

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TTEES BRICKLAYERS & MASONS 6 SARA STUDENY 618 HIGH AVE NW CANTON, OH 44703
2b	Employer Identification Number (EIN) 51-6123024
2c	Plan Sponsor's telephone number 330-454-5900
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	SARA STUDENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 435
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) 180 6a(2) 195 6b 153 6c 72 6d 420 6e 35 6f 455 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 52

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

1A

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

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 36088745
(2) Actuarial value of assets for funding standard account	1b(2) 38694165
c (1) Accrued liability for plan using immediate gain methods	1c(1) 47018562
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 47018562
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 83785860
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2308488
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3153645
(3) Expected plan disbursements for the plan year	1d(3) 3151505

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

SIGN HERE	09/24/2025
Signature of actuary MATTHEW R KLEIN	Date 23-06865
Type or print name of actuary ACRISURE	Most recent enrollment number 412-394-9985
Firm name FOUR GATEWAY CENTER 444 LIBERTY AVENUE, SUITE 605 PITTSBURGH, PA 15222	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	36088745
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	188	42983523
(2) For terminated vested participants	67	12292857
(3) For active participants:		
(a) Non-vested benefits		1647471
(b) Vested benefits		26862009
(c) Total active	180	28509480
(4) Total	435	83785860
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.07 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	2025500	0			
Totals ►			3(b)	2025500	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	82.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☒ Yes ☐ No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	☐ Yes ☒ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2040

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.6 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	137000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	610790	64386
4	40475	4265

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1006690

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	14774431	2331088
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 250333**e** Total charges. Add lines 9a through 9d.....**9e** 3588111**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 803053**g** Employer contributions. Total from column (b) of line 3.....**9g** 2025500**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 186952**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9h	5646981	842027
9j(1)	13689890	
9j(2)	41773803	

k (1) Waived funding deficiency

(2) Other credits

9k(1)**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 3857532**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 269421**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date

9o(2)(a)**9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6	D Employer Identification Number (EIN) 51-6123024	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACRISURE

444 LIBERTY AVENUE SUITE 605
PITTSBURGH, PA 15222

92-3652116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		39800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

HALL KISTLER

34-0715770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		16960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

ASSURED PARTNERS

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23		24011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

SWALLEN LAWHUN & CO

34-1172572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50 64		46831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

MACALA & PIATT

34-1933033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		13249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

MARINER INSTITUTIONAL LLC

59-3676225

(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 51 19		10500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6		D Employer Identification Number (EIN) 51-6123024

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	245380	220493
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	344232	312030
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1521	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	920987	527683
(2) U.S. Government securities	1c(2)	689721	609012
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6611664	1395220
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1290197	1669997
(B) Common	1c(4)(B)	8195878	5514456
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	210300	426113
(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)	17654735	28062248
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	36164615	38737252
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	75870	48695
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	75870	48695
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	36088745	38688557

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)	2025500	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2025500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	207471	
(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)		207471
(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)	884226	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		884226
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2861770
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5978967

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3127053	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3127053
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	46831	
(4) IQPA audit fees	2i(4)	16960	
(5) Investment advisory and investment management fees	2i(5)	107386	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	39800	
(8) Legal fees	2i(8)	15374	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	25751	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		252102
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3379155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2599812
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4305186.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TTEES BRICKLAYERS & MASONS 6		D Employer Identification Number (EIN) 51-6123024
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 51-6123024		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BRICKLAYERS NO 5 OHIO**

b EIN **34-0754400**

c Dollar amount contributed by employer **277122**

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

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

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

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

a Name of contributing employer **BEAVER CONSTRUCTORS**

b EIN **27-4076388**

c Dollar amount contributed by employer **173269**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

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

b EIN **34-1843623**

c Dollar amount contributed by employer **172587**

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

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

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

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

a Name of contributing employer **VALENTINE CONTRACTORS**

b EIN **20-3598333**

c Dollar amount contributed by employer **279197**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

a Name of contributing employer **FOTI CONSTRUCTION**

b EIN **34-1972851**

c Dollar amount contributed by employer **149963**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

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

b EIN **51-6029565**

c Dollar amount contributed by employer **213316**

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

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

(1) Contribution rate (in dollars and cents) _____

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **COON CAULKING & RESTORATION**

b EIN **61-1102289**

c Dollar amount contributed by employer **89635**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

a Name of contributing employer **BUCKEYE CAULKING**

b EIN **34-1785639**

c Dollar amount contributed by employer **55736**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

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

b EIN **20-8865828**

c Dollar amount contributed by employer **198387**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

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

b EIN **48-1248315**

c Dollar amount contributed by employer **59531**

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

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

(1) Contribution rate (in dollars and cents) **9.18**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

0

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

14c

0

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

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

15a

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

15b

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

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

16a

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

16b

0

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
--	--	--

Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6123024	PN	001

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

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

Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6123024	PN	001

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

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

Name of Plan	BRICKLAYERS & MASONS LOCAL NO 6 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6123024	PN	001

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

AUDITED FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6
PENSION PLAN

December 31, 2024 and 2023



HALL, KISTLER & COMPANY LLP
CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

soundideas. solidanswers.

I N D E X

INDEPENDENT AUDITOR’S REPORT	PAGE 3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	7
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	8
STATEMENT OF ACCUMULATED PLAN BENEFITS.....	9
NOTES TO FINANCIAL STATEMENTS.....	10
SUPPLEMENTAL SCHEDULES	
EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of the Bricklayers and Masons Local No. 6 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the statement of accumulated plan benefits as of January 1, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information

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

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

In our opinion—

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

Hall, Kistner + Co LLP

Certified Public Accountants

Canton, Ohio
September 19, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at fair value:		
Mutual funds	\$ 18,144,078	\$ 17,654,735
Interest-bearing cash	527,683	920,987
Government securities	609,012	689,721
Corporate bonds	1,395,220	6,611,664
Common stocks	5,514,456	8,195,878
Preferred stocks	1,669,997	1,290,197
Unit investment trusts	9,918,170	-
Collateralized mortgage obligation	426,113	210,300
Total investments at fair value	<u>38,204,729</u>	<u>35,573,482</u>
Receivables:		
Employers' contributions	312,030	344,232
Accrued interest and dividends	-	1,521
Total receivables	<u>312,030</u>	<u>345,753</u>
Cash (noninterest-bearing)	<u>220,493</u>	<u>245,380</u>
Total assets	<u>38,737,252</u>	<u>36,164,615</u>
<u>LIABILITIES</u>		
Reciprocal contributions payable	34,333	72,400
Accounts payable	14,362	3,470
Total liabilities	<u>48,695</u>	<u>75,870</u>
Net assets available for benefits	<u>\$ 38,688,557</u>	<u>\$ 36,088,745</u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS</u>		
Investment income:		
Interest income	\$ 207,471	\$ 215,197
Dividend income	884,226	587,047
Net appreciation in fair value of investments	2,861,770	3,688,221
	<u>3,953,467</u>	<u>4,490,465</u>
Less: investment expenses	(107,386)	(98,652)
	<u>3,846,081</u>	<u>4,391,813</u>
Employers' contributions	2,025,500	1,991,002
Other income	-	9,824
	<u>2,025,500</u>	<u>2,000,826</u>
Total additions	5,871,581	6,392,639
<u>DEDUCTIONS FROM NET ASSETS</u>		
Payments for:		
Benefits paid directly to Participants	3,127,053	3,085,339
Administrative expenses	144,716	136,561
	<u>3,271,769</u>	<u>3,221,900</u>
Total deductions	3,271,769	3,221,900
<u>NET INCREASE</u>	2,599,812	3,170,739
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>36,088,745</u>	<u>32,918,006</u>
End of year	<u>\$ 38,688,557</u>	<u>\$ 36,088,745</u>

STATEMENT OF ACCUMULATED PLAN BENEFITS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Plan year beginning January 1, 2024

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments	\$ 29,302,958
Other Participants	11,259,083
Terminated	5,797,013
	46,359,054
Nonvested benefits	659,508

Total actuarial present value of accumulated plan benefits	\$ 47,018,562
--	---------------------------

During 2023, the actuarial present value of accumulated plan benefits increased overall by \$1,085,686 (see Note G) due to the following:

Decrease in discount period	\$ 3,331,357
Benefits paid	(3,085,339)
Changes in actuarial assumptions	112,282
Benefits accumulated and plan experience	727,386
Total change in actuarial present value of accumulated plan benefits	\$ 1,085,686

The actuarial present value of accumulated plan benefits was \$45,932,876 at December 31, 2023.

