	1,035,153
	Amer Fds Amer High-Income Trust	Registered Investment Company - 98,111.333 shares	983,232	932,058
	Amer Fds U.S. Govt Securities Fd	Registered Investment Company - 12,349.144 shares	168,129	150,289
	Amer Fds Intermed Bond Fd of Amer	Registered Investment Company - 26,275.076 shares	350,030	329,752
	Amer Fds The Bond Fd of America	Registered Investment Company - 17,989.900 shares	203,481	206,704
	Amer Fds AF Multi-Sector Income Fd	Registered Investment Company - 68,079.982 shares	617,368	634,505
*	Huntington Bank	Huntington Conservative Deposit	5,341	5,341
*	Charles Schwab	Deposit Account	3,094	3,094
*	Charles Schwab	Schwab Treasury Obligations MMF	51,252	51,252
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	88,219
	U.S. Govt Obligations	USTN \$125,000 1.625% 08/15/29	124,976	111,328
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	111,641
	U.S. Govt Obligations	USTN \$45,000 3.5% 02/15/23	45,083	43,699
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	89,883
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	112,596
	U.S. Govt Agencies	FFCB \$25,000 4.05% 05/17/29	24,962	24,363
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	65,884
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	42,108
	McDonalds Corp Series Mtn	Corp Bond \$150,000 3.25% 06/10/24	152,418	148,303
	American Honda Finance Series Gmtn	Corp Bond \$125,000 2.3% 09/09/26	123,554	118,117
*	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	95,323
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	90,619
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	121,861
	Commonwealth Edison Co	Corp Bond \$50,000 3.70% 08/15/28	51,298	48,347
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	135,483
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	42,278
	PNC Financial Services	Corp Bond \$50,000 2.55% 01/22/30	45,456	43,778
	Prudential Financial Inc Series Mtn	Corp Bond \$25,000 2.10% 03/10/30	21,978	21,942
	Blackrock Inc	Corp Bond \$50,000 2.40% 04/30/30	45,296	44,631
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	42,956
	Bank of America Corp	Corp Bond \$25,000 2.687% 04/22/32	21,034	21,127
	Citigroup Inc	Corp Bond \$25,000 2.52% 11/03/32	21,160	20,520
	CVS Health Corp	Corp Bond \$25,000 5.125% 02/21/30	24,871	25,323
	John Deere Capital Corp	Corp Bond \$50,000 5.15% 03/03/25	50,006	50,256
	JPMorgan Chase	Corp Bond \$25,000 6.087% 10/23/29	24,812	26,217
	JPMorgan Chase	Corp Bond \$25,000 6.254% 10/23/34	24,710	27,094
	Lowes Companies	Corp Bond \$50,000 2.625% 04/01/31	42,647	43,745
	Wells Fargo & Company	Corp Bond \$50,000 3.35% 03/02/33	43,442	43,425

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4821 Class VA 4% 10/15/29	52,829	49,006
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	14,475	12,803
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	23,660	21,347
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	31,164	28,136
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	7,230	6,427
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	28,410	25,246
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	15,731	14,256
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	61,037	53,079
*	Huntington Bank	Huntington Conservative Deposit	4,818	4,818
*	Charles Schwab	Deposit Account	3,239	3,239
*	Charles Schwab	Schwab Treasury Obligations MMF	376,322	376,322
	CVS Health Corporation	Corp Bond \$25,000 5.125% 02/21/30	24,871	25,323
	Exelon Corp	Corp Bond \$25,000 5.15% 03/15/28	24,807	25,366
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 8.72077% 12/29/49	49,925	48,500
	Goldman Sachs Group	Corp Bond \$50,000 7.5% 12/31/99	49,250	52,125
	The Cigna Group	Corp Bond \$50,000 5.685% 03/15/26	49,951	50,087
	Wells Fargo & Company	Corp Bond \$50,000 7.625% 12/31/99	50,000	52,437
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	44,928
	Allstate Corp	Preferred Stock - 1,500 shares	35,318	31,815
	Allstate Corp Series J	Preferred Stock - 1,500 shares	37,500	40,500
	Apollo Global Mgmt Inc Series A	Preferred Stock - 2,000 shares	50,740	54,940
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	58,320
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	24,945
	Carlyle Finance LLC	Preferred Stock - 2,750 shares	64,058	56,623
	CMS Energy Corp	Preferred Stock - 1,000 shares	25,028	24,750
	Fifth Third Bancorp Series A	Preferred Stock - 2,000 shares	49,990	48,240
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	47,600
	Globe Life Inc	Preferred Stock - 1,000 shares	25,000	19,020
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	56,940
*	Huntington Bancshares Inc Series H	Preferred Stock - 1,850 shares	43,579	32,634
*	Huntington Bancshares Inc Series J	Preferred Stock - 750 shares	18,750	17,775
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	41,000
	Keycorp Series F	Preferred Stock - 2,000 shares	50,173	39,920
	KKR Group Fin Co IX LLC	Preferred Stock - 2,250 shares	54,525	42,548
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	40,800
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	57,210
	Morgan Stanley V/R	Preferred Stock - 1,000 shares	25,030	25,020
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	27,225
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	34,600
	Rivernorth/Doubleline Series A	Preferred Stock - 2,500 shares	62,228	45,275
	Schwab (Charles) Corp Series J	Preferred Stock - 2,500 shares	62,550	49,150
	Stifel Financial Corp Series D	Preferred Stock - 2,900 shares	69,467	49,793
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	46,424
	Wells Fargo & Company Series CC	Preferred Stock - 2,500 shares	58,040	46,050
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	31,792

