

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE F
1b Three-digit plan number (PN) 501
1c Effective date of plan 08/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE FUN
7985 MARSHALL STREET MERRILLVILLE, IN 46410
2b Employer Identification Number (EIN) 35-0940329
2c Plan Sponsor's telephone number 219-769-3376
2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: DONALD SUMMAR (plan administrator), PATRICK CLARK (employer/plan sponsor), and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor 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	244
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)	219
	6a(2)	226
	6b	22
	6c	
	6d	248
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	86

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4E 4F 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE F</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE FUN</p>	<p>D Employer Identification Number (EIN) 35-0940329</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL41359	244	03/01/2024	02/28/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">20455</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GALLAGHER BENEFIT SERVICES, INC. **PO BOX 95287**
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	20455	OTHER OVERRIDE PAYMENTS	0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	511379
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE F	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE FUN	D Employer Identification Number (EIN) 35-0940329	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC. **P.O. BOX 1110**
VALLEY FORGE, PA 19482

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

ROBERT W. BAIRD & CO., INC **P.O. BOX 0672**
MILWAUKEE, WI 53201

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

AMERICAN REALTY ADVISORS

33-0123114

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

FIDELITY INVESTMENTS **245 SUMMER STREET**
BOSTON, MA 02210

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

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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)

ANTHEM INSURANCE COMPANIES, INC.

35-0781558

(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?
12 49 50 62	NONE	178155	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT PUZA

51-6113680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30 50	EMPLOYEE	74181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMY GORBY

51-6113680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SPENCER RANKIN

51-6113680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED ACTUARIAL SERVICES INC.

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	53850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50	NONE	52017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LEDBETTER PARTNERS, LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49306	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	24875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOTAL ADMINISTRATIVE SERVICES CORP.

39-1561025

(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?
12 50	NONE	11915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTHSCOPE BENEFITS

71-0847266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	6338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE F	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE FUN	D Employer Identification Number (EIN) 35-0940329

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	143847	158666
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	481062	533493
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	200808	140311
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5360	122637
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	831494	761699
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	9718671	9615310
(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	3882	3818
f Total assets (add all amounts in lines 1a through 1e).....	1f	11385124	11335934
Liabilities			
g Benefit claims payable.....	1g	802499	111871
h Operating payables.....	1h	5628	6945
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	117773	141388
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	925900	260204
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10459224	11075730

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)	4491637	
(B) Participants.....	2a(1)(B)	71670	
(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)		4563307
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2601	
(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)		2601
(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)	312692	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		312692
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2627722	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2627722	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-14795	
(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)		484836
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5348641

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3569214	
(2) To insurance carriers for the provision of benefits	2e(2)	535111	
(3) Other	2e(3)	190070	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4294395
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)	192101	
(2) Contract administrator fees	2i(2)	31213	
(3) Recordkeeping fees	2i(3)	32517	
(4) IQPA audit fees	2i(4)	19500	
(5) Investment advisory and investment management fees	2i(5)	7500	
(6) Bank or trust company trustee/custodial fees	2i(6)	4072	
(7) Actuarial fees	2i(7)	50225	
(8) Legal fees	2i(8)	49306	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	51306	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		437740
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4732135

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		616506
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

d The opinion of an independent qualified public accountant is **not attached** 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		950000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Financial Statements

February 28, 2025

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Financial Statements with Supplementary Information

February 28, 2025 and February 29, 2024

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Report of Independent Auditors

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

Opinion

We have audited the financial statements of Bricklayers Union Local No. 6 of Indiana Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Bricklayers Union Local No. 6 of Indiana Welfare Fund as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Schererville, Indiana

August 18, 2025

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Statements of Net Assets Available for Benefits

February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Assets		
Cash	\$ 158,666	\$ 143,847
Receivables		
Employer contributions	533,493	481,062
Accrued interest and dividends	1,904	225
Prescription drug rebates	52,592	55,799
Stop-loss reimbursements	62,959	121,732
Other	<u>1,271</u>	<u>3,186</u>
Total receivables	<u>652,219</u>	<u>662,004</u>
Investments - at fair value		
Mutual funds	9,615,310	9,718,671
Money market fund	122,637	5,360
Limited partnership	<u>761,699</u>	<u>831,494</u>
Total investments	<u>10,499,646</u>	<u>10,555,525</u>
Property and equipment - net	<u>3,818</u>	<u>3,882</u>
Prepaid expenses	<u>21,585</u>	<u>19,866</u>
Total assets	<u>11,335,934</u>	<u>11,385,124</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	6,945	5,628
Reciprocal contributions payable	125,502	103,582
Deferred participant and retiree contributions	11,658	12,463
Due to related organization	<u>4,228</u>	<u>1,728</u>
Total liabilities	<u>148,333</u>	<u>123,401</u>
Net assets available for benefits	<u>\$ 11,187,601</u>	<u>\$ 11,261,723</u>

See accompanying notes to financial statements.