NOTES TO FINANCIAL STATEMENTS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

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

General

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

Pension Benefits

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

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

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

Death and Disability Benefits

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits (Continued)

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

The actuarial present value of accumulated Plan benefits is determined by an actuary from Acrisure (formerly known as Cowden Associates, Inc.) in 2024 and 2023, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 are presented in Exhibit A.

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

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Expenses

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS

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

FASB ASC 820, Fair Value Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 or Level 2 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of registered investment companies and mutual funds are based on the quoted net asset values of the shares held by the plan at year end. The fair value of money market and deposit accounts are based quoted fair market values reported by Charles Schwab Trust Bank. The fair values of common stock, preferred stock, corporate bonds, unit investment trusts and U.S. Government securities are based on quoted market prices.

Level 2 Fair Value Measurements

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Fair Value Measurements

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

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

Fair Value Measurements Using					
	Measured at Net Asset Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2024:					
Mutual funds	\$ -	\$ 18,144,078	\$ -	\$ -	\$ 18,144,078
Interest-bearing cash	-	527,683	-	-	527,683
Government securities	-	609,012	-	-	609,012
Corporate bonds	-	1,395,220	-	-	1,395,220
Common stocks	-	5,514,456	-	-	5,514,456
Preferred stocks	-	1,669,997	-	-	1,669,997
Unit investment trusts	-	9,918,170	-	-	9,918,170
Collateralized mortgage obligations	-	-	426,113	-	426,113
	<u>\$ -</u>	<u>\$ 37,778,616</u>	<u>\$ 426,113</u>	<u>\$ -</u>	<u>\$ 38,204,729</u>
December 31, 2023:					
Mutual Funds	\$ -	\$ 17,654,735	\$ -	\$ -	\$ 17,654,735
Interest-bearing cash	-	920,987	-	-	920,987
Government securities	-	689,721	-	-	689,721
Corporate bonds	-	6,611,664	-	-	6,611,664
Common stocks	-	8,195,878	-	-	8,195,878
Preferred stocks	-	1,290,197	-	-	1,290,197
Collateralized mortgage obligations	-	-	210,300	-	210,300
	<u>\$ -</u>	<u>\$ 35,363,182</u>	<u>\$ 210,300</u>	<u>\$ -</u>	<u>\$ 35,573,482</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023 are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2024 there were no significant transfers between Level 1 and Level 2 and no transfers into or out of Level 3.

NOTE D - FUNDING POLICY

Members are not required to make contributions under the Plan. Employers make contributions to the Plan at the rates specified by the collective bargaining agreement in effect between employers and the Union (expiring April 30, 2026), such that, all members' benefits will be fully provided for by the time they retire. Total contributions to the Plan for the 2024 and 2023 Plan years exceeded the minimum funding requirements of ERISA. See Note K.

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

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

NOTE E - PLAN TERMINATION

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - PLAN TERMINATION (CONTINUED)

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling was equal to the product of (1) 100% of the accrual rate up to \$11, plus 75% of the lesser of (i) \$33, or (ii) the accrual rate, if any, in excess of \$11; and (2) the number of the Member's years of credited service. The accrual rate is a Member's (or beneficiary's) monthly benefit that is eligible for PBGC's guarantee, divided by the Member's years of credited service. However, the monthly benefit used in this computation must not be greater than the monthly benefit that would be payable under the Plan at normal retirement age in the form of a single life annuity. In addition, the monthly benefit used in the computation must be determined without regard to any reduction under Code Sec. 411(a)(3)(E) provisions relating to the cessation of contributions.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - INFORMATION PREPARED AND CERTIFIED BY THE PLAN TRUSTEE

Huntington National Bank, the (former) trustee of the Plan, held investments at Huntington National Bank for the period of January 1, 2023 to August 1, 2023. OneDigital, the (successor) trustee of the Plan, held investments at Charles Schwab from August 2, 2023 and thereafter. These respective financial institutions certified the following information included in the 2024 and 2023 financial statements and supplemental schedule:

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

NOTE G - PLAN AMENDMENTS AND CHANGES IN ACTUARIAL ASSUMPTIONS

The Plan was formerly amended during 2024, effective July 1, 2023. Under this amendment, the Plan's death benefit was reduced from \$10,000 to \$5,000. The monthly amount of the Early Retirement Benefit is the amount of the Normal Retirement Benefit reduced by the following:

- For benefits as of July 1, 2017 and for retirees who have already retired as of July 1, 2023 the Normal Retirement Benefit is reduced by three-tenths of one percent (0.3%) for each month which the commencement of the benefits precedes Normal Retirement Age.
- For benefits accrued from July 1, 2017 to present, and for retirees who have already retired as of July 1, 2023 the Normal Retirement Benefit is reduced by four-tenths of one percent (0.4%) for each month which the commencement of the benefits precedes Normal Retirement Age.
- For any person who retires on or after July 1, 2023, the Normal Retirement Benefit is reduced by a full actuarial reduction for each month which the commencement of the benefit precedes Normal Retirement Age.

As of January 1, 2024, the interest rate used for determining the RPA '94 current liabilities was changed from 2.55% to 3.29%. The expected future hours for each participant has been changed from 1,200 per participant to a proportion of their average of prior three years worked, multiplied by a factor to make the total hours worked equal to 243,000 hours per year. The Plan's Actuarial Present Value of Accumulated Plan Benefits increased \$112,282 as a result of these changes.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G - PLAN AMENDMENTS AND CHANGES IN ACTUARIAL ASSUMPTIONS (CONTINUED)

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

NOTE H - TAX STATUS

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

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

NOTE I - RISKS AND UNCERTAINTIES

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE I - RISKS AND UNCERTAINTIES (CONTINUED)

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

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and deposit accounts managed by Charles Schwab during the period from August 2, 2023 and thereafter. Charles Schwab is the Custodian of the majority of the Plan's assets and, therefore, this transaction qualified as a party-in-interest transaction. Fees paid by the Plan for the investment services amounted to \$96,885 and \$30,790 for the year ended December 31, 2024 and 2023, respectively. The investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

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

NOTE K - PLAN STATUS

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE K - PLAN STATUS (CONTINUED)

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

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

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

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

NOTE L - SUBSEQUENT EVENTS

Subsequent events were evaluated through September 19, 2025, which is the date the financial statements were available to be issued.

As of April 1, 2025, custody of the Plans assets were transferred to Mariner Institutional Services and Solution.

As of April 17, 2025, the Board of Trustees made the decision to hire BMGI as the new third party administrator to the Plan.

Effective May 1, 2025 through April 30, 2026, employers will contribute \$9.60 per hour to the Plan.