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

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

EIN: 51-6123024

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

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	29,865
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	42,175
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	47,880
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 2,000 shares	47,982	34,440
*	Charles Schwab	Deposit Account	476,921	476,921
	UnitedHealth Group Inc	Corp Bond \$200,000 3.5% 02/15/24	211,244	199,345
	Arizona Public Service Co	Corp Bond \$200,000 3.35% 06/15/24	207,028	197,825
	Manuf & Traders Trust Co	Corp Bond \$200,000 2.9% 02/06/25	204,284	193,217
	Ralph Lauren Corp	Corp Bond \$200,000 3.75% 09/15/25	210,538	195,818
	NSTAR Electric Co	Corp Bond \$200,000 3.25% 11/15/25	210,038	193,690
	Bank of America Corp Series Gmtm	Corp Bond \$200,000 3.5% 04/19/26	207,124	194,730
	Hershey Co	Corp Bond \$200,000 2.3% 08/15/26	197,818	189,597
	JP Morgan Chase & Co	Corp Bond \$200,000 2.95% 10/01/26	206,038	190,908
	Duke Energy Carolinas	Corp Bond \$200,000 2.95% 12/01/26	203,742	192,998
	CBOE Holdings Inc	Corp Bond \$200,000 3.65% 01/12/27	214,764	193,787
	Schwab (Charles) Corp	Corp Bond \$200,000 3.3% 04/01/27	205,992	190,646
	Gulf Power Co	Corp Bond \$200,000 3.3% 05/30/27	206,952	191,730
	John Deere Capital Corp Series Mtn	Corp Bond \$200,000 2.8% 09/08/27	206,400	189,402
	Alliant Energy Corp	Corp Bond \$200,000 3.05% 10/15/27	208,694	189,938
	Oracle Corporation	Corp Bond \$200,000 3.25% 11/15/27	212,738	189,843
	Avalon Bay Communities Inc Series Mtn	Corp Bond \$200,000 3.2% 01/15/28	209,784	189,959
	Bank of NY Mellon Corp Series Mtn	Corp Bond \$200,000 3.4% 01/29/28	209,719	190,858
	Salesforce Inc	Corp Bond \$200,000 3.7% 04/11/28	215,682	195,833
	Schwab (Charles) Corp	Corp Bond \$200,000 4.0% 02/01/29	220,962	193,986
	Rockwell Automation, Inc.	Corp Bond \$200,000 3.5% 03/01/29	212,170	193,082
	Public Storage	Corp Bond \$200,000 3.385% 05/01/29	215,188	188,758
	Northern Trust Corp	Corp Bond \$200,000 3.15% 05/03/29	206,184	187,948
	IBM Corp	Corp Bond \$200,000 3.5% 05/15/29	208,084	190,498
	Atmos Energy Corp	Corp Bond \$200,000 2.625% 09/15/29	205,198	180,095
	State Street Corp	Corp Bond \$200,000 2.4% 01/24/30	201,736	178,360
	Comcast Corp	Corp Bond \$200,000 2.625% 02/01/30	202,748	179,751
	Oklahoma Gas & Elec Co	Corp Bond \$200,000 3.3% 03/15/30	216,294	183,879
	Accenture Plc Cl A	Common Stock - 672 shares	135,788	235,812
	Adobe Systems Inc	Common Stock - 454 shares	170,557	270,856
	Advanced Micro Devices	Common Stock - 1,124 shares	133,155	165,689
	Alphabet Inc Cl A	Common Stock - 2,486 shares	200,579	347,269
	Amazon.com Inc	Common Stock - 1,378 shares	141,504	209,373
	American Express Co	Common Stock - 951 shares	167,603	178,160
	Apple Inc	Common Stock - 2,621 shares	211,098	504,621
	Boeing Co	Common Stock - 614 shares	144,060	160,045
	Boston Scientific Corp	Common Stock - 2,016 shares	107,208	116,545
	Chubb Limited	Common Stock - 739 shares	118,334	167,014
	Cisco Systems Inc	Common Stock - 2,135 shares	102,512	107,860
	Cogent Communications Group	Common Stock - 166 shares	11,058	12,626
	Comcast Corp	Common Stock - 2,520 shares	103,591	110,502
	Constellation Brands Inc Cl A	Common Stock - 840 shares	198,551	203,070
	Costco Wholesale Corp	Common Stock - 235 shares	74,900	155,119

