

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

**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**

<p><b>1a</b> Name of plan <u>OHIO BRICKLAYERS PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OHIO BRICKLAYERS PENSION PLAN</u></p> <p><u>700 TOWER DRIVE</u> <u>SUITE 300</u> <u>TROY, MI 48098</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/1967</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>51-6029565</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>513-381-6886</u></p> <p><b>2d</b> Business code (see instructions) <u>238100</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/17/2026	JOSHUA HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/17/2026	DANIEL MUSACCHIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	593
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	593
	<b>6a(2)</b>	561
	<b>6b</b>	551
	<b>6c</b>	0
	<b>6d</b>	1112
	<b>6e</b>	880
	<b>6f</b>	1992
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	188

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

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

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

- a Pension Schedules**
- (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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

► **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.

<b>A</b> Name of plan <u>OHIO BRICKLAYERS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OHIO BRICKLAYERS PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6029565</u>	

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

**1a** Enter the valuation date:                   Month 05   Day 01   Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>107023480</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>109983895</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>147387753</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>147387753</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>242755939</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>1921454</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>10184316</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>10584316</u>

**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.

<b>SIGN HERE</b>	
Signature of actuary	Date
<u>KEVIN A. COLE</u>	<u>10/20/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST &amp; STRENK</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE, SUITE 620 CINCINNATI, OH 45242-3760</u>	
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



**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.56 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	9
<b>(2)</b> Females .....	<b>6c(2)</b>	9F
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.4 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	10.2 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	400000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1259956	132779

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	5
<b>(3)</b> 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? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> 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). ....	<b>8e</b>	1803409

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	1228570

<b>c</b> 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 .....	<b>9c(1)</b>	67938278	9874230
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		832710
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		11935510
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		15104650
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		4654310
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	15429770	3775298
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		1587377
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	60949805	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	111420958	
(3) FFL credit .....	<b>9j(3)</b>		
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		
(2) Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		25121635
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		13186125
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
(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>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
(3) Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6029565</b>	

**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

**AFL-CIO**

**52-6328901**

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

**RREEF AMERICA II, LP** **PO BOX 219985**  
**KANSAS CITY, MO 64121-9985**

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

**STOCKBRIDGE** **FOUR EMBARCADERO CTR, STE 3300**  
**SAN FRANCISCO, CA 94111**

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

**CLARION PARTNERS** **230 PARK AVENUE**  
**NEW YORK, NY 10169**

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

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

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

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

BENESYS, INC.

13-2600875

(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 13 14 15 49 50	NONE	165986	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC CAPITAL INVESTMENT ADVIS.

700 E BUTTERFIELD,STE 320  
LOMBARD, IL 60148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	47454	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVESTMENT SERVICES

20-0005644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	45823	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BENDA, GRACE, STULZ & COMPANY, P.C.

38-2284921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CUNI, RUST & STRENK

31-1227755

(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 50	NONE	33167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERILL LYNCH, PIERCE, FENNER

26 CENTURY HILL DRIVE  
LATHAM, NY 12110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	28981	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WASHINGTON CAPITAL MANAGEMENT

1200 6TH AVENUE STE 700  
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	25529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

38-1844194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	23370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEDBETTER, PARISI, LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TUCKER ARENSBERG,P.C.

1468 WEST NINTH STREET  
CLEVELAND, OH 44113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN GRAPHICS PRINTING

34895 GROESBECK HWY  
CLINTON TOWNSHIP, MI 48035

(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?
36 50	NONE	6363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<b>A</b> Name of plan <u>OHIO BRICKLAYERS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OHIO BRICKLAYERS PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6029565</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

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

<b>c</b> EIN-PN <u>52-6328901-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1745440</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

**b** Name of sponsor of entity listed in (a): NATIOANL INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>20-0005644-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC

**b** Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>45-4783986-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC

**b** Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>39-2021943-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL MORTGAGE INCOME

**b** Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

<b>c</b> EIN-PN <u>91-1163419-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5196064</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: US CORE PARTNERS COLLECTIVE INVEST.