SUPPLEMENTAL SCHEDULES

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

The following methods and assumptions were used:

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

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

Interest Rates: Full Funding Limitation:
a. Maximum Basis – 3.29%
b. RPA Current Liability – 3.29%
Minimum/Maximum Funding – 7.5%
Present Value of Accrued Benefits – 7.5%

Rates of Retirement: Based on the following:

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

Rates of Disability: Based on the following:

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

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

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

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

EXHIBIT A - ACTUARIAL ASSUMPTIONS AND METHODS (CONTINUED)

BRICKLAYERS AND MASONS LOCAL NO. 6 PENSION PLAN

Assumptions Made in Valuing Spouse's Benefit:	85% of the Participants are assumed to be married, with the female spouse three years younger than the male spouse.
Expenses:	The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000. This 2023 amount is assumed to increase 2.5% per year throughout the projection.
Incomplete Data:	None
Benefit Accrual Rate:	Pension credits and expected contributions were projected on the assumption that all active participants would work a proportion of their average of prior three years worked, multiplied by a factor to make the total hours worked equal to 243,000 hours per year.
Projected Industry Activity:	For the purpose of the credit balance projection, future covered employment has been estimated to be 243,000 total hours per year. This assumption has been set with input from the Board of Trustees.
Asset Valuation:	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.
Funding Method:	Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years. This method was made effective January 1, 2023.

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

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds The Investment Co of Amer	Mutual Fund - 33,061.527 shares	\$ 1,128,132	\$ 1,896,409
	Amer Fds The Growth Fd of Amer	Mutual Fund - 19,400.323 shares	833,649	1,396,629
	Amer Fds The Income Fd of Amer	Mutual Fund - 68,663.279 shares	1,278,812	1,668,518
	Amer Fds Capital Income Builder	Mutual Fund - 18,945.719 shares	996,377	1,307,255
	Amer Fds Cap World Growth & Inc	Mutual Fund - 29,192.507 shares	1,208,543	1,839,420
	Amer Fds American Mutual Fd	Mutual Fund - 20,769.141 shares	846,584	1,140,641
	Amer Fds New Perspective Fd	Mutual Fund - 1,453.885 shares	60,540	88,556
	Amer Fds The Bond Fd of America	Mutual Fund - 62,026.391 shares	773,778	690,974
	Amer Fds American Balanced Fd	Mutual Fund - 34,707.425 shares	928,677	1,189,423
	Amer Fds Amer High-Income Trust	Mutual Fund - 104,550.366 shares	1,045,458	1,020,411
	Amer Fds U.S. Govt Securities Fd	Mutual Fund - 12,877.764 shares	174,426	151,314
	Amer Fds Intermed Bond Fd of Amer	Mutual Fund - 27,354.321 shares	363,475	339,467
	Amer Fds The Bond Fd of America	Mutual Fund - 18,714.709 shares	211,661	208,482
	Amer Fds AF Multi-Sector Income Fd	Mutual Fund - 72,174.183 shares	655,683	674,829
*	Charles Schwab	Deposit Account	22,064	22,064
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	90,563
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	110,859
	U.S. Govt Obligations	USTN \$45,000 3.5% 02/15/23	45,083	41,878
	U.S. Govt Obligations	USTN \$25,000 4.00% 02/15/34	24,518	23,949
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	92,810
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	116,048
	U.S. Govt Agencies	FFCB \$25,000 4.05% 05/17/29	24,962	24,413
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	66,373
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	42,119
	American Honda Finance Series Gmtn	Corp Bond \$125,000 2.3% 09/09/26	123,554	120,413
*	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	97,167
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	92,941
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	121,304
	Commonwealth Edison Co	Corp Bond \$50,000 3.70% 08/15/28	51,298	48,243
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	134,494
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	44,244
	PNC Financial Services	Corp Bond \$50,000 2.55% 01/22/30	45,456	44,439
	Prudential Financial Inc Series Mtn	Corp Bond \$25,000 2.10% 03/10/30	21,978	21,944
	Blackrock Inc	Corp Bond \$50,000 2.40% 04/30/30	45,296	44,535
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	43,184
	Bank of America Corp	Corp Bond \$25,000 2.687% 04/22/32	21,034	21,375
	Citigroup Inc	Corp Bond \$25,000 2.52% 11/03/32	21,160	20,735
	John Deere Capital Corp	Corp Bond \$50,000 5.15% 03/03/25	50,006	50,046
	JPMorgan Chase	Corp Bond \$25,000 6.087% 10/23/29	24,812	25,835
	JPMorgan Chase	Corp Bond \$25,000 6.254% 10/23/34	24,710	26,444
	Lowes Companies	Corp Bond \$50,000 2.625% 04/01/31	42,647	43,445
	Wells Fargo & Company	Corp Bond \$50,000 3.35% 03/02/33	43,442	43,630
	BP Capital Mark	Corp Bond \$25,000 4.989% 04/10/34	25,056	24,303

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Meta Platforms	Corp Bond \$50,000 3.85% 08/15/32	48,812	46,387
	Nextera Energy	Corp Bond \$25,000 5.05% 02/28/33	24,850	24,626
	Nisource	Corp Bond \$25,000 5.35% 04/01/34	24,952	24,788
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	5,469	4,895
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	18,673	16,565
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	24,114	21,436
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	4,093	3,558
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	25,206	21,820
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	12,586	10,799
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	52,138	43,904
	U.S. Govt Collateralized Mort Obligations	FHLMC 4% 02/25/52	79,226	75,592
	U.S. Govt Collateralized Mort Obligations	FHLMC 4.5% 09/25/54	38,868	35,725
	U.S. Govt Collateralized Mort Obligations	FNMA 3% 09/01/42	76,397	76,214
	U.S. Govt Collateralized Mort Obligations	FNMA 5% 07/25/54	74,391	66,502
	U.S. Govt Collateralized Mort Obligations	FNMA 5% 11/25/35	49,725	49,103
*	Charles Schwab	Deposit Account	17,753	17,753
*	Charles Schwab	Schwab Treasury Obligations MMF	59,790	59,790
	Exelon Corp	Corp Bond \$25,000 5.15% 03/15/28	24,807	25,170
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 8.72077% 12/29/49	49,925	49,875
	Goldman Sachs Group	Corp Bond \$50,000 7.5% 12/31/99	49,250	52,625
	The Cigna Group	Corp Bond \$50,000 5.685% 03/15/26	49,951	50,028
	Wells Fargo & Company	Corp Bond \$50,000 7.625% 12/31/99	50,000	53,000
	Affiliated Managers Group	Preferred Stock - 1,500 shares	37,512	36,945
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	43,146
	Allstate Corp	Preferred Stock - 1,500 shares	35,318	32,820
	Allstate Corp Series J	Preferred Stock - 1,500 shares	37,500	39,930
	American Financial Group	Preferred Stock - 2,500 shares	49,920	44,850
	Apollo Global Mgmt Inc Series A	Preferred Stock - 2,000 shares	50,740	52,980
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	26,850
	Aspen Insurance	Preferred Stock - 2,500 shares	62,512	63,575
	Athene Holdings	Preferred Stock - 2,250 shares	54,910	54,810
	Athene Holdings	Preferred Stock - 1,000 shares	24,972	25,070
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	58,260
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	23,940
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	41,825
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	47,580
	Brookfield Infrastructure	Preferred Stock - 2,500 shares	62,375	60,000
	Brunswick Corp	Preferred Stock - 1,250 shares	30,875	31,162
	Carlyle Finance LLC	Preferred Stock - 2,750 shares	64,058	49,005
	CMS Energy Corp	Preferred Stock - 1,000 shares	25,028	22,930
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	29,920
	Federal Agricultural Mortgage	Preferred Stock - 3,000 shares	67,158	62,490
	Fifth Third Bancorp Series A	Preferred Stock - 2,000 shares	49,990	49,740