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Danaher Corp	Common Stock - 336 shares	106,320	77,730
	Elevance Health Inc	Common Stock - 373 shares	175,320	175,892
	Emerson Electric Co	Common Stock - 1,142 shares	105,368	111,151
	Fiserv Inc	Common Stock - 2,083 shares	221,275	276,706
	General Electric Co	Common Stock - 1,546 shares	156,916	197,316
	Intuitive Surgical	Common Stock - 296 shares	89,439	99,859
	JP Morgan Chase & Co	Common Stock - 1,411 shares	161,403	240,011
	Johnson & Johnson	Common Stock - 1,008 shares	133,778	157,994
	Lockheed Martin Corporation	Common Stock - 252 shares	107,548	114,216
	M & T Bank Corp	Common Stock - 706 shares	109,015	96,779
	McDonalds Corp	Common Stock - 806 shares	217,021	238,987
	McKesson Corp	Common Stock - 63 shares	28,981	29,168
	Microsoft Corp	Common Stock - 1,865 shares	277,352	701,315
	Northrop Grumman Corp	Common Stock - 185 shares	82,849	86,606
	Nvidia Corp	Common Stock - 806 shares	77,598	399,147
	Palo Alto Networks	Common Stock - 706 shares	202,209	208,185
	Parker Hannifin Corp	Common Stock - 403 shares	139,289	185,662
	Pepsico Inc	Common Stock - 907 shares	131,333	154,045
	Proctor & Gamble Co	Common Stock - 722 shares	103,573	105,802
	Rockwell Automation, Inc.	Common Stock - 554 shares	159,595	172,006
	Salesforce Inc	Common Stock - 605 shares	101,601	159,200
	Servicenow Inc	Common Stock - 252 shares	120,900	178,035
	Starbucks Corp	Common Stock - 1,142 shares	119,915	109,643
	Stryker Corp	Common Stock - 376 shares	109,337	112,597
	UnitedHealth Group Inc	Common Stock - 504 shares	133,934	265,341
	Veralto Corp	Common Stock - 112 shares	9,533	9,213
	Visa Inc Class A	Common Stock - 1,243 shares	223,951	323,615
	Walmart Inc	Common Stock - 806 shares	114,567	127,066
	Workday Inc	Common Stock - 500 shares	134,600	138,030
	Ishares Core S&P Small-Cap ETF	Registered Investment Company - 5,291 shares	584,212	572,751
	Ishares Core S&P 500 ETF	Registered Investment Company - 2,429.719 shares	1,113,987	1,160,507
	Ishares Core US Aggregate Bond ETF	Registered Investment Company - 19,957 shares	1,925,050	1,980,732
	Ishares Tips Bond ETF	Registered Investment Company - 1,870 shares	227,021	201,006
	Vanguard FTSE Developed Markets ETF	Registered Investment Company - 31,277 shares	1,488,629	1,498,168
	Vanguard FTSE Emerging Markets ETF	Registered Investment Company - 6,535 shares	303,485	268,589

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

\$ 31,894,191	\$ 35,573,482
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IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE
TRANSACTIONS
AT DECEMBER 31, 2023

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2023

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

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Huntington Bank	Federated Government Obligations Fund	\$ 1,791,425	\$ 2,065,555	-	-	\$ 1,791,425	\$ 1,791,425	-
				-	-	\$ 2,065,555	\$ 2,065,555	-

Bricklayers Masons Local Union No. 6 Pension Plan

EIN: 51-6123024; PN: 001

Attachment to the 2023 Form 5500 Schedule MB, line 8b(2)- Schedule of Active Participant Data

	Years of Service										
Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25	8	7	0	0	0	0	0	0	0	0	15
25-29	3	6	5	0	0	0	0	0	0	0	14
30-34	4	9	8	2	0	0	0	0	0	0	23
35-39	2	3	9	3	3	0	0	0	0	0	20
40-44	2	6	5	3	4	2	1	0	0	0	23
45-49	0	3	4	2	4	4	3	0	0	0	20
50-54	3	1	10	5	8	9	5	0	0	0	41
55-59	3	2	8	1	1	2	0	0	0	0	17
60-64	1	1	0	0	0	0	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	2	0	0	0	0	0	0	0	0	0	2
missing	0	0	0	1	0	0	0	0	0	0	1
Total	28	38	49	17	20	17	9	0	0	0	178

Actuarial Methods and Assumptions

As of January 1, 2023

Interest Rates	Current Year	Prior Year
Minimum/Maximum Funding	7.50%	7.50%
Present Value of Accrued Benefits	7.50%	7.50%
Full Funding Limitation		
Maximum Basis	2.55%	2.22%
RPA Current Liability	2.55%	2.22%

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

Disabled: SOA Pri-2012 Total Dataset Disabled Mortality Table

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

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

Retirement Based on age as follows:

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

Terminated vested participants are assumed to retire at age 65.

Expenses The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000. This 2023 amount is assumed to increase 2.50% per year throughout the projection.

Actuarial Methods and Assumptions (continued)

Disability Based on age. Sample rates as follows:

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

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

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

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

Funding Method Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years. This method was made effective January 1, 2023. *(Prior Valuation: Entry Age Normal)*

Incomplete Data One active was missing his date of birth. He was assumed to be age 25.

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

Projected Industry Activity For the purpose of the credit balance projection, future covered employment for 2023 has been estimated to be 275,000 total hours per year. From 2024, future covered employment has been estimated to be 243,000 total hours per year. This assumption has been set with input from the Board of Trustees.

Actuarial Methods and Assumptions (continued)

Calculation of Actuarial Present Value of Accrued Plan Benefits The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.

Models Used in Preparing Results Cowden Associates, Inc. uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation, and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

IRS FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF REPORTABLE
TRANSACTIONS
AT DECEMBER 31, 2023

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2023

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

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Huntington Bank	Federated Government Obligations Fund	\$ 1,791,425	\$ 2,065,555	-	-	\$ 1,791,425	\$ 1,791,425	-
				-	-	\$ 2,065,555	\$ 2,065,555	-

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

► 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.

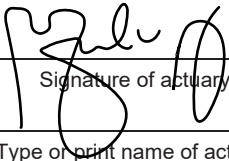
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024

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

1a Enter the valuation date: Month 01 Day 01 Year 2023

b Assets	
(1) Current value of assets	1b(1) 32,918,006
(2) Actuarial value of assets for funding standard account.....	1b(2) 37,561,387
c (1) Accrued liability for plan using immediate gain methods	1c(1) 45,932,876
(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) 45,932,876
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) 95,251,715
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,965,229
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3,133,112
(3) Expected plan disbursements for the plan year	1d(3) 3,125,874