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in		
fair value of investments	\$ 446,406	\$ 572,952
Interest and dividends	338,928	310,767
	<u>785,334</u>	<u>883,719</u>
Less investment expenses	(9,500)	(9,000)
Investment income - net	<u>775,834</u>	<u>874,719</u>
Contribution income		
Employer	4,491,637	4,313,340
Participant and retiree	71,670	108,160
Total contribution income	<u>4,563,307</u>	<u>4,421,500</u>
Total additions	<u>5,339,141</u>	<u>5,296,219</u>
Deductions		
Cost of benefits		
Self-funded benefits		
Medical claims - net	3,794,148	3,688,730
Vision claims	14,649	15,399
Prescription drug - net	177,775	188,018
Medicare Part B premium reimbursements	79,308	57,489
HRA distributions	190,571	166,754
Short-term disability	3,391	3,703
Total self-funded benefits	<u>4,259,842</u>	<u>4,120,093</u>
Group insurance premiums		
Stop-loss	511,380	519,414
Stop-loss broker fee	23,731	-
Total group insurance premiums	<u>535,111</u>	<u>519,414</u>
Other cost of benefits		
PPO access and administration fees	178,155	157,362
HRA administration fees	11,915	10,477
Total other cost of benefits	<u>190,070</u>	<u>167,839</u>
Total cost of benefits	4,985,023	4,807,346
Fees mandated by ACA	1,388	1,228
Administrative expenses	426,852	439,552
Total deductions	<u>5,413,263</u>	<u>5,248,126</u>
Net increase (decrease)	(74,122)	48,093
Net assets available for benefits		
Beginning of year	<u>11,261,723</u>	<u>11,213,630</u>
End of year	<u>\$ 11,187,601</u>	<u>\$ 11,261,723</u>

See accompanying notes to financial statements.

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Statements of Benefit Obligations

February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 108,500	\$ 800,000
Other obligations for current benefit coverage, at estimated amounts		
Extended eligibility reserve	<u>3,220,000</u>	<u>3,448,000</u>
Postretirement benefit obligations		
Current retirees, beneficiaries and dependents	3,131,928	2,000,327
Other participants fully eligible for benefits	3,567,104	3,193,786
Other participants not yet fully eligible for benefits	<u>8,260,537</u>	<u>9,505,152</u>
Total postretirement benefit obligations	<u>14,959,569</u>	<u>14,699,265</u>
Total benefit obligations	<u>\$ 18,288,069</u>	<u>\$ 18,947,265</u>

See accompanying notes to financial statements.

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Statements of Changes in Benefit Obligations

Years Ended February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 800,000	\$ 789,000
Increase (decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	(691,500)	11,000
Balance at end of year	<u>108,500</u>	<u>800,000</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	3,448,000	2,376,000
Increase (decrease) during the year attributable to changes in		
Extended eligibility reserve	(228,000)	1,072,000
Balance at end of year	<u>3,220,000</u>	<u>3,448,000</u>
Postretirement benefit obligations		
Balance at beginning of year	14,699,265	12,460,194
Increase (decrease) during the year attributable to		
Changes in actuarial assumptions	121,942	257,492
Estimated net benefits paid	(580,372)	(675,693)
Interest	771,711	654,160
Benefits earned and other changes	(52,977)	2,003,112
Balance at end of year	<u>14,959,569</u>	<u>14,699,265</u>
Total benefit obligations	<u>\$ 18,288,069</u>	<u>\$ 18,947,265</u>

See accompanying notes to financial statements.

**Bricklayers Union Local No. 6 of Indiana
Welfare Fund**

Notes to Financial Statements

February 28, 2025 and February 29, 2024

Note 1. Summary of Significant Accounting Policies

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

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

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

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

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

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

Deferred Participant and Retiree Contributions - Participant and retiree contributions received in advance of the corresponding eligibility period are recognized as deferred income.

Health Reimbursement Arrangement (HRA) Accounts - Included in net assets available for benefits are HRA accounts which are available to reimburse participants for qualifying medical expenses. At February 28, 2025 and February 29, 2024, HRA accounts totaled \$330,445 and \$315,931 respectively. Total claims payable from the HRA accounts at February 28, 2025 and February 29, 2024 were \$3,371 and \$2,499 respectively.