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

<b>c</b> EIN-PN <u>87-6914227-341</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3167291</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

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**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6029565</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1351657	1419424
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	695700	578049
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	375513	285928
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	487104	4468737
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5382767	12908456
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	21792735	10108795
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	72730997	77282259
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	4547110	3899223

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	2295	7502
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	107365878	110958373
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	342398	370325
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	342398	370325
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	107023480	110588048

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	4654310	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4654310
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	65934	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		65934
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1413236	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1413236
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3419579	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3377195	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		42384
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1134405	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	349286
(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)	6578026
<b>c</b> Other income .....	2c	7
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	14237588

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	10094947
(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)	10094947
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	155052
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	33500
(5) Investment advisory and investment management fees .....	2i(5)	147787
(6) Bank or trust company trustee/custodial fees .....	2i(6)	23370
(7) Actuarial fees .....	2i(7)	33167
(8) Legal fees .....	2i(8)	22303
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	5232
(11) Other expenses .....	2i(11)	157662
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	578073
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	10673020

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	3564568
<b>l</b> 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: **BENDA, GRACE, STULZ & COMPANY, P.C.**

(2) EIN: **38-2284921**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 567053.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6029565</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 0

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (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

**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 **COMBS & WEISBROD MASONRY**

**b** EIN **82-1715424**

**c** Dollar amount contributed by employer

**244316**

**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 **LENCYK MASONRY CO INC**

**b** EIN **34-1432884**

**c** Dollar amount contributed by employer

**196811**

**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 **MOSSER CONSTR, INC**

**b** EIN **34-4417194**

**c** Dollar amount contributed by employer

**177214**

**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 **JESS HAUER MASONRY INC**

**b** EIN **31-0745605**

**c** Dollar amount contributed by employer

**170513**

**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 **FLUOR CONSTRUCTORS INT.**

**b** EIN **33-0927079**

**c** Dollar amount contributed by employer

**151510**

**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 **HOUSTON BRS WATERPROOF**

**b** EIN **31-1663758**

**c** Dollar amount contributed by employer

**126274**

**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 **ZSR CONTRACTING & REST**

**b** EIN **27-1355150** **c** Dollar amount contributed by employer **112273**

**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 **TUTTLE CONSTRUCTION**

**b** EIN **34-4446567** **c** Dollar amount contributed by employer **98814**

**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 **STUDER OBRINGER INC**

**b** EIN **34-1752450** **c** Dollar amount contributed by employer **84335**

**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 **HUMMEL BUILDING CO**

**b** EIN **34-1295922** **c** Dollar amount contributed by employer **39031**

**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): \_\_\_\_\_

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	0
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	0
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 73.7 % Private Equity: 11.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 4.6 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: 5.1 % Cash or Cash Equivalents: 4.1 % Other: 0.6 %

**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 \_\_\_\_\_.

**OHIO BRICKLAYERS' PENSION FUND**

Troy, Michigan

**FINANCIAL STATEMENTS**

April 30, 2025

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John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Ohio Bricklayers' Pension Fund  
700 Tower Drive Suite 300  
Troy, MI 48098

Trustees:

### **Opinion**

We have audited the accompanying financial statements of Ohio Bricklayers' Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of April 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of April 30, 2024 and 2023, the related statement of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ohio Bricklayers' Pension Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of April 30, 2024 and 2023, and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of 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.