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 Bradford L. Rigby Type or print name of actuary Acrisure Firm name	 Signature of actuary 9/30/2024 Date 2307217 Most recent enrollment number 412-394-9330 Telephone number (including area code)
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Four Gateway Center 444 Liberty Avenue, Suite 605
Pittsburgh PA 15222
Address of the firm

a	Current value of assets (see instructions)	2a	32,918,006
b	"RPA '94" current liability/participant count breakdown:		
		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	194	48,211,010
(2)	For terminated vested participants	66	14,200,979
(3)	For active participants:		
(a)	Non-vested benefits		1,652,075
(b)	Vested benefits		31,187,651
(c)	Total active	178	32,839,726
(4)	Total	438	95,251,715
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.55 %

(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	1,991,002	0			

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.7 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☒ Yes ☐ No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (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	194,920
f If the plan is in critical status or critical and declining status, and is: • 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."	4f	2044

a	☐ Attained age normal	b	☐ Entry age normal	c	☒ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						
j If box h is checked, enter period of use of shortfall method						5j	

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.55 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.50 %
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)	7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.9 %
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)	105,000
(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	1,752,529	184,688
5	-2,469,317	-334,646
3	-194,920	-20,541

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

676,495

c Amortization charges as of valuation date:

Outstanding balance

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

9c(1)

15,564,739

2,427,075

(2) Funding waivers

9c(2)

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

9c(3)

d Interest as applicable on lines 9a, 9b, and 9c

9d

232,768

e Total charges. Add lines 9a through 9d

9e

3,336,338

Credits to funding standard account:

f Prior year credit balance, if any

9f

907,413

g Employer contributions. Total from column (b) of line 3

9g

1,991,002

Outstanding balance

h Amortization credits as of valuation date

9h

6,285,837

1,032,829

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

208,147

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

15,689,749

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

9j(2)

49,858,470

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

(2) Other credits

9k(2)

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

4,139,391

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

803,053

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 current plan year

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions



Yes



No

Plan Provisions

Effective January 1, 1976

As Restated Effective January 1, 2014

Last Amended May 24, 2023

The following is a summary of the major provisions of the plan as of January 1, 2023. Refer to the plan document for a more complete description of the most recent plan provisions.

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

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

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

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

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

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

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

Plan Provisions (continued)

Accrued Benefit (continued)

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

The Accrued Benefit excludes:

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

Normal Retirement

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

Benefit: The Accrued Benefit

Early Retirement

Eligibility: Age 55 with 5 years of service.

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

- The Accrued Benefit as of July 1, 2017 reduced by .3% for each month by which the commencement date precedes Normal Retirement Age, plus,
- The Accrued Benefit from July 1, 2017 to present reduced by .4% for each month by which the commencement date precedes Normal Retirement Age.
- *Rehab Plan:* The Accrued Benefit is reduced by a full actuarial reduction, for each month by which the commencement date precedes Normal Retirement Age.

Plan Provisions (continued)

Disability Retirement Benefit	<u>Eligibility:</u> Total and Permanent Disability after reaching age 45 with at least 10 years of Future Service. <u>Benefit:</u> The Accrued Benefit without reduction payable at the later of a) six months following disablement, or b) application for commencement.								
Termination Benefit	<u>Eligibility:</u> Upon termination of employment prior to retirement after completion of at least 5 years of Future Service, a participant is 100% vested in his accrued benefit. <u>Benefit:</u> The Accrued Benefit deferred to Normal Retirement Date or, for a participant eligible for Early Retirement, the Accrued benefit reduced as described under the early retirement provisions.								
Death Benefit	<u>Eligibility:</u> Vested and married for at least one year. <u>Benefit:</u> A monthly benefit to the surviving spouse for life starting on the participant's earliest commencement date in the amount of the survivor portion of an early retirement 50% joint and survivor benefit.								
Lump Sum Death Benefit	<u>Eligibility:</u> An active or former participant that is not vested. <u>Benefit:</u> A lump sum benefit immediately payable to a surviving beneficiary equal to the lesser of 100 times the Accrued Benefit at date of death or \$10,000. (<i>Rehab Plan: lesser of 100 times the Accrued Benefit or \$5,000</i>)								
Optional Payment Forms	Life Annuity 50% Joint & Survivor 75% Joint & Survivor The conversion factors are based on specified formulas as described in the plan document Section 5.2(b).								
Employer Contributions	Current contributions rates are as follows: <table data-bbox="513 1680 857 1827"> <tr> <th colspan="2"><u>Plan Year(s)</u></th></tr> <tr> <td>5/01/2021 – 4/30/2022</td><td>\$ 6.83</td></tr> <tr> <td>5/01/2022 – 5/01/2023</td><td>7.33</td></tr> <tr> <td>5/01/2023 – Current</td><td>8.98</td></tr> </table>	<u>Plan Year(s)</u>		5/01/2021 – 4/30/2022	\$ 6.83	5/01/2022 – 5/01/2023	7.33	5/01/2023 – Current	8.98
<u>Plan Year(s)</u>									
5/01/2021 – 4/30/2022	\$ 6.83								
5/01/2022 – 5/01/2023	7.33								
5/01/2023 – Current	8.98								