Note 1. Summary of Significant Accounting Policies (continued)

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

The Plan has entered into reciprocity agreements with other multiemployer welfare plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the other plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$212,042 and \$231,244 for the years ended February 28, 2025 and February 29, 2024, respectively, from various other welfare plans under the terms of reciprocity agreements. The Plan remitted a total of \$1,151,067 and \$1,270,056 in reciprocal contributions to various other welfare plans under the terms of reciprocity agreements for the years ended February 28, 2025 and February 29, 2024, respectively.

Benefit Obligations - Benefit obligations are determined by the Plan's actuary using accepted actuarial principles, based on paid and incurred claims cost studies, Plan benefits, and other data as considered necessary.

The obligation for the extended eligibility reserve represents an estimate of claims which will be due the following year for participants who had been credited with sufficient hours prior to the last day of the year to maintain eligibility after year end.

Benefits - All benefits are currently paid by the Plan on a self-funded basis. These include medical, vision, prescription drug, death and short-term disability benefits for participants who meet the Plan's eligibility requirements.

Retirees eligible for Medicare are reimbursed for a portion of their Medicare Part B premium.

Note 1. Summary of Significant Accounting Policies (continued)

Stop-Loss Insurance - The Plan maintains a stop-loss arrangement in an effort to limit its exposure for self-insured benefits. Under the terms of the contract, individual participant claims incurred within the contract year in excess of specific limits within the contract are reimbursed to the Plan. During the years ended February 28, 2025 and February 29, 2024, the contract limit was \$250,000. Medical claims for the years ended February 28, 2025 and February 29, 2024 are reported net of stop-loss reimbursements of \$715,833 and \$413,253 respectively.

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Rebates earned for the years ended February 28, 2025 and February 29, 2024 totaled \$83,635 and \$83,337 respectively, and have been netted with prescription drug benefits paid.

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

Leases - The Plan leases office space with a related party as described in Note 10. Due to the immaterial nature of the amounts owed pursuant to the leasing agreement, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

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

Subsequent Events - Subsequent events have been evaluated through August 18, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1954 as the result of a collective bargaining agreement to provide health care, death and disability benefits for eligible employees and their dependents. The Plan is a multiemployer welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Note 2. Description of the Plan (continued)

Individuals become eligible for benefits on the first day of an insurance quarter immediately following two consecutive eligibility quarters in which a total of 600 or more hours of employer contributions were made to the Plan on their behalf. A minimum of 100 of these hours must be made in the immediately preceding insurance quarter. Participants will continue to be eligible during each successive insurance quarter if they have received a credit for at least 300 hours of employer contributions in the corresponding eligibility quarter or if the participant has received credit for 1,200 hours of employer contributions in the immediately preceding four eligibility quarters. If after meeting initial eligibility requirements, a participant fails to be credited with the required employer contributions, they may retain eligibility provided they make a self-payment to the Plan, based on the difference between the required 300 hours and the number of hours that have been paid on their behalf in the corresponding eligibility quarter. Self-payments are only permitted for a maximum of eight consecutive insurance quarters and only if the participant is available for work in the jurisdiction and not working for a non-union (non-participating) employer. In addition, in order to qualify for the last four quarters of self-payment, participants must have had at least one hour of employer contributions made on their behalf during the corresponding eligibility quarter.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), was adopted by the Plan.

A participant is eligible for retiree coverage if the participant was eligible for benefits as an active employee or under COBRA continuation coverage immediately prior to transferring to retiree coverage.

The Plan also provides a Health Reimbursement Arrangement (HRA) benefit for the Plan's participants. An HRA is a recordkeeping account that the Plan establishes and maintains on behalf of participants to keep track of contributions, reimbursements and the available balance for each participant. In addition to reimbursement of qualified healthcare expenses, HRA accounts can be used to extend coverage through COBRA or to make self-pay contributions. Each HRA is funded exclusively through contributions made on a participant's behalf by a contributing employer that contributes to the Plan under a collective bargaining or participation agreement. The amount of the contribution is determined by the Board of Trustees and is subject to change or discontinuance at any time. Under current provisions, \$0.50 per hour paid of the required employer contribution is allocated to a participant's HRA account. Participants are not vested in the contributions made on their behalf and their available balance may be used only for certain healthcare expenses that are not otherwise covered under the Plan. The HRA benefit to which a participant is entitled is the benefit that can be provided from the participant's HRA account. Participation in the HRA may terminate after two calendar years of inactivity (no employer contributions received or no HRA claims paid). In such cases, the participant's remaining balance will be forfeited and the participant will not be eligible to participate in the HRA until such time as contributions are made and eligibility is restored. There were no HRA account forfeitures during the year ended February 28, 2025 and \$2,037 in account forfeitures during the year ended February 29, 2024.