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	47,312
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	49,500
*	Huntington Bancshares Inc Series H	Preferred Stock - 1,850 shares	43,579	32,782
*	Huntington Bancshares Inc	Preferred Stock - 2,000 shares	49,875	50,830
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	40,940
	Keycorp Series F	Preferred Stock - 2,000 shares	50,173	43,100
	KKR Group Fin Co IX LLC	Preferred Stock - 2,250 shares	54,525	41,153
	M&T Bank Corp	Preferred Stock - 1,000 shares	25,062	26,620
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	41,320
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	55,230
	Morgan Stanley V/R	Preferred Stock - 1,000 shares	25,030	25,190
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	25,260
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	35,540
	Regions Financial Series F	Preferred Stock - 3,000 shares	74,850	78,720
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 2,000 shares	47,982	33,160
	Stifel Financial Corp Series D	Preferred Stock - 2,900 shares	69,467	51,098
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	47,264
	Wells Fargo & Company Series CC	Preferred Stock - 2,500 shares	58,040	47,150
	Rivernorth/Doubleline Series A	Unit Investment Trust - 2,500 shares	62,228	43,775
*	Charles Schwab	Deposit Account	428,076	428,076
	Advanced Micro Devices	Common Stock - 955 shares	114,744	115,354
	Aerovironment Inc	Common Stock - 268 shares	47,543	41,243
	Alphabet Inc Cl A	Common Stock - 1,650 shares	166,873	312,345
	Amazon.com Inc	Common Stock - 1,564 shares	177,209	343,126
	American Express Co	Common Stock - 346 shares	60,978	102,689
	Ametek Inc	Common Stock - 594 shares	95,153	107,074
	Apple Inc	Common Stock - 1,129 shares	119,145	282,724
	BWX Technologies Inc	Common Stock - 971 shares	94,882	108,160
	Bank of America Corp	Common Stock - 2,407 shares	92,168	105,788
	Becton Dickinson & Co	Common Stock - 432 shares	101,159	98,008
	Boeing Co	Common Stock - 614 shares	144,060	108,678
	Booz Allen Hamilton Holding Corp	Common Stock - 237.923 shares	35,639	30,621
	Cintas Corp	Common Stock - 556 shares	104,515	101,581
	Comcast Corp	Common Stock - 2,668 shares	109,311	100,130
	Costco Wholesale Corp	Common Stock - 110 shares	46,548	100,790
	CVS Health Corporation	Common Stock - 1,091 shares	61,658	48,975
	Dexcom Inc	Common Stock - 994 shares	97,463	77,303
	Dominos Pizza Inc	Common Stock - 212 shares	91,955	88,989
	Elevance Health Inc	Common Stock - 295 shares	137,395	108,825
	Fiserv Inc	Common Stock - 257 shares	27,301	52,793
	Fortive Corp	Common Stock - 2,479 shares	169,463	185,925
	General Dynamics Corp	Common Stock - 120 shares	35,134	31,619
	General Electric Co	Common Stock - 383 shares	63,405	63,881
	Home Depot Inc	Common Stock - 64 shares	21,950	24,895
	Hunt J B Trans Svcs Inc	Common Stock - 219 shares	35,482	37,375

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Insulet Corp	Common Stock - 214 shares	40,456	55,869
	Intuitive Surgical	Common Stock - 162 shares	48,950	84,558
	Iqvia Holdings Inc	Common Stock - 168 shares	38,912	33,014
	JP Morgan Chase & Co	Common Stock - 307 shares	37,986	73,591
	Johnson & Johnson	Common Stock - 553 shares	75,553	79,975
	Keysight Technologies	Common Stock - 435 shares	53,320	69,874
	Lockheed Martin Corporation	Common Stock - 316 shares	142,859	153,557
	Marvell Tech Group	Common Stock - 925 shares	55,551	102,166
	Mastercard Inc	Common Stock - 197 shares	89,630	103,734
	McDonalds Corp	Common Stock - 764 shares	205,712	221,476
	Microsoft Corp	Common Stock - 877 shares	157,011	369,655
	Parker Hannifin Corp	Common Stock - 101 shares	34,909	64,239
	Proctor & Gamble Co	Common Stock - 650 shares	93,801	108,972
	Salesforce Inc	Common Stock - 433 shares	72,716	144,765
	Samsara Inc	Common Stock - 2,269 shares	92,830	99,133
	Servicenow Inc	Common Stock - 54 shares	28,090	57,246
	Steris PLC	Common Stock - 324 shares	79,759	66,601
	Stryker Corp	Common Stock - 567 shares	171,583	204,148
	Thermo Fisher Scientific Corp	Common Stock - 163 shares	93,626	84,797
	UnitedHealth Group Inc	Common Stock - 183 shares	62,832	92,572
	Vertiv Holdings Co	Common Stock - 703 shares	50,387	79,868
	Visa Inc Class A	Common Stock - 171 shares	30,809	54,043
	Walmart Inc	Common Stock - 2,332 shares	114,396	210,696
	Workday Inc	Common Stock - 469 shares	125,624	121,016
	Blackrock High Yield Portfolio Fd Instl	Mutual Fund - 55,540.788 shares	394,077	394,340
	DFA Real Estate Securities Portfolio Instl	Mutual Fund - 6,983.117 shares	288,433	280,861
	Fidelity Adv Small Cap Growth Fd Cl Z	Mutual Fund - 10,833.161 shares	339,157	366,486
	Janus Henderson Enterprise Fd Cl N	Mutual Fund - 2,547.058 shares	366,179	366,420
	MFS Intl Diversification Fd Cl R6	Mutual Fund - 52,393.025 shares	1,163,337	1,197,181
	Pimco Income Fd Inst Cl	Mutual Fund - 149,316.421 shares	1,593,445	1,570,809
	Victory Sycamore Established Value Fd	Mutual Fund - 7,738.310 shares	379,404	355,653
	Dimensional US Targeted Value ETF	Unit Investment Trust - 4,424.000 shares	231,110	246,240
	Ishares Core MSCI Emerging Mark ETF	Unit Investment Trust - 6,358.000 shares	335,876	332,015
	Ishares Core S&P 500 ETF	Unit Investment Trust - 4,486.761 shares	2,166,974	2,641,267
	Ishares Core US Aggregate Bond ETF	Unit Investment Trust - 56,467.000 shares	5,559,349	5,471,652
	SPDR Portfolio Dvlpd Wrld Ex-US ETF	Unit Investment Trust - 23,290.000 shares	812,417	794,888
	Vanguard Long Term Cor Bd Idx Fd ETF	Unit Investment Trust - 19,957 shares	405,812	388,333

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

\$ 33,991,207	\$ 38,204,729
---------------	---------------

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE
TRANSACTIONS
AT DECEMBER 31, 2024

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2024

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

EIN:51-6123024

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

Plan Number:001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Ishares Core US Aggregate Bond ETF		\$ 3,754,117				\$ 3,754,117		
Ishares Core US Aggregate Bond ETF			\$ 122,024			\$ 119,818		\$ 2,206