Schedule of Amortization Bases

MINIMUM FUNDING Charges	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
Amendment 95	\$	1/1/1995	2.0	\$ 5,972	\$ 3,095
Amendment 96		1/1/1996	3.0	33,453	11,966
Amendment 97		1/1/1997	4.0	73,629	20,449
Amendment 98		1/1/1998	5.0	318,616	73,256
Amendment 99		1/1/1999	6.0	238,246	47,216
Amendment 00		1/1/2000	7.0	594,957	104,489
Amendment 01		1/1/2001	8.0	154,891	24,600
Amendment 03		1/1/2003	10.0	184,994	25,071
Amendment 04		1/1/2004	11.0	271,219	34,487
Amendment 05		1/1/2005	12.0	124,002	14,912
Amendment 06		1/1/2006	13.0	121,013	13,854
Amendment 07		1/1/2007	14.0	128,819	14,115
Amendment 07		1/1/2007	14.0	197,717	21,666
Amendment 09		1/1/2009	1.0	164,642	164,636
Amendment 10		1/1/2010	2.0	95,550	49,503
Amendment 10		1/1/2010	2.0	21,076	10,918
Amendment 11		1/1/2011	3.0	145,183	51,935
Amendment 11		1/1/2011	3.0	5,467	1,954
Amendment 12		1/1/2012	4.0	130,715	36,304
Amendment 12		1/1/2012	4.0	35,548	9,873
Amendment 13		1/1/2013	5.0	456,672	104,997
Amendment 13		1/1/2013	5.0	40,644	9,345
Amendment 13		1/1/2013	5.0	19,662	4,522
Amendment 14		1/1/2014	6.0	250,817	49,708
Amendment 14		1/1/2014	6.0	68,024	13,481
Amendment 15		1/1/2015	7.0	595,572	104,598
Amendment 15		1/1/2015	7.0	29,110	5,113
Amendment 16		1/1/2016	8.0	903,667	143,517
Amendment 16		1/1/2016	8.0	169,946	26,991
Amendment 17		1/1/2017	9.0	1,013,178	147,751
Amendment 17		1/1/2017	9.0	104,960	15,307
Amendment 18		1/1/2018	10.0	763,344	103,449
Amendment 19		1/1/2019	11.0	122,263	15,547
Assumption 19		1/1/2019	11.0	1,742,398	221,564
Experience Loss 19		1/1/2019	11.0	1,562,674	198,711
Experience Loss 20	1,860,512	1/1/2020	12.0	1,630,383	196,067
Assumption Change 21	991,918	1/1/2021	13.0	913,114	104,532
Experience Loss 21	274,987	1/1/2021	13.0	253,141	28,979
Assumption Change 22	69,514	1/1/2022	14.0	66,852	7,326
Experience Loss 22	62,471	1/1/2022	14.0	60,080	6,583
Experience Loss 23	1,752,529	1/1/2023	15.0	1,752,529	184,688
Subtotal				\$ 15,564,739	\$ 2,427,075

Schedule of Amortization Bases (continued)

Credits

Assumption 96	\$	1/1/1996	3.0	\$	521	\$	186
Assumption 97		1/1/1997	4.0		10,082		2,802
Assumption 03		1/1/2003	10.0		1,396,803		189,302
Amendment 09		1/1/2009	1.0		190,804		190,802
Amendment 16		1/1/2016	8.0		889,037		141,193
Amendment 18		1/1/2018	10.0		1,110,010		150,430
Assumption 20	27,778	1/1/2020	12.0		24,343		2,927
Method Change 23	2,469,317	1/1/2023	10.0		2,469,317		334,646
Plan Change 23	194,920	1/1/2023	15.0		194,920		20,541
Subtotal				\$	6,285,837	\$	1,032,829
Net Amortization Balance and Payment				\$	9,278,902	\$	1,394,246
Credit Balance as of January 1, 2023					907,413		
Unfunded Liability				\$	8,371,489		

		Initial			Limit
MAXIMUM FUNDING		<u>Amount</u>	<u>Payment</u>	<u>Balance</u>	<u>Adjustment</u>
Fresh Start 2023	\$	8,371,489	\$ 1,134,519	<u>\$ 8,371,489</u>	<u>\$ 1,134,519</u>
Subtotal				<u>\$ 8,371,489</u>	<u>\$ 1,134,519</u>

Changes Since Last Year

Plan Changes

Effective July 1, 2023, the Plan adopted a Rehabilitation Plan. The Preferred Schedule of the Rehabilitation Plan stipulated the following changes:

- For future retirees, the Early Retirement subsidy was removed. Early Retirement reductions were increased to full actuarial equivalence for each month prior to Normal Retirement Date.
- The plan's death benefit was reduced from \$10,000 to \$5,000.
- A one-time credited contribution increase of \$1.65/hour was adopted effective May 1, 2023.

Method Changes

The method of calculating actuarial accrued liability was changed from Entry Age Normal to Unit Credit. This change is granted automatic approval under Rev. Proc. 2000-40.

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed from 2.22% to 2.55% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.