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

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

Note 4. Tax Status

The Plan received a notice of exemption in January 1959, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Funding Policy

The Plan is primarily funded by employer contributions and contributions from participants and retirees electing to self-pay for coverage.

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

March 1, 2023 - May 31, 2023	\$ 9.43
June 1, 2023 - May 31, 2024	\$ 10.06
June 1, 2024 - February 28, 2025	\$ 10.34

Participants are allowed to self-pay contributions for hours needed to extend eligibility for benefit coverage. Participant self-payment monthly rates are the difference between the required 300 hours and the number of hours that have been paid on the participant's behalf in the corresponding eligibility quarter. Participant contributions are also allowed to provide benefits under COBRA. COBRA monthly rates for the years ended February 28, 2025 and February 29, 2024 ranged from \$1,391 to \$2,792 depending on the participant's coverage option. Participant contribution rates are determined annually based on claims experience.

Note 5. Funding Policy (continued)

Eligible retired participants are allowed to self-pay monthly contributions for benefit coverage. Retiree self-payment monthly rates for the years ended February 28, 2025 and February 29, 2024 ranged from \$175 (plus \$175 for spouse and \$25 for each additional dependent) to \$314 (plus \$50 for spouse and \$25 for each additional dependent) depending on the retiree's coverage option.

Note 6. Concentration of Cash

Cash consists of monies held in a checking account without significant withdrawal restrictions. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At February 28, 2025, the Plan's cash did not exceed federally insured limits.

Note 7. Fair Value Measurements

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

Basis of Fair Value Measurement

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

The 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.

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of February 28, 2025 and February 29, 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	Total	Fair Value Measurements at 2/28/2025 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 9,615,310	\$ 9,615,310	\$ -	\$ -
Money market fund	122,637	-	122,637	-
	9,737,947	<u>\$ 9,615,310</u>	<u>\$ 122,637</u>	<u>\$ -</u>
Investments measured at net asset value:				
Limited partnership	761,699			
Total	<u>\$ 10,499,646</u>			

	Total	Fair Value Measurements at 2/29/2024 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 9,718,671	\$ 9,718,671	\$ -	\$ -
Money market fund	5,360	-	5,360	-
	9,724,031	<u>\$ 9,718,671</u>	<u>\$ 5,360</u>	<u>\$ -</u>
Investments measured at net asset value:				
Limited partnership	831,494			
Total	<u>\$ 10,555,525</u>			

Level 1 Measurements

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

Note 7. Fair Value Measurements (continued)

Level 2 Measurements

The money market fund is valued at cost, which approximates its fair value.

Measurements Using Net Asset Value as a Practical Expedient

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

The following table summarizes information regarding the limited partnership as of February 28, 2025 and February 29, 2024:

Underlying Assets			Redemption	
Type	Concentration		Frequency	Notice Period
	2025	2024		
Real estate properties	87%	88%	Quarterly	10 days
Joint ventures	6%	9%		
Cash and cash equivalents	4%	1%		
Real estate preferred equity	2%	1%		
Mortgage-backed certificates	1%	1%		

Note 8. Risks and Uncertainties

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

Benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. Property and Equipment

Property and equipment at February 28, 2025 and February 29, 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Office furniture and equipment	\$ 22,891	\$ 22,819
Less accumulated depreciation	<u>(19,073)</u>	<u>(18,937)</u>
Net property and equipment	<u>\$ 3,818</u>	<u>\$ 3,882</u>

Depreciation expense for the years ended February 28, 2025 and February 29, 2024 was \$1,540 and \$1,458 respectively.

Note 10. Related Organizations

The Plan has two related organizations, a local union and a defined benefit pension plan, both of which are tax-exempt.

Common Administrative Expenses

Common administrative expenses incurred with related Bricklayers Union Local No. 6 of Indiana Pension Fund (Pension Fund) are initially paid by the Pension Fund and allocated periodically based on estimates of time spent, space utilized and costs incurred. Common administrative expenses allocated to the Plan for the years ended February 28, 2025 and February 29, 2024 totaled approximately \$244,000 and \$247,000 respectively.

Amounts due to the Pension Fund for common administrative expenses at February 28, 2025 and February 29, 2024 totaled \$4,228 and \$1,728 respectively.