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

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Amer Fds The Investment Co of Amer	Mutual Fund - 33,061.527 shares	\$ 1,128,132	\$ 1,896,409
	Amer Fds The Growth Fd of Amer	Mutual Fund - 19,400.323 shares	833,649	1,396,629
	Amer Fds The Income Fd of Amer	Mutual Fund - 68,663.279 shares	1,278,812	1,668,518
	Amer Fds Capital Income Builder	Mutual Fund - 18,945.719 shares	996,377	1,307,255
	Amer Fds Cap World Growth & Inc	Mutual Fund - 29,192.507 shares	1,208,543	1,839,420
	Amer Fds American Mutual Fd	Mutual Fund - 20,769.141 shares	846,584	1,140,641
	Amer Fds New Perspective Fd	Mutual Fund - 1,453.885 shares	60,540	88,556
	Amer Fds The Bond Fd of America	Mutual Fund - 62,026.391 shares	773,778	690,974
	Amer Fds American Balanced Fd	Mutual Fund - 34,707.425 shares	928,677	1,189,423
	Amer Fds Amer High-Income Trust	Mutual Fund - 104,550.366 shares	1,045,458	1,020,411
	Amer Fds U.S. Govt Securities Fd	Mutual Fund - 12,877.764 shares	174,426	151,314
	Amer Fds Intermed Bond Fd of Amer	Mutual Fund - 27,354.321 shares	363,475	339,467
	Amer Fds The Bond Fd of America	Mutual Fund - 18,714.709 shares	211,661	208,482
	Amer Fds AF Multi-Sector Income Fd	Mutual Fund - 72,174.183 shares	655,683	674,829
*	Charles Schwab	Deposit Account	22,064	22,064
	U.S. Govt Obligations	USTN \$100,000 0.375% 07/31/27	99,301	90,563
	U.S. Govt Obligations	USTN \$125,000 1.75% 11/15/29	124,648	110,859
	U.S. Govt Obligations	USTN \$45,000 3.5% 02/15/23	45,083	41,878
	U.S. Govt Obligations	USTN \$25,000 4.00% 02/15/34	24,518	23,949
	U.S. Govt Agencies	FFCB \$100,000 0.68% 01/13/27	99,850	92,810
	U.S. Govt Agencies	FHLB \$125,000 0.83% 02/10/27	123,100	116,048
	U.S. Govt Agencies	FFCB \$25,000 4.05% 05/17/29	24,962	24,413
	U.S. Govt Agencies	FFCB \$75,000 2.00% 12/07/29	75,000	66,373
	U.S. Govt Agencies	FFCB \$50,000 2.15% 12/01/31	49,800	42,119
	American Honda Finance Series Gmtn	Corp Bond \$125,000 2.3% 09/09/26	123,554	120,413
*	Schwab (Charles) Corp	Corp Bond \$100,000 3.3% 04/01/27	104,380	97,167
	Costco Wholesale Corp	Corp Bond \$100,000 1.375% 06/20/27	100,086	92,941
	UnitedHealth Group Inc	Corp Bond \$125,000 3.85% 06/15/28	137,556	121,304
	Commonwealth Edison Co	Corp Bond \$50,000 3.70% 08/15/28	51,298	48,243
	Coca Cola Co	Corp Bond \$150,000 2.125% 09/06/29	157,485	134,494
	Keycorp Series Mtn	Corp Bond \$50,000 2.55% 10/01/29	52,187	44,244
	PNC Financial Services	Corp Bond \$50,000 2.55% 01/22/30	45,456	44,439
	Prudential Financial Inc Series Mtn	Corp Bond \$25,000 2.10% 03/10/30	21,978	21,944
	Blackrock Inc	Corp Bond \$50,000 2.40% 04/30/30	45,296	44,535
	Northern Trust Corp	Corp Bond \$50,000 1.95% 05/01/30	49,992	43,184
	Bank of America Corp	Corp Bond \$25,000 2.687% 04/22/32	21,034	21,375
	Citigroup Inc	Corp Bond \$25,000 2.52% 11/03/32	21,160	20,735
	John Deere Capital Corp	Corp Bond \$50,000 5.15% 03/03/25	50,006	50,046
	JPMorgan Chase	Corp Bond \$25,000 6.087% 10/23/29	24,812	25,835
	JPMorgan Chase	Corp Bond \$25,000 6.254% 10/23/34	24,710	26,444
	Lowes Companies	Corp Bond \$50,000 2.625% 04/01/31	42,647	43,445
	Wells Fargo & Company	Corp Bond \$50,000 3.35% 03/02/33	43,442	43,630
	BP Capital Mark	Corp Bond \$25,000 4.989% 04/10/34	25,056	24,303

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Meta Platforms	Corp Bond \$50,000 3.85% 08/15/32	48,812	46,387
	Nextera Energy	Corp Bond \$25,000 5.05% 02/28/33	24,850	24,626
	Nisource	Corp Bond \$25,000 5.35% 04/01/34	24,952	24,788
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-104 Class MA 3% 06/25/32	5,469	4,895
	U.S. Govt Collateralized Mort Obligations	FNMA Series 10-150 Class PC 3% 10/25/40	18,673	16,565
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4569 Class A 2.5% 11/15/40	24,114	21,436
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4277 Class GB 2.5% 12/15/41	4,093	3,558
	U.S. Govt Collateralized Mort Obligations	FNMA Series 13-22 Class JP 3.5% 03/25/43	25,206	21,820
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4303 Class AP 3% 08/15/43	12,586	10,799
	U.S. Govt Collateralized Mort Obligations	FHLMC Series 4609 Class KA 3% 01/15/46	52,138	43,904
	U.S. Govt Collateralized Mort Obligations	FHLMC 4% 02/25/52	79,226	75,592
	U.S. Govt Collateralized Mort Obligations	FHLMC 4.5% 09/25/54	38,868	35,725
	U.S. Govt Collateralized Mort Obligations	FNMA 3% 09/01/42	76,397	76,214
	U.S. Govt Collateralized Mort Obligations	FNMA 5% 07/25/54	74,391	66,502
	U.S. Govt Collateralized Mort Obligations	FNMA 5% 11/25/35	49,725	49,103
*	Charles Schwab	Deposit Account	17,753	17,753
*	Charles Schwab	Schwab Treasury Obligations MMF	59,790	59,790
	Exelon Corp	Corp Bond \$25,000 5.15% 03/15/28	24,807	25,170
	Fifth Third Bancorp V/R Series J	Corp Bond \$50,000 8.72077% 12/29/49	49,925	49,875
	Goldman Sachs Group	Corp Bond \$50,000 7.5% 12/31/99	49,250	52,625
	The Cigna Group	Corp Bond \$50,000 5.685% 03/15/26	49,951	50,028
	Wells Fargo & Company	Corp Bond \$50,000 7.625% 12/31/99	50,000	53,000
	Affiliated Managers Group	Preferred Stock - 1,500 shares	37,512	36,945
	Affiliated Managers Group	Preferred Stock - 2,700 shares	67,500	43,146
	Allstate Corp	Preferred Stock - 1,500 shares	35,318	32,820
	Allstate Corp Series J	Preferred Stock - 1,500 shares	37,500	39,930
	American Financial Group	Preferred Stock - 2,500 shares	49,920	44,850
	Apollo Global Mgmt Inc Series A	Preferred Stock - 2,000 shares	50,740	52,980
	Arch Capital Group Ltd Series G	Preferred Stock - 1,500 shares	37,500	26,850
	Aspen Insurance	Preferred Stock - 2,500 shares	62,512	63,575
	Athene Holdings	Preferred Stock - 2,250 shares	54,910	54,810
	Athene Holdings	Preferred Stock - 1,000 shares	24,972	25,070
	Bank of America Corp Series NN	Preferred Stock - 3,000 shares	74,880	58,260
	Bank Ozk Series A	Preferred Stock - 1,500 shares	37,500	23,940
	Brookfield Finance Inc Series 50	Preferred Stock - 2,500 shares	62,389	41,825
	Brookfield Fin I UK Plc	Preferred Stock - 3,000 shares	74,970	47,580
	Brookfield Infrastructure	Preferred Stock - 2,500 shares	62,375	60,000
	Brunswick Corp	Preferred Stock - 1,250 shares	30,875	31,162
	Carlyle Finance LLC	Preferred Stock - 2,750 shares	64,058	49,005
	CMS Energy Corp	Preferred Stock - 1,000 shares	25,028	22,930
	CMS Energy Corp Series C	Preferred Stock - 1,600 shares	40,000	29,920
	Federal Agricultural Mortgage	Preferred Stock - 3,000 shares	67,158	62,490
	Fifth Third Bancorp Series A	Preferred Stock - 2,000 shares	49,990	49,740