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

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds The Investment Co of Amer	Registered Investment Company - 30,368.942 shares	\$ 969,976	\$ 1,522,699
	Amer Fds The Growth Fd of Amer	Registered Investment Company - 17,814.670 shares	718,848	1,090,970
	Amer Fds The Income Fd of Amer	Registered Investment Company - 64,735.988 shares	1,181,905	1,509,643
	Amer Fds Capital Income Builder	Registered Investment Company - 17,953.560 shares	928,270	1,189,603
	Amer Fds Cap World Growth & Inc	Registered Investment Company - 27,165.611 shares	1,077,039	1,620,157
	Amer Fds American Mutual Fd	Registered Investment Company - 19,550.272 shares	778,579	992,567
	Amer Fds New Perspective Fd	Registered Investment Company - 1,382.264 shares	56,162	75,859
	Amer Fds The Bond Fd of America	Registered Investment Company - 59,444.961 shares	744,647	683,023
	Amer Fds American Balanced Fd	Registered Investment Company - 32,419.441 shares	848,392	1,035,153
	Amer Fds Amer High-Income Trust	Registered Investment Company - 98,111.333 shares	983,232	932,058
	Amer Fds U.S. Govt Securities Fd	Registered Investment Company - 12,349.144 shares	168,129	150,289
	Amer Fds Intermed Bond Fd of Amer	Registered Investment Company - 26,275.076 shares	350,030	329,752
	Amer Fds The Bond Fd of America	Registered Investment Company - 17,989.900 shares	203,481	206,704
	Amer Fds AF Multi-Sector Income Fd	Registered Investment Company - 68,079.982 shares	617,368	634,505
*	Huntington Bank	Huntington Conservative Deposit	5,341	5,341
*	Charles Schwab	Deposit Account	3,094	3,094
*	Charles Schwab	Schwab Treasury Obligations MMF	51,252	51,252
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	88,219
	U.S. Govt Obligations	USTN \$125,000 1.625% 08/15/29	124,976	111,328
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	111,641
	U.S. Govt Obligations	USTN \$45,000 3.5% 02/15/23	45,083	43,699
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	89,883
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	112,596
	U.S. Govt Agencies	FFCB \$25,000 4.05% 05/17/29	24,962	24,363
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	65,884
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	42,108
	McDonalds Corp Series Mtn	Corp Bond \$150,000 3.25% 06/10/24	152,418	148,303
	American Honda Finance Series Gmtn	Corp Bond \$125,000 2.3% 09/09/26	123,554	118,117
*	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	95,323
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	90,619
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	121,861
	Commonwealth Edison Co	Corp Bond \$50,000 3.70% 08/15/28	51,298	48,347
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	135,483
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	42,278
	PNC Financial Services	Corp Bond \$50,000 2.55% 01/22/30	45,456	43,778
	Prudential Financial Inc Series Mtn	Corp Bond \$25,000 2.10% 03/10/30	21,978	21,942
	Blackrock Inc	Corp Bond \$50,000 2.40% 04/30/30	45,296	44,631
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	42,956
	Bank of America Corp	Corp Bond \$25,000 2.687% 04/22/32	21,034	21,127
	Citigroup Inc	Corp Bond \$25,000 2.52% 11/03/32	21,160	20,520
	CVS Health Corp	Corp Bond \$25,000 5.125% 02/21/30	24,871	25,323
	John Deere Capital Corp	Corp Bond \$50,000 5.15% 03/03/25	50,006	50,256
	JPMorgan Chase	Corp Bond \$25,000 6.087% 10/23/29	24,812	26,217
	JPMorgan Chase	Corp Bond \$25,000 6.254% 10/23/34	24,710	27,094
	Lowes Companies	Corp Bond \$50,000 2.625% 04/01/31	42,647	43,745
	Wells Fargo & Company	Corp Bond \$50,000 3.35% 03/02/33	43,442	43,425

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

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

EIN: 51-6123024

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

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4821 Class VA 4% 10/15/29	52,829	49,006
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	14,475	12,803
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	23,660	21,347
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	31,164	28,136
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	7,230	6,427
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	28,410	25,246
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	15,731	14,256
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	61,037	53,079
*	Huntington Bank	Huntington Conservative Deposit	4,818	4,818
*	Charles Schwab	Deposit Account	3,239	3,239
*	Charles Schwab	Schwab Treasury Obligations MMF	376,322	376,322
	CVS Health Corporation	Corp Bond \$25,000 5.125% 02/21/30	24,871	25,323
	Exelon Corp	Corp Bond \$25,000 5.15% 03/15/28	24,807	25,366
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 8.72077% 12/29/49	49,925	48,500
	Goldman Sachs Group	Corp Bond \$50,000 7.5% 12/31/99	49,250	52,125
	The Cigna Group	Corp Bond \$50,000 5.685% 03/15/26	49,951	50,087
	Wells Fargo & Company	Corp Bond \$50,000 7.625% 12/31/99	50,000	52,437
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	44,928
	Allstate Corp	Preferred Stock - 1,500 shares	35,318	31,815
	Allstate Corp Series J	Preferred Stock - 1,500 shares	37,500	40,500
	Apollo Global Mgmt Inc Series A	Preferred Stock - 2,000 shares	50,740	54,940
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	58,320
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	24,945
	Carlyle Finance LLC	Preferred Stock - 2,750 shares	64,058	56,623
	CMS Energy Corp	Preferred Stock - 1,000 shares	25,028	24,750
	Fifth Third Bancorp Series A	Preferred Stock - 2,000 shares	49,990	48,240
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	47,600
	Globe Life Inc	Preferred Stock - 1,000 shares	25,000	19,020
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	56,940
*	Huntington Bancshares Inc Series H	Preferred Stock - 1,850 shares	43,579	32,634
*	Huntington Bancshares Inc Series J	Preferred Stock - 750 shares	18,750	17,775
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	41,000
	Keycorp Series F	Preferred Stock - 2,000 shares	50,173	39,920
	KKR Group Fin Co IX LLC	Preferred Stock - 2,250 shares	54,525	42,548
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	40,800
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	57,210
	Morgan Stanley V/R	Preferred Stock - 1,000 shares	25,030	25,020
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	27,225
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	34,600
	Rivernorth/Doubleline Series A	Preferred Stock - 2,500 shares	62,228	45,275
	Schwab (Charles) Corp Series J	Preferred Stock - 2,500 shares	62,550	49,150
	Stifel Financial Corp Series D	Preferred Stock - 2,900 shares	69,467	49,793
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	46,424
	Wells Fargo & Company Series CC	Preferred Stock - 2,500 shares	58,040	46,050
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	31,792