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 Ohio Bricklayers' Pension Fund'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**

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

In performing an audit in accordance with 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 Ohio Bricklayers' Pension Fund'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 Ohio Bricklayers' Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

*Bender, Gura, Stel & Company, P.C.*

Sterling Heights, Michigan  
February 10, 2026

**OHIO BRICKLAYERS' PENSION FUND**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

	April 30,	
	2025	2024
<b><u>ASSETS</u></b>		
Investments at fair value (Notes B and E):		
Money market funds	\$ 4,468,737	\$ 487,104
Mutual funds	77,282,259	72,730,997
Real estate investment trusts	3,899,223	4,547,110
Common collective trusts	22,803,101	21,792,735
Limited partnerships	214,150	5,382,767
	108,667,470	104,940,713
Receivables:		
Employer contributions (Note B)	428,603	502,425
Reciprocity	149,446	193,275
Due from affiliated plan - depository	276,042	340,332
Accrued interest	9,886	29,608
Other	-	5,573
	863,977	1,071,213
Other assets:		
Cash	1,419,424	1,351,657
Prepaid expenses	7,502	2,295
	1,426,926	1,353,952
Total other assets	1,426,926	1,353,952
Total assets	110,958,373	107,365,878
<b><u>LIABILITIES</u></b>		
Accounts payable	66,470	42,637
Reciprocity payable	303,855	299,761
	370,325	342,398
Total liabilities	370,325	342,398
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>	<b>110,588,048</b>	<b>107,023,480</b>

The accompanying notes are an integral part of these financial statements.

**OHIO BRICKLAYERS' PENSION FUND**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Years ended April 30,	
	2025	2024
<b><u>ADDITIONS</u></b>		
Investment income:		
Interest and dividends	\$ 1,479,170	\$ 1,320,968
Net appreciation in fair value of investments (Note F)	8,104,101	9,004,773
Less - investment expense	(171,157)	(175,076)
Net investment income	9,412,114	10,150,665
Employer contributions:		
Employer	4,383,022	4,484,862
Reciprocity	1,620,513	1,088,330
Less: reciprocity paid	(1,349,225)	(1,322,539)
Total employer contributions	4,654,310	4,250,653
Other income	7	96
Total additions	14,066,431	14,401,414
<b><u>DEDUCTIONS</u></b>		
Benefit payments	10,094,947	9,762,176
Administrative expenses:		
Administrative manager's fees	155,052	161,795
PBGC premiums	74,444	71,760
Bank service charges	37,064	27,433
Audit fees	33,500	34,980
Actuarial fees	33,167	15,758
Trustee and fiduciary liability insurance and bonding	27,466	25,159
Legal fees	22,303	43,745
Postage and printing	14,020	15,414
Conference and meetings expenses	5,232	2,795
Other	4,668	2,853
Total administrative expenses	406,916	401,692
Total deductions	10,501,863	10,163,868
<b><u>NET INCREASE</u></b>	3,564,568	4,237,546
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>		
Beginning of year	107,023,480	102,785,934
End of year	\$ 110,588,048	\$ 107,023,480

The accompanying notes are an integral part of these financial statements.

**OHIO BRICKLAYERS' PENSION FUND**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**

	April 30,	
	2024	2023
<b><u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</u></b>		
<b>Vested benefits:</b>		
Active participants	\$ 31,540,721	\$ 31,299,423
Vested terminated participants	32,155,292	31,748,260
Retirees and beneficiaries	90,564,579	89,262,805
	154,260,592	152,310,488
<b>Nonvested benefits</b>	957,831	914,622
<b><u>TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</u></b>	<b>\$ 155,218,423</b>	<b>\$ 153,225,110</b>

The accompanying notes are an integral part of these financial statements.

**OHIO BRICKLAYERS PENSION FUND**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

	Years ended April 30,	
	2024	2023
<b><u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR</u></b>	\$ 153,225,110	\$ 150,968,660
<b>Increase (decrease) during the period attributable to:</b>		
Change in actuarial assumptions	-	315,463
Benefits accumulated and actuarial experience gain or loss	1,365,629	1,214,656
Interest due to decrease in discount period	10,389,860	10,240,444
Benefits paid	(9,762,176)	(9,514,113)
<b>Net increase</b>	<b>1,993,313</b>	<b>2,256,450</b>
<b><u>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR</u></b>	<b>\$ 155,218,423</b>	<b>\$ 153,225,110</b>

The accompanying notes are an integral part of these financial statements.