Office Lease

The Plan leases office space in Merrillville, Indiana from the Pension Fund. The lease agreement expires on December 31 of each year, with provisions to automatically renew for successive one year terms. The lease requires the Plan to pay monthly rent of \$476. The Plan's rental expense for each of the years ended February 28, 2025 and February 29, 2024 was \$5,713.

Note 11. Postretirement Benefit Obligations

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to the end of February, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

Note 11. Postretirement Benefit Obligations (continued)

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following significant assumptions were used in the valuations as of February 28, 2025 and February 29, 2024:

Discount rate:

5.25%

Health trend rates:

Medical:

2025 - 7.9% graded to 4.0% over 15 years

2024 - 6.9% graded to 4.0% over 17 years

Prescription drug:

2025 - 9.2% graded to 4.0% over 15 years

2024 - 7.4% graded to 4.0% over 17 years

Retirement age:

Age 55, with all participants retired by age 67

Mortality rates:

2025 - 115% of the Pri-2012 Blue Collar Mortality Tables for males and 120% of the Pri-2012 Blue Collar Mortality Tables for females projected forward using the MP-2021 projection scale

2024 - 115% of the Pri-2012 Blue Collar Mortality Tables for males and 115% of the Pri-2012 Blue Collar Mortality Tables for females projected forward using the MP-2021 projection scale

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, the postretirement benefit obligations would increase as of February 28, 2025 and February 29, 2024 by \$1,433,186 and \$1,652,909 respectively.

Changes in actuarial assumptions for the year ended February 28, 2025 increased overall obligations by \$121,942 which resulted from updating the female mortality rates from 115% of the Pri-2012 Blue Collar Mortality Table to 120% of the Pri-2012 Blue Collar Mortality Table.

Note 11. Postretirement Benefit Obligations (continued)

Changes in actuarial assumptions for the year ended February 29, 2024 increased overall obligations by \$257,492 which resulted from updating the female mortality rates from 100% of the Pri-2012 Blue Collar Mortality Table to 115% of the Pri-2012 Blue Collar Mortality Table.

The cost of the postretirement benefit obligations is shared by the Plan's participating employers and retirees. The cost of the postretirement benefits is estimated annually by the Plan's consulting actuary. The Plan's Trustees then periodically adjust the portion to be paid by the participants. Retiree contributions were projected to cover approximately 12% and 33% of the estimated cost of postretirement benefits as of February 28, 2025 and February 29, 2024, respectively.

The Plan's deficiency of net assets over benefit obligations at February 28, 2025 and February 29, 2024 relates primarily to the postretirement benefit obligations, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. However, the Plan empowers the Board of Trustees to increase or decrease the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Note 12. Major Employer

Contributions from one employer accounted for approximately 19% and 13% of total employer contributions for the years ended February 28, 2025 and February 29, 2024, respectively. In the event this employer were to suspend contributions, the Plan would terminate coverage to the employer's participants as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 13. Concentration of Plan Investments

The Plan has a significant portion of its assets invested in certain equity and fixed income mutual funds. One equity mutual fund represented approximately 18% and 21% and one fixed income mutual fund represented approximately 46% and 43% of the Plan's net assets available for benefits as of February 28, 2025 and February 29, 2024, respectively.

It is reasonably possible that changes in the fair values of these investment funds could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair values of these investments during the next year occurred, a change in the assumed rates of return used to calculate the present value of postretirement benefit obligations may be needed.

Note 14. Participation in Multiemployer Plans

Defined Benefit Pension Plans

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

The Plan's participation in the multiemployer defined benefit pension plans for the years ended February 28, 2025 and February 29, 2024 is outlined in the table below. Plans that are considered to be significant are required to be individually identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

<u>Pension Plan</u>	<u>EIN/PN</u>	<u>Pension Protection Act</u>		<u>FIP/RP Status Pending/Implemented</u>	<u>Contributions</u>		<u>Most Recently Available Annual Report (Form 5500)</u>	
		<u>Zone Status</u>				<u>2025</u>		<u>2024</u>
		<u>2025</u>	<u>2024</u>					
Bricklayers Union Local No. 6 of Indiana Pension Fund	51-6113680/001	Green as of 7/1/24	Green as of 7/1/23	N/A	\$ 34,624	\$ 35,132	6/30/2024	
Bricklayers & Trowel Trades International Pension Fund	52-6127746/001	Yellow as of 1/1/25	Yellow as of 1/1/24	Implemented	<u>8,424</u>	<u>8,586</u>	12/31/2024	
				Total	<u>\$ 43,048</u>	<u>\$ 43,718</u>		

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

Defined Contribution Retirement Plan

The Plan's full-time employees are covered by a local area multiemployer defined contribution retirement plan. Contributions to the plan are made monthly under the terms of a participation agreement. Contributions totaled \$12,363 and \$10,140 for the years ended February 28, 2025 and February 29, 2024, respectively. The increase in contributions was due to a 29% increase in the contribution rate.