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

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

EIN: 51-6123024

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

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	29,865
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	42,175
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	47,880
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 2,000 shares	47,982	34,440
*	Charles Schwab	Deposit Account	476,921	476,921
	UnitedHealth Group Inc	Corp Bond \$200,000 3.5% 02/15/24	211,244	199,345
	Arizona Public Service Co	Corp Bond \$200,000 3.35% 06/15/24	207,028	197,825
	Manuf & Traders Trust Co	Corp Bond \$200,000 2.9% 02/06/25	204,284	193,217
	Ralph Lauren Corp	Corp Bond \$200,000 3.75% 09/15/25	210,538	195,818
	NSTAR Electric Co	Corp Bond \$200,000 3.25% 11/15/25	210,038	193,690
	Bank of America Corp Series Gmtm	Corp Bond \$200,000 3.5% 04/19/26	207,124	194,730
	Hershey Co	Corp Bond \$200,000 2.3% 08/15/26	197,818	189,597
	JP Morgan Chase & Co	Corp Bond \$200,000 2.95% 10/01/26	206,038	190,908
	Duke Energy Carolinas	Corp Bond \$200,000 2.95% 12/01/26	203,742	192,998
	CBOE Holdings Inc	Corp Bond \$200,000 3.65% 01/12/27	214,764	193,787
	Schwab (Charles) Corp	Corp Bond \$200,000 3.3% 04/01/27	205,992	190,646
	Gulf Power Co	Corp Bond \$200,000 3.3% 05/30/27	206,952	191,730
	John Deere Capital Corp Series Mtn	Corp Bond \$200,000 2.8% 09/08/27	206,400	189,402
	Alliant Energy Corp	Corp Bond \$200,000 3.05% 10/15/27	208,694	189,938
	Oracle Corporation	Corp Bond \$200,000 3.25% 11/15/27	212,738	189,843
	Avalon Bay Communities Inc Series Mtn	Corp Bond \$200,000 3.2% 01/15/28	209,784	189,959
	Bank of NY Mellon Corp Series Mtn	Corp Bond \$200,000 3.4% 01/29/28	209,719	190,858
	Salesforce Inc	Corp Bond \$200,000 3.7% 04/11/28	215,682	195,833
	Schwab (Charles) Corp	Corp Bond \$200,000 4.0% 02/01/29	220,962	193,986
	Rockwell Automation, Inc.	Corp Bond \$200,000 3.5% 03/01/29	212,170	193,082
	Public Storage	Corp Bond \$200,000 3.385% 05/01/29	215,188	188,758
	Northern Trust Corp	Corp Bond \$200,000 3.15% 05/03/29	206,184	187,948
	IBM Corp	Corp Bond \$200,000 3.5% 05/15/29	208,084	190,498
	Atmos Energy Corp	Corp Bond \$200,000 2.625% 09/15/29	205,198	180,095
	State Street Corp	Corp Bond \$200,000 2.4% 01/24/30	201,736	178,360
	Comcast Corp	Corp Bond \$200,000 2.625% 02/01/30	202,748	179,751
	Oklahoma Gas & Elec Co	Corp Bond \$200,000 3.3% 03/15/30	216,294	183,879
	Accenture Plc Cl A	Common Stock - 672 shares	135,788	235,812
	Adobe Systems Inc	Common Stock - 454 shares	170,557	270,856
	Advanced Micro Devices	Common Stock - 1,124 shares	133,155	165,689
	Alphabet Inc Cl A	Common Stock - 2,486 shares	200,579	347,269
	Amazon.com Inc	Common Stock - 1,378 shares	141,504	209,373
	American Express Co	Common Stock - 951 shares	167,603	178,160
	Apple Inc	Common Stock - 2,621 shares	211,098	504,621
	Boeing Co	Common Stock - 614 shares	144,060	160,045
	Boston Scientific Corp	Common Stock - 2,016 shares	107,208	116,545
	Chubb Limited	Common Stock - 739 shares	118,334	167,014
	Cisco Systems Inc	Common Stock - 2,135 shares	102,512	107,860
	Cogent Communications Group	Common Stock - 166 shares	11,058	12,626
	Comcast Corp	Common Stock - 2,520 shares	103,591	110,502
	Constellation Brands Inc Cl A	Common Stock - 840 shares	198,551	203,070
	Costco Wholesale Corp	Common Stock - 235 shares	74,900	155,119

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

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

EIN: 51-6123024

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

Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Danaher Corp	Common Stock - 336 shares	106,320	77,730
	Elevance Health Inc	Common Stock - 373 shares	175,320	175,892
	Emerson Electric Co	Common Stock - 1,142 shares	105,368	111,151
	Fiserv Inc	Common Stock - 2,083 shares	221,275	276,706
	General Electric Co	Common Stock - 1,546 shares	156,916	197,316
	Intuitive Surgical	Common Stock - 296 shares	89,439	99,859
	JP Morgan Chase & Co	Common Stock - 1,411 shares	161,403	240,011
	Johnson & Johnson	Common Stock - 1,008 shares	133,778	157,994
	Lockheed Martin Corporation	Common Stock - 252 shares	107,548	114,216
	M & T Bank Corp	Common Stock - 706 shares	109,015	96,779
	McDonalds Corp	Common Stock - 806 shares	217,021	238,987
	McKesson Corp	Common Stock - 63 shares	28,981	29,168
	Microsoft Corp	Common Stock - 1,865 shares	277,352	701,315
	Northrop Grumman Corp	Common Stock - 185 shares	82,849	86,606
	Nvidia Corp	Common Stock - 806 shares	77,598	399,147
	Palo Alto Networks	Common Stock - 706 shares	202,209	208,185
	Parker Hannifin Corp	Common Stock - 403 shares	139,289	185,662
	Pepsico Inc	Common Stock - 907 shares	131,333	154,045
	Proctor & Gamble Co	Common Stock - 722 shares	103,573	105,802
	Rockwell Automation, Inc.	Common Stock - 554 shares	159,595	172,006
	Salesforce Inc	Common Stock - 605 shares	101,601	159,200
	Servicenow Inc	Common Stock - 252 shares	120,900	178,035
	Starbucks Corp	Common Stock - 1,142 shares	119,915	109,643
	Stryker Corp	Common Stock - 376 shares	109,337	112,597
	UnitedHealth Group Inc	Common Stock - 504 shares	133,934	265,341
	Veralto Corp	Common Stock - 112 shares	9,533	9,213
	Visa Inc Class A	Common Stock - 1,243 shares	223,951	323,615
	Walmart Inc	Common Stock - 806 shares	114,567	127,066
	Workday Inc	Common Stock - 500 shares	134,600	138,030
	Ishares Core S&P Small-Cap ETF	Registered Investment Company - 5,291 shares	584,212	572,751
	Ishares Core S&P 500 ETF	Registered Investment Company - 2,429.719 shares	1,113,987	1,160,507
	Ishares Core US Aggregate Bond ETF	Registered Investment Company - 19,957 shares	1,925,050	1,980,732
	Ishares Tips Bond ETF	Registered Investment Company - 1,870 shares	227,021	201,006
	Vanguard FTSE Developed Markets ETF	Registered Investment Company - 31,277 shares	1,488,629	1,498,168
	Vanguard FTSE Emerging Markets ETF	Registered Investment Company - 6,535 shares	303,485	268,589