## OHIO BRICKLAYERS' PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

**Note A:**            **Description of the Plan**

The following brief description of the Ohio Bricklayers' Pension Fund, as in effect on April 30, 2025, is provided for general purposes only. For more complete information, refer to the Plan documents.

1. **General** – The Plan (and related trust) was established effective May 1, 1967. The Plan is a multiemployer defined benefit plan established pursuant to collective bargaining agreements (“CBAs”) by and between participating employers and various local unions affiliated with the International Union of Bricklayers and Allied Craftsmen (AFL-CIO). The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Administration of the Plan is the responsibility of a joint board of trustees (“Board of Trustees”), which consists of representation from the participating employers and the local unions.
2. **Pension Benefits** – Individuals become a participant in the Plan upon completion of one hour of covered service for an employer subject to the CBAs. Individuals are eligible to accrue benefits upon completion of 1,000 hours of service and subsequent entry to the Plan on May 1 or November 1. Generally, participants with five or more years of credited service are entitled to annual pension benefits, beginning at normal retirement age (62), equal to \$1 per month for each year of credited past service (prior to May 1, 1967) to a maximum of 10 years and 3.15% of employer contributions made on behalf of the participant for services after May 1, 1967, 2.9% after May 1, 1997, 2.2% after May 1, 2003, 1.76% after May 1, 2004 and 0.5% after May 1, 2009.

The Plan permits reduced retirement benefits for participants that elect early retirement between ages 50-61 with at least 5 years of service. For individuals commencing retirement prior to May 1, 2017, the Plan permits non-reduced early retirement benefits for participants between the ages of 55-61 and whose age plus credited years of service is equal to or greater than 85. A participant who retires after normal retirement date will receive monthly pension that is equal to the greater of actuarially increased normal retirement benefit or accrued benefit as of their last retirement date.

Participants may elect to receive their benefits in the form of a life annuity or a joint and survivor annuity. Prior to August 25, 2014, participants received a non-discounted “pop-up” option that allowed participants who elected joint and survivor annuity to receive the single life annuity payment if the spouse dies while receiving retirement benefits. Effective for retirement on or after August 25, 2014, participants must elect to receive the “pop-up” and a discount factor is applied to the joint and survivor annuity.

3. **Disability Benefits** – Participants who incur a total and permanent disability prior to the normal retirement age are entitled to their accumulated benefit as described in the Plan agreement. To be eligible for this benefit, contributions must have been made on the participant's behalf within the 24-month period prior to the disability.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note A:**            **Description of the Plan (Continued)**

4. Death Benefits – If any participant dies prior to retirement and is not married or if they are married and have less than five years of credited service, then no death benefits will be available through the Plan. If the participant is married and dies prior to retirement after having been credited with five or more years of service, the surviving spouse will receive a pre-retirement surviving spouse's benefit. This benefit provides the spouse with a pension equal to the monthly benefit that would have been payable if the participant had retired on the day before death and elected a Joint and 100% Survivor form of pension payment.
5. Reciprocity – Participants of the Plan and participants of the benefit plans of other affiliated local unions may have temporary employment assignments outside the jurisdiction of their local union. Therefore, the Plan has entered into reciprocity agreements with other affiliated locals to ensure that employer contributions are forwarded to the benefit plans of the participant's local union. Reciprocal contributions received and reciprocal contributions paid have been recorded in the statement of changes in net assets available for benefits.

**Note B:**            **Summary of Significant Accounting Policies**

1. General – The accounting records of the Plan are maintained on the accrual basis of accounting. Revenue is recognized when earned and expenses are recognized when incurred. Contributions received subsequent to April 30, 2025 attributed to hours worked prior to May 1, 2025 have been reflected as contributions due from employers as of April 30, 2025 in accordance with the consistent policy of the Plan.
2. Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.
3. Valuation of Investments 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 D for a discussion of fair value measurements.