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Gabelli Dvd & Inc Tr Series H	Preferred Stock - 2,500 shares	62,500	47,312
	Highland Income Fund Series A	Preferred Stock - 3,000 shares	78,120	49,500
*	Huntington Bancshares Inc Series H	Preferred Stock - 1,850 shares	43,579	32,782
*	Huntington Bancshares Inc	Preferred Stock - 2,000 shares	49,875	50,830
	JPMorgan Chase & Co Series JJ	Preferred Stock - 2,000 shares	49,900	40,940
	Keycorp Series F	Preferred Stock - 2,000 shares	50,173	43,100
	KKR Group Fin Co IX LLC	Preferred Stock - 2,250 shares	54,525	41,153
	M&T Bank Corp	Preferred Stock - 1,000 shares	25,062	26,620
	Metlife Inc Series F	Preferred Stock - 2,000 shares	50,556	41,320
	Morgan Stanley Series O	Preferred Stock - 3,000 shares	75,000	55,230
	Morgan Stanley V/R	Preferred Stock - 1,000 shares	25,030	25,190
	Public Storage Series R	Preferred Stock - 1,500 shares	37,500	25,260
	Regions Financial Series E	Preferred Stock - 2,000 shares	49,900	35,540
	Regions Financial Series F	Preferred Stock - 3,000 shares	74,850	78,720
	Renaissance Re Hldgs Ltd Series G	Preferred Stock - 2,000 shares	47,982	33,160
	Stifel Financial Corp Series D	Preferred Stock - 2,900 shares	69,467	51,098
	U S Bancorp Series L	Preferred Stock - 2,800 shares	70,000	47,264
	Wells Fargo & Company Series CC	Preferred Stock - 2,500 shares	58,040	47,150
	Rivernorth/Doubleline Series A	Unit Investment Trust - 2,500 shares	62,228	43,775
*	Charles Schwab	Deposit Account	428,076	428,076
	Advanced Micro Devices	Common Stock - 955 shares	114,744	115,354
	Aerovironment Inc	Common Stock - 268 shares	47,543	41,243
	Alphabet Inc Cl A	Common Stock - 1,650 shares	166,873	312,345
	Amazon.com Inc	Common Stock - 1,564 shares	177,209	343,126
	American Express Co	Common Stock - 346 shares	60,978	102,689
	Ametek Inc	Common Stock - 594 shares	95,153	107,074
	Apple Inc	Common Stock - 1,129 shares	119,145	282,724
	BWX Technologies Inc	Common Stock - 971 shares	94,882	108,160
	Bank of America Corp	Common Stock - 2,407 shares	92,168	105,788
	Becton Dickinson & Co	Common Stock - 432 shares	101,159	98,008
	Boeing Co	Common Stock - 614 shares	144,060	108,678
	Booz Allen Hamilton Holding Corp	Common Stock - 237.923 shares	35,639	30,621
	Cintas Corp	Common Stock - 556 shares	104,515	101,581
	Comcast Corp	Common Stock - 2,668 shares	109,311	100,130
	Costco Wholesale Corp	Common Stock - 110 shares	46,548	100,790
	CVS Health Corporation	Common Stock - 1,091 shares	61,658	48,975
	Dexcom Inc	Common Stock - 994 shares	97,463	77,303
	Dominos Pizza Inc	Common Stock - 212 shares	91,955	88,989
	Elevance Health Inc	Common Stock - 295 shares	137,395	108,825
	Fiserv Inc	Common Stock - 257 shares	27,301	52,793
	Fortive Corp	Common Stock - 2,479 shares	169,463	185,925
	General Dynamics Corp	Common Stock - 120 shares	35,134	31,619
	General Electric Co	Common Stock - 383 shares	63,405	63,881
	Home Depot Inc	Common Stock - 64 shares	21,950	24,895
	Hunt J B Trans Svcs Inc	Common Stock - 219 shares	35,482	37,375

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

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Insulet Corp	Common Stock - 214 shares	40,456	55,869
	Intuitive Surgical	Common Stock - 162 shares	48,950	84,558
	Iqvia Holdings Inc	Common Stock - 168 shares	38,912	33,014
	JP Morgan Chase & Co	Common Stock - 307 shares	37,986	73,591
	Johnson & Johnson	Common Stock - 553 shares	75,553	79,975
	Keysight Technologies	Common Stock - 435 shares	53,320	69,874
	Lockheed Martin Corporation	Common Stock - 316 shares	142,859	153,557
	Marvell Tech Group	Common Stock - 925 shares	55,551	102,166
	Mastercard Inc	Common Stock - 197 shares	89,630	103,734
	McDonalds Corp	Common Stock - 764 shares	205,712	221,476
	Microsoft Corp	Common Stock - 877 shares	157,011	369,655
	Parker Hannifin Corp	Common Stock - 101 shares	34,909	64,239
	Proctor & Gamble Co	Common Stock - 650 shares	93,801	108,972
	Salesforce Inc	Common Stock - 433 shares	72,716	144,765
	Samsara Inc	Common Stock - 2,269 shares	92,830	99,133
	Servicenow Inc	Common Stock - 54 shares	28,090	57,246
	Steris PLC	Common Stock - 324 shares	79,759	66,601
	Stryker Corp	Common Stock - 567 shares	171,583	204,148
	Thermo Fisher Scientific Corp	Common Stock - 163 shares	93,626	84,797
	UnitedHealth Group Inc	Common Stock - 183 shares	62,832	92,572
	Vertiv Holdings Co	Common Stock - 703 shares	50,387	79,868
	Visa Inc Class A	Common Stock - 171 shares	30,809	54,043
	Walmart Inc	Common Stock - 2,332 shares	114,396	210,696
	Workday Inc	Common Stock - 469 shares	125,624	121,016
	Blackrock High Yield Portfolio Fd Instl	Mutual Fund - 55,540.788 shares	394,077	394,340
	DFA Real Estate Securities Portfolio Instl	Mutual Fund - 6,983.117 shares	288,433	280,861
	Fidelity Adv Small Cap Growth Fd Cl Z	Mutual Fund - 10,833.161 shares	339,157	366,486
	Janus Henderson Enterprise Fd Cl N	Mutual Fund - 2,547.058 shares	366,179	366,420
	MFS Intl Diversification Fd Cl R6	Mutual Fund - 52,393.025 shares	1,163,337	1,197,181
	Pimco Income Fd Inst Cl	Mutual Fund - 149,316.421 shares	1,593,445	1,570,809
	Victory Sycamore Established Value Fd	Mutual Fund - 7,738.310 shares	379,404	355,653
	Dimensional US Targeted Value ETF	Unit Investment Trust - 4,424.000 shares	231,110	246,240
	Ishares Core MSCI Emerging Mark ETF	Unit Investment Trust - 6,358.000 shares	335,876	332,015
	Ishares Core S&P 500 ETF	Unit Investment Trust - 4,486.761 shares	2,166,974	2,641,267
	Ishares Core US Aggregate Bond ETF	Unit Investment Trust - 56,467.000 shares	5,559,349	5,471,652
	SPDR Portfolio Dvlpd Wrld Ex-US ETF	Unit Investment Trust - 23,290.000 shares	812,417	794,888
	Vanguard Long Term Cor Bd Idx Fd ETF	Unit Investment Trust - 19,957 shares	405,812	388,333

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

\$ 33,991,207	\$ 38,204,729
---------------	---------------

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE
TRANSACTIONS
AT DECEMBER 31, 2024

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2024

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

EIN:51-6123024

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

Plan Number:001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Ishares Core US Aggregate Bond ETF		\$ 3,754,117				\$ 3,754,117		
Ishares Core US Aggregate Bond ETF			\$ 122,024			\$ 119,818		\$ 2,206

Bricklayers Masons Local Union No. 6 Pension Plan

EIN: 51-6123024; PN: 001

Attachment to the 2024 Form 5500 Schedule MB, line 8b(2)- Schedule of Active Participant Data

	Years of Service										
Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25	7	12	1	0	0	0	0	0	0	0	20
25-29	4	7	3	0	0	0	0	0	0	0	14
30-34	3	12	8	2	1	0	0	0	0	0	26
35-39	1	0	5	4	2	0	0	0	0	0	12
40-44	1	7	11	2	1	2	0	0	0	0	24
45-49	1	2	3	2	6	3	5	1	0	0	23
50-54	1	4	7	6	8	6	5	0	0	0	37
55-59	0	2	5	4	2	3	1	0	0	0	17
60-64	1	0	5	0	0	0	0	0	0	0	6
65-69	0	1	0	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
missing	0	0	0	0	0	0	0	0	0	0	0
Total	19	47	48	20	20	14	11	1	0	0	180

Actuarial Methods and Assumptions

As of January 1, 2024

Interest Rates		Current Year	Prior Year
	Minimum/Maximum Funding	7.50%	7.50%
	Present Value of Accrued Benefits	7.50%	7.50%
	Full Funding Limitation		
	Maximum Basis	3.29%	2.55%
	RPA Current Liability	3.29%	2.55%

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

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

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

Retirement Based on age as follows:

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

Terminated vested participants are assumed to retire at age 65. Participants are not assumed to retire unless they have accrued five years of service.