Note 14. Participation in Multiemployer Plans (continued)Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees and their dependents. Contributions totaled \$32,042 and \$31,499 for the years ended February 28, 2025 and February 29, 2024, respectively.

Note 15. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 11,187,601	\$ 11,261,723
Less - benefit obligations currently payable	(108,500)	(800,000)
Less - amounts payable from HRA accounts	<u>(3,371)</u>	<u>(2,499)</u>
Net assets available for benefits per the Form 5500	<u>\$ 11,075,730</u>	<u>\$ 10,459,224</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended February 28, 2025:

Benefits paid to or for participants per the financial statements	\$ 4,985,023
Add - amounts currently payable at end of year	108,500
Less - amounts currently payable at beginning of year	(800,000)
Add - HRA amounts payable at end of year	3,371
Less - HRA amounts payable at beginning of year	<u>(2,499)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 4,294,395</u>

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

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

We have audited the financial statements of Bricklayers Union Local No. 6 of Indiana Welfare Fund (the Plan) as of and for the years ended February 28, 2025 and February 29, 2024, and our report thereon dated August 18, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Legacy Professionals LLP

Schererville, Indiana

August 18, 2025

Bricklayers Union Local No. 6 of Indiana Welfare Fund
Assets Held at the End of the Year
EIN 35-0940329
YE 2/28/2025

	<u>Number of Shares</u>	<u>Cost at 2/28/2025</u>	<u>Market Value at 2/28/2025</u>
Interest bearing cash:			
GOLDMAN SACHS FINANCIAL SQUARE FUND		\$ 122,637	\$ 122,637
Partnership/join venture interests			
American Core Realty	6.3334	\$ 944,629	\$ 761,699
Value of interest in registered investment companies:			
VANGUARD SHORT TERM BOND	130,551.086	1,345,694	1,334,232
BAIRD CORE PLUS BOND FUND	505,420.347	5,397,086	5,165,396
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	31,926.474	863,821	1,064,748
FIDELITY TOTAL MARKET	12,577.019	1,920,568	2,050,934
		<u>\$ 9,527,169</u>	<u>\$ 9,615,310</u>

FOOTNOTES

STATEMENT 1

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

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 2
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NAME	SERVICE CODES
ANTHEM INSURANCE COMPANIES, INC.	12
ANTHEM INSURANCE COMPANIES, INC.	49
ANTHEM INSURANCE COMPANIES, INC.	50
ANTHEM INSURANCE COMPANIES, INC.	62

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 3
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	225.	1,904.
OTHER RECEIVABLE	3,186.	1,271.
PREPAID EXPENSES	19,866.	21,585.
PRESCRIPTION DRUG REBATES RECEIVABLE	55,799.	52,592.
STOP-LOSS RECEIVABLE	121,732.	62,959.
TOTAL TO SCHEDULE H, LINE 1B(3)	200,808.	140,311.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DEFERRED PARTICIPANT AND RETIREE CON DUE TO RELATED ORGANIZATION	12,463.	11,658.
RECIPROCAL CONTRIBUTIONS PAYABLE	1,728.	4,228.
	103,582.	125,502.
TOTAL TO SCHEDULE H, LINE 1J	117,773.	141,388.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 5
DESCRIPTION		AMOUNT
PPO ACCESS AND ADMINISTRATION FEES		178,155.
HRA ADMINISTRATION FEES		11,915.
TOTAL TO SCHEDULE H, LINE 2E(3)		190,070.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
INSURANCE		15,152.
MEETINGS AND CONFERENCES		2,882.
OFFICE SUPPLIES AND EXPENSE		2,094.
FEES MANDATED BY ACA		1,388.
COMPUTER MAINTENANCE & PROGRAMMING		1,325.
PAYROLL TAXES		8,445.
RENT		5,713.
TELEPHONE		1,131.
UTILITIES		3,158.
POSTAGE		1,303.
DEPRECIATION		1,540.
CYBER SECURITY CONSULTING		7,175.
TOTAL TO SCHEDULE H, LINE 2I(11)		51,306.