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

<u>\$ 31,894,191</u>	<u>\$ 35,573,482</u>
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SCHEDULE R, LINE 13e - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

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

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

<u>Name of Contributing Employer</u>	<u>EIN</u>	<u>Contribution</u> <u>Rate</u>	<u>Base Unit</u> <u>Measure</u>
Ohio State Bricklayers	51-6029565	\$ 4.60	Hourly
		\$ 6.46	Hourly
		\$ 3.58	Hourly
		\$ 6.87	Hourly
		\$ 3.40	Hourly
		\$ 5.47	Hourly

PPA Funded Percentage and Projection of Credit Balance

• Projection of Liability to January 1, 2023	
o Actuarial Accrued Liability, January 1, 2022	\$ 44,662,518
o Normal Cost	547,838
o Estimated Benefit Payments	(2,930,914)
o Interest on AAL and NC at 7.50% to End of Year	3,390,777
o Interest on Benefit Payments at 7.50% to End of Year	(119,068)
• Estimated Actuarial Accrued Liability, January 1, 2023	45,551,151
• Estimated Actuarial Value of Plan Assets, January 1, 2023	37,690,428
• Funded Percentage (Ratio of Assets to Liabilities), January 1, 2023	82.74%
• Projection of Estimated Credit Balance	
o December 31, 2022	\$ 1,130,000
o December 31, 2023	760,000
o December 31, 2024	280,000
o December 31, 2025	(340,000)
o December 31, 2026	(1,130,000)
o December 31, 2027	(2,130,000)
o December 31, 2028	(2,970,000)
o December 31, 2029	(3,760,000)
o December 31, 2030	(4,360,000)

Zone Status Determination

Y or N

Critical Status – Red zone if any of a), b), c), or d) apply

- | | |
|---|---|
| a) Is the Plan's Funded Percentage less than 65% and the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 6 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 6 plan years? | N |
| b) Does the plan have an accumulated funding deficiency (negative credit balance) in any of the current or following 3 plan years (4 plan years if the Funded Percentage is 65% or less), without reflecting amortization extensions? | Y |
| c) Each of the following are applicable. | |
| i) The Plan's normal cost plus interest on unfunded liability exceeds the present value of anticipated employer and employee contributions for the year. | N |
| ii) The present value of nonforfeitable benefits of inactive participants is greater than the present value of nonforfeitable benefits for active participants. | Y |
| iii) The plan has an accumulated funding deficiency (negative credit balance) in any of the current or following 4 plan years, without reflecting amortization extensions. | Y |
| Do all apply? | N |
| d) Is the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 4 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 4 plan years? | N |

Critical and Declining Status – both a) and b) apply

- | | |
|--|---|
| a) Does the Plan meet the criteria above for Critical Status? | Y |
| b) Is the Plan projected to become insolvent within the current or following 14 plan years (19 plan years if the ratio of inactive to active participants is at least 2:1 or if the plan is less than 80% funded)? | N |

Endangered Status – Yellow zone if a) does not apply and either b) or c) apply. Orange zone if not a) and both b) and c) apply.

- | | |
|--|---|
| a) Is the Plan in either Critical or Critical and Declining Status? | Y |
| b) Is the Plan's Funded Percentage less than 80%? | N |
| c) Is the Plan projected to have an accumulated funding deficiency (negative credit balance) in any of the current or following 6 plan years (reflecting any amortization extensions)? | Y |

Conclusion

Critical Status

Actuarial Methods and Assumptions

As of January 1, 2023

Interest Rates

	Current Year	Prior Year
Minimum/Maximum Funding	7.50%	7.50%
Present Value of Accrued Benefits	7.50%	7.50%
Full Funding Limitation		
Maximum Basis	2.22%	2.43%
RPA Current Liability	2.22%	2.43%

Mortality

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

Disabled: SOA Pri-2012 Total Dataset Disabled Mortality Table with generational projection by Scale MP-2021

Turnover

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

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

Retirement

Based on age as follows:

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

Terminated vested participants are assumed to retire at age 65.

Expenses

The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000. This 2022 amount is assumed to increase 2.50% per year throughout the projection.

Actuarial Methods and Assumptions (continued)

Disability Based on age. Sample rates as follows:

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

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

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

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

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

Liabilities were projected to future valuation dates using original measurements data as of January 1, 2022.

Incomplete Data None.

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

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

**Models Used in
Preparing
Results**

Cowden Associates, Inc. uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation, and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.