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

Actuarial Methods and Assumptions (continued)

Disability	Based on age. Sample rates as follows:								
	<table> <tr> <th><u>Age</u></th><th><u>Rate</u></th></tr> <tr> <td>25</td><td>0.05%</td></tr> <tr> <td>40</td><td>0.09</td></tr> <tr> <td>55</td><td>0.85</td></tr> </table>	<u>Age</u>	<u>Rate</u>	25	0.05%	40	0.09	55	0.85
<u>Age</u>	<u>Rate</u>								
25	0.05%								
40	0.09								
55	0.85								
Percent Married	85% of the participants are assumed to be married, with the female spouse three years younger than the male spouse.								
Form of Payment	Single participants are assumed to elect the Life Annuity. All married participants are assumed to elect the Joint & 50% Survivor Annuity.								
Asset Valuation	Plan assets are carried at market value with a 5 year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.								
Funding Method	Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years. This method was made effective January 1, 2023.								
Incomplete Data	None								
Benefit Accrual Rate	Pension credits and expected contributions were projected on the assumption that all active participants would work a proportion of their average of prior three years worked, multiplied by a factor to make the total hours worked equal to 243,000 hours per year.								
Projected Industry Activity	For the purpose of the credit balance projection, future covered employment has been estimated to be 243,000 total hours per year. This assumption has been set with input from the Board of Trustees.								
Expenses	The normal cost is increased by the non-investment related expenses based on the prior year's value rounded to the nearest \$1,000. For projections, this amount was assumed to increase by 2.50% annually.								

Actuarial Methods and Assumptions (continued)

Calculation of Actuarial Present Value of Accrued Plan Benefits

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

Models Used in Preparing Results

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

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

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

Additionally, projections reflect models developed and maintained by Acrisure. These models generally follow accepted actuarial principles and reflect required Internal Revenue Code and Regulations requirements in determining estimated future funded status and potential outcomes for the Funds being modeled. Outcomes from the modeling process are generally determined by the current Fund position and inputs regarding future economic assumptions and plan participant behavior and demographics.

Based on our experience, because of the detailed structure provided by Code and Regulations, we anticipate that other practitioners using similar data and assumptions would provide results that are materially similar to the outcome from our models. We have developed the models internally and are familiar with its parameters and how it functions. In addition, the results are continually reviewed across our multiemployer client base by a group of qualified actuaries and other technical staff.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 36,088,745
(2) Actuarial value of assets for funding standard account.....	1b(2) 38,694,165
c (1) Accrued liability for plan using immediate gain methods	1c(1) 47,018,562
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 47,018,562
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 83,785,860
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,308,488
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3,153,645
(3) Expected plan disbursements for the plan year	1d(3) 3,151,505

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

SIGN HERE	Matthew R. Klein MRK	09/24/2025
----------------------	---------------------------------	-----------------------

Matthew Klein	Signature of actuary	Date 2306865
---------------	----------------------	-----------------

Acrisure	Type or print name of actuary	Most recent enrollment number 412-394-9985
----------	-------------------------------	---

	Firm name	Telephone number (including area code)
--	-----------	--

Four Gateway Center Pittsburgh PA 15222	444 Liberty Avenue, Suite 605
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	36,088,745
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	188	42,983,523
(2) For terminated vested participants	67	12,292,857
(3) For active participants:		
(a) Non-vested benefits		1,647,471
(b) Vested benefits		26,862,009
(c) Total active	180	28,509,480
(4) Total	435	83,785,860
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.07 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2025	2,025,500	0			
Totals ▶			3(b)	2,025,500	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	82.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2040

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	137,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	610,970	64,386
4	40,475	4,265

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
--	-----------	--

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1,006,690

c Amortization charges as of valuation date:		Outstanding balance
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	14,774,431
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c	9d	250,333
e Total charges. Add lines 9a through 9d	9e	3,588,111

Credits to funding standard account:		
f Prior year credit balance, if any	9f	803,053
g Employer contributions. Total from column (b) of line 3	9g	2,025,500

h Amortization credits as of valuation date		Outstanding balance
	9h	5,646,981

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	186,952
---	-----------	---------

j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	13,689,890
(2) "RPA '94" override (90% current liability FFL)	9j(2)	41,773,803
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	3,857,532
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	269,421
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

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

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

Plan Provisions

Effective January 1, 1976
As Restated Effective January 1, 2014
Last Amended May 24, 2023

The following is a summary of the major provisions of the plan as of January 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

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

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

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

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

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

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

- Past Service Benefit earned between May 1, 1965 and April 30, 1968 increased by 22.5%, plus,
- 2.9% of total contributions made by Employer between May 1, 1968 and December 31, 1968, plus,
- 2.9% of total contributions made by Employer for each plan year between January 1, 1969 and December 31, 1989, plus,
- 3.3% of total contributions made by Employer for each plan year between January 1, 1990 and December 31, 1998, plus,
- 3.2% of total contributions made by Employer for each plan year between January 1, 1999 and February 29, 2008, plus,
- 2.8% of total contributions made by Employer for each plan year between March 1, 2008 and February 28, 2009, plus,
- 2.0% of total contributions made by Employer for each plan year March 1, 2009 and July 31, 2015, plus,

Plan Provisions (continued)

Accrued Benefit (continued) 1.5% of total contributions made by Employer for each plan year between August 1, 2015 and June 30, 2017, plus,
1.0% of total contributions made by Employer for each plan year after July 1, 2017.

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

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

Benefit: The Accrued Benefit

Early Retirement Eligibility: Age 55 with 5 years of service.

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

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

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

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

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

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

Plan Provisions (continued)

Death Benefit Eligibility: Vested and married for at least one year.

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

**Lump Sum
Death Benefit** Eligibility: An active or former participant that is not vested.

Benefit: A lump sum benefit immediately payable to a surviving beneficiary equal to the lesser of 100 times the Accrued Benefit at date of death or \$5,000.

**Optional
Payment
Forms** Life Annuity
50% Joint & Survivor
75% Joint & Survivor
The conversion factors are based on specified formulas as described in the plan document Section 5.2(b).