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>03/01/2024</u> and ending <u>02/28/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan BRICKLAYERS UNION LOCAL NO. 6 OF INDIANA WELFARE F	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>08/01/1954</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES BRICKLAYERS UNION LOCAL NO. 6 OF 7985 MARSHALL STREET MERRILLVILLE IN 46410	2b Employer Identification Number (EIN) <u>35-0940329</u> 2c Plan Sponsor's telephone number <u>219-769-3376</u> 2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	<i>Donald S. Summar</i>	8/19/25	DONALD SUMMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Patrick Clark</i>	8/19/25	PATRICK CLARK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	244
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	219
a (2) Total number of active participants at the end of the plan year	6a(2)	226
b Retired or separated participants receiving benefits	6b	22
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	86

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4E 4F 4U

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Bricklayers Union Local #6 - H&w

For Period 03/01/24 Through 02/28/25

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Baird Intermediate Bd Instl Fd #70				
Sold 14619.883 Shs 03/12/24		10.260	164,409.70	150,000.00
@ 10.26			0.00	-14,409.70
Recd 1511.473 Shs As A Reinvested		10.230	15,462.37	15,462.37
Div At \$ 10.230 Per Sh			0.00	0.00
Recd 1419.286 Shs As A Reinvested		10.070	14,292.21	14,292.21
Div At \$ 10.070 Per Sh			0.00	0.00
Sold 4906.771 Shs 05/14/24		10.190	54,661.43	50,000.00
@ 10.19			0.00	-4,661.43
Recd 1497.275 Shs As A Reinvested		10.140	15,182.37	15,182.37
Div At \$ 10.140 Per Sh			0.00	0.00
Sold 9746.589 Shs 06/17/24		10.260	108,577.00	100,000.00
@ 10.26			0.00	-8,577.00
Recd 1503.913 Shs As A Reinvested		10.250	15,415.11	15,415.11
Div At \$ 10.250 Per Sh			0.00	0.00
Recd 1479.164 Shs As A Reinvested		10.290	15,220.60	15,220.60
Div At \$ 10.290 Per Sh			0.00	0.00
Sold 16940.949 Shs 07/29/24		10.330	188,083.04	175,000.00
@ 10.33			0.00	-13,083.04
Sold 9551.098 Shs 08/19/24		10.470	105,888.71	100,000.00
@ 10.47			0.00	-5,888.71
Recd 1356.615 Shs As A Reinvested		10.480	14,217.33	14,217.33
Div At \$ 10.480 Per Sh			0.00	0.00
Sold 428430.265 Shs 09/11/24	*	10.580	4,673,685.55	4,532,792.20
@ 10.58			0.00	-140,893.35
Purchases	6	10.241	89,789.99	89,789.99
			0.00	0.00
Sales	6	10.549	5,295,305.43	5,107,792.20
			0.00	-187,513.23
Baird Core Plus Bond Instl Fd #71				
Recd 470.551 Shs As A Reinvested		10.030	4,719.63	4,719.63
Div At \$ 10.030 Per Sh			0.00	0.00
Recd 452.366 Shs As A Reinvested		9.770	4,419.62	4,419.62
Div At \$ 9.770 Per Sh			0.00	0.00
Recd 468.333 Shs As A Reinvested		9.900	4,636.50	4,636.50
Div At \$ 9.900 Per Sh			0.00	0.00
Recd 472.202 Shs As A Reinvested		10.060	4,750.35	4,750.35
Div At \$ 10.060 Per Sh			0.00	0.00
Recd 469.063 Shs As A Reinvested		10.070	4,723.46	4,723.46
Div At \$ 10.070 Per Sh			0.00	0.00
Recd 445.158 Shs As A Reinvested		10.340	4,602.93	4,602.93
Div At \$ 10.340 Per Sh			0.00	0.00
Purchased 294933.078 Shs 09/11/24	*	10.460	3,085,000.00	3,085,000.00
@ 10.46			0.00	0.00
Purchased 7163.324 Shs 09/19/24		10.470	75,000.00	75,000.00
@ 10.47			0.00	0.00
Recd 1434.473 Shs As A Reinvested		10.440	14,975.90	14,975.90
Div At \$ 10.440 Per Sh			0.00	0.00
Recd 1524.524 Shs As A Reinvested		10.150	15,473.92	15,473.92
Div At \$ 10.150 Per Sh			0.00	0.00