**Employer
Contributions** Current contributions rates are as follows:

<u>Plan Year(s)</u>	
5/01/2021 – 4/30/2022	\$ 6.83
5/01/2022 – 5/01/2023	7.33
5/01/2023 – 5/01/2024	8.98
5/01/2024 - Present	9.18

PPA Funded Percentage and Projection of Credit Balance

• Projection of Liability to January 1, 2024		
◦ Actuarial Accrued Liability, January 1, 2023	\$	45,932,876
◦ Normal Cost		571,495
◦ Estimated Benefit Payments		(2,750,504)
◦ Interest at 7.50% to End of Year		3,376,089
• Estimated Actuarial Accrued Liability, January 1, 2024		47,129,956
• Estimated Actuarial Value of Plan Assets, January 1, 2024		38,817,944
• Funded Percentage (Ratio of Assets to Liabilities), January 1, 2024		82.36%
• Projection of Estimated Credit Balance		
◦ December 31, 2023	\$	710,000
◦ December 31, 2024		530,000
◦ December 31, 2025		380,000
◦ December 31, 2026		100,000
◦ December 31, 2027		(340,000)
◦ December 31, 2028		(550,000)
◦ December 31, 2029		(660,000)
◦ December 31, 2030		(550,000)
◦ December 31, 2031		(360,000)

Zone Status DeterminationY or NCritical Status – Red zone if any of a), b), c), d) or e) apply

- | | |
|---|---|
| a) Is the Plan's Funded Percentage less than 65% and the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 6 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 6 plan years? | N |
| b) Does the plan have an accumulated funding deficiency (negative credit balance) in any of the current or following 3 plan years (4 plan years if the Funded Percentage is 65% or less), without reflecting amortization extensions? | N |
| c) Each of the following are applicable. | |
| i) The Plan's normal cost plus interest on unfunded liability exceeds the present value of anticipated employer and employee contributions for the year. | N |
| ii) The present value of nonforfeitable benefits of inactive participants is greater than the present value of nonforfeitable benefits for active participants. | Y |
| iii) The plan has an accumulated funding deficiency (negative credit balance) in any of the current or following 4 plan years, without reflecting amortization extensions. | N |
| Do all apply? | N |
| d) Is the Plan's fair market value of assets plus present value of expected employer contributions for the current and following 4 plan years less than the present value of all nonforfeitable benefits and administrative expenses projected to be payable under the plan during the current and following 4 plan years? | N |
| e) Was the Plan in critical or critical and declining status last year and projected to have an accumulated funding deficiency for the current or following 9 plan years? | Y |

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

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

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

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

Conclusion

Critical Status

Actuarial Methods and Assumptions

As of January 1, 2024

Interest Rates

	Current Year	Prior Year
Minimum/Maximum Funding	7.50%	7.50%
Present Value of Accrued Benefits	7.50%	7.50%

Mortality

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

Turnover

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

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

Retirement

Based on age as follows:

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

Terminated vested participants are assumed to retire at age 65.

Expenses

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

Actuarial Methods and Assumptions (continued)

Disability Based on age. Sample rates as follows:

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

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

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

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

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

Liabilities were projected to future valuation dates using original measurements data as of January 1, 2023.

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

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

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

Actuarial Methods and Assumptions (continued)

Models Used in Preparing Results

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

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

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

Schedule of Amortization Bases

MINIMUM FUNDING	<u>Initial</u>	<u>Date</u>	<u>Remaining</u>		<u>Balance</u>	<u>Payment</u>
<u>Charges</u>	<u>Amount</u>	<u>Established</u>	<u>Period</u>			
Amendment 95	\$ 0	1/1/1995	1.0	\$	3,093	\$ 3,093
Amendment 96	0	1/1/1996	2.0		23,099	11,966
Amendment 97	0	1/1/1997	3.0		57,169	20,449
Amendment 98	0	1/1/1998	4.0		263,762	73,256
Amendment 99	0	1/1/1999	5.0		205,357	47,216
Amendment 00	0	1/1/2000	6.0		527,253	104,489
Amendment 01	0	1/1/2001	7.0		140,063	24,600
Amendment 03	0	1/1/2003	9.0		171,917	25,071
Amendment 04	0	1/1/2004	10.0		254,487	34,487
Amendment 05	0	1/1/2005	11.0		117,272	14,912
Amendment 06	0	1/1/2006	12.0		115,196	13,854
Amendment 07	0	1/1/2007	13.0		123,307	14,115
Amendment 07	0	1/1/2007	13.0		189,255	21,666
Amendment 10	0	1/1/2010	1.0		49,501	49,501
Amendment 10	0	1/1/2010	1.0		10,920	10,920
Amendment 11	0	1/1/2011	2.0		100,242	51,935
Amendment 11	0	1/1/2011	2.0		3,776	1,954
Amendment 12	0	1/1/2012	3.0		101,492	36,304
Amendment 12	0	1/1/2012	3.0		27,601	9,873
Amendment 13	0	1/1/2013	4.0		378,051	104,997
Amendment 13	0	1/1/2013	4.0		33,646	9,345
Amendment 13	0	1/1/2013	4.0		16,276	4,522
Amendment 14	0	1/1/2014	5.0		216,192	49,708
Amendment 14	0	1/1/2014	5.0		58,634	13,481
Amendment 15	0	1/1/2015	6.0		527,797	104,598
Amendment 15	0	1/1/2015	6.0		25,797	5,113
Amendment 16	0	1/1/2016	7.0		817,161	143,517
Amendment 16	0	1/1/2016	7.0		153,677	26,991
Amendment 17	0	1/1/2017	8.0		930,334	147,751
Amendment 17	0	1/1/2017	8.0		96,377	15,307
Amendment 18	0	1/1/2018	9.0		709,387	103,449
Amendment 19	0	1/1/2019	10.0		114,720	15,547
Assumption 19	0	1/1/2019	10.0		1,634,897	221,564
Experience Loss 19	0	1/1/2019	10.0		1,466,260	198,711
Experience Loss 20	1,860,512	1/1/2020	11.0		1,541,890	196,067
Assumption Change 21	991,918	1/1/2021	12.0		869,226	104,532
Experience Loss 21	274,987	1/1/2021	12.0		240,974	28,979
Assumption Change 22	69,514	1/1/2022	13.0		63,990	7,326
Experience Loss 22	62,471	1/1/2022	13.0		57,509	6,583
Experience Loss 23	1,752,529	1/1/2023	14.0		1,685,429	184,688
Experience Loss 24	610,970	1/1/2024	15.0		610,970	64,386
Assumption Change 24	40,475	1/1/2024	15.0		40,475	4,265
Subtotal				\$	14,774,431	\$ 2,331,088

Schedule of Amortization Bases (continued)Credits

Assumption 96	\$	0	1/1/1996	2.0	\$	360	\$	186
Assumption 97		0	1/1/1997	3.0		7,826		2,802
Assumption 03		0	1/1/2003	9.0		1,298,064		189,302
Amendment 16		0	1/1/2016	7.0		803,932		141,193
Amendment 18		0	1/1/2018	9.0		1,031,549		150,430
Assumption 20		27,778	1/1/2020	11.0		23,022		2,927
Method Change 23		2,469,317	1/1/2023	9.0		2,294,771		334,646
Plan Change 23		194,920	1/1/2023	14.0		187,457		20,541
Subtotal					\$	5,646,981	\$	842,027

Net Amortization Balance and Payment \$ 9,127,450 \$ 1,489,061

Credit Balance as of January 1, 2024 803,053

Unfunded Liability \$ 8,324,397

	Initial		Limit
MAXIMUM FUNDING	<u>Amount</u>	<u>Payment</u>	<u>Balance</u>
Fresh Start 2024	\$ 8,324,397	\$ 1,128,137	\$ 8,324,397
Subtotal			\$ 8,324,397

Changes Since Last Year

Plan Changes

- The contribution rate has been raised from \$8.98 per hour to \$9.18 per hour.

Method Changes

None

Assumption Changes

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

- The interest rate used to calculate RPA '94 current liability has been changed from 2.55% to 3.29% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The expected future hours for each participant has been changed from 1,200 per participant to a proportion of their average of prior three years worked, multiplied by a factor to make the total hours worked equal to 243,000 hours per year.

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

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

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

<u>Name of Contributing Employer</u>	<u>EIN</u>	<u>Contribution</u> <u>Rate</u>	<u>Base Unit</u> <u>Measure</u>
Ohio State Bricklayers	51-6029565	\$ 4.75	Hourly
		\$ 6.59	Hourly
		\$ 7.01	Hourly
		\$ 3.51	Hourly
		\$ 7.01	Hourly
		\$ 5.63	Hourly
		\$ 6.34	Hourly