Bricklayers Union Local #6 - H&w

For Period 03/01/24 Through 02/28/25

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Recd 1607.836 Shs As A Reinvested Div At \$ 10.180 Per Sh		10.180	16,367.77 0.00	16,367.77 0.00
Purchased 51269.531 Shs 12/04/24 @ 10.24	*	10.240	525,000.00 0.00	525,000.00 0.00
Recd 2575.303 Shs As A Reinvested Div At \$ 9.980 Per Sh		9.980	25,701.52 0.00	25,701.52 0.00
Recd 1556.118 Shs As A Reinvested Div At \$ 10.040 Per Sh		10.040	15,623.42 0.00	15,623.42 0.00
Recd 1613.978 Shs As A Reinvested Div of \$ 10.190 Per Sh		10.190	16,446.44 0.00	16,446.44 0.00
Purchases	15	10.417	3,817,441.46 0.00	3,817,441.46 0.00
Fidelity Total Mkt Index Fd #2361 Purchased 11974.280 Shs 09/11/24 @ 152.41	*	152.410	1,825,000.00 0.00	1,825,000.00 0.00
Purchased 476.281 Shs 09/19/24 @ 157.47		157.470	75,000.00 0.00	75,000.00 0.00
Recd 126.458 Shs As A Reinvested Div At \$ 162.650 Per Sh		162.649	20,568.33 0.00	20,568.33 0.00
Purchases	3	152.705	1,920,568.33 0.00	1,920,568.33 0.00
Goldman Sachs Government No. 465 Purchases	30	1.000	2,744,999.62 0.00	2,744,999.62 0.00
Sales	25	1.000	2,627,722.38 0.00	2,627,722.38 0.00
Vanguard Short Term Bond Index Adm Fd #5132 Purchased 128516.004 Shs 09/11/24 @ 10.31	*	10.310	1,325,000.00 0.00	1,325,000.00 0.00
Recd 230.314 Shs As A Reinvested Div At \$ 10.300 Per Sh		10.300	2,372.23 0.00	2,372.23 0.00
Recd 385.977 Shs As A Reinvested Div At \$ 10.160 Per Sh		10.160	3,921.53 0.00	3,921.53 0.00
Recd 381.594 Shs As A Reinvested Div At \$ 10.170 Per Sh		10.170	3,880.81 0.00	3,880.81 0.00
Recd 401.844 Shs As A Reinvested Div At \$ 10.130 Per Sh		10.130	4,070.68 0.00	4,070.68 0.00
Recd 407.077 Shs As A Reinvested Div At \$ 10.150 Per Sh		10.150	4,131.83 0.00	4,131.83 0.00
Recd 228.276 Shs As A Reinvested Div At \$ 10.150 Per Sh		10.150	2,317.00 0.00	2,317.00 0.00
Purchases	7	10.308	1,345,694.08 0.00	1,345,694.08 0.00
Vanguard 500 Index Adm Fd #540 Sold 313.322 Shs 03/12/24 @ 478.74		478.741	63,300.44 0.00	150,000.00 86,699.56
Recd 15.062 Shs As A Reinvested Div At \$ 482.900 Per Sh		482.893	7,273.33 0.00	7,273.33 0.00

Bricklayers Union Local #6 - H&w

For Period 03/01/24 Through 02/28/25

5% Transactions

Description	No. of Trans	Unit Price	Cost Trans Expense	Cash Realized G/L
Sold 207.715 Shs 03/25/24 @ 481.43		481.429	44,929.94 0.00	100,000.00 55,070.06
Sold 106.995 Shs 04/15/24 @ 467.31		467.312	18,431.89 0.00	50,000.00 31,568.11
Sold 106.774 Shs 04/24/24 @ 468.28		468.279	18,393.82 0.00	50,000.00 31,606.18
Sold 51.567 Shs 05/14/24 @ 484.81		484.806	8,883.38 0.00	25,000.00 16,116.62
Sold 197.398 Shs 06/17/24 @ 506.59		506.591	34,005.50 0.00	100,000.00 65,994.50
Recd 14.374 Shs As A Reinvested Div At \$ 503.760 Per Sh		503.753	7,240.95 0.00	7,240.95 0.00
Sold 148.689 Shs 07/29/24 @ 504.41		504.409	30,424.20 0.00	75,000.00 44,575.80
Sold 125.200 Shs 08/26/24 @ 519.17		519.169	21,568.04 0.00	65,000.00 43,431.96
Sold 3798.858 Shs 09/11/24 @ 513.73	*	513.730	673,775.32 0.00	1,951,587.32 1,277,812.00
Purchases	2	493.079	14,514.28 0.00	14,514.28 0.00
Sales	9	507.580	913,712.53 0.00	2,566,587.32 1,652,874.79

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