Purchases and sales of securities 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 includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

## OHIO BRICKLAYERS' PENSION FUND

### NOTES TO FINANCIAL STATEMENTS (Continued)

#### Note B: Summary of Significant Accounting Policies (Continued)

4. 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 provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the plan are based on participants' service credit as described in the Summary Plan Description. The accumulated plan benefits for active participants are based on their service credit on the date as of which the benefit information is presented April 30, 2024 and 2023. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk. 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 April 30, 2024 and 2023 were (a) life expectancy of participants (PRI-2012 Blue Collar Mortality Tables projected generationally using Scale MP-2021 was used for 2024 and 2023), (b) retirement age (based upon certain retirement probabilities) and (c) investment return. The 2024 and 2023 valuations included the assumed average rate of return of 7.0%. The administrative expenses associated with providing benefits valuations were assumed at \$400,000, increasing by 2.5% per year for 2024 and \$545,000, increasing by 2.5% per year for 2023. The foregoing actuarial assumptions 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.

5. Due from Affiliate Plan (Depository Account) - The Plan's Third Party Administrator and record-keeper (BeneSys, Inc.) maintains a depository bank account held by Ohio Bricklayers' Health and Welfare Fund that is used to receive employer contributions. These contributions are subsequently transferred out of this depository account into the Plan's bank account. As of April 30, 2025 and 2024, the Plan has recorded a receivable of \$276,041 and \$340,332, respectively, that primarily represents the amount of contributions received by the lockbox through April 30 and subsequently transferred to the Plan. As disclosed in Note L, BeneSys, Inc is a party-in-interest and receives payment from the Plan for administration and record-keeping services.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note C: Funding Policy**

The Plan is funded entirely by employer contributions as specified in the collection bargaining agreements. Contributions for the years ended April 30, 2025 and 2024 exceeded the minimum funding requirements of ERISA.

**Note D: Fair Value Measurements**

FASB Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures provide a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2            Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These level 3 fair value measurements are based primarily on management's own estimates, using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the assets. Significant level 3 inputs include information provided by Plan managers, third-party appraisals, year-end audited financial statements, projected discounted cash flows, and net asset value with adjustments related to certain restrictions. Management assesses the valuation of these investments through the engagement of a third-party investment advisor and periodic meetings to review these investments.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note D: Fair Value Measurements (Continued)**

The following valuation methodologies have been used to value the Plan's investments:

**Money market funds** - Money market funds are valued at closing quoted prices reported in active markets.

**Mutual funds** - Mutual funds are valued at closing quoted prices reported in active markets.

**Common collective trusts** - Common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the Fund's underlying net assets.

**Limited partnerships** - Limited partnerships are valued based on the Plan's percentage ownership of the net assets of each entity or at net asset value per share (or its equivalent) based on audited investee financial statements, with adjustments to account for partnership activity and other applicable valuation adjustments, where applicable.

**Real estate investment trusts** - Real estate investment trusts are valued at net asset value per share (or its equivalent) of the real estate, which is based on the fair value of the real estate's underlying net assets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to estimate fair value could result in a different fair value measurement at the reporting date.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note D: Fair Value Measurements (Continued)**

The following table sets forth by level, the fair value hierarchy, the Plan's assets at fair value as of:

Fair Value Measurement at April 30, 2025

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Money market funds	\$ 4,468,737	\$ -	\$ 4,468,737	\$ -
Mutual funds	<u>77,282,259</u>	<u>77,282,259</u>	<u>-</u>	<u>-</u>
	81,750,996	<u>\$ 77,282,259</u>	<u>\$ 4,468,737</u>	<u>\$ -</u>
Investments measured at NAV:				
Real estate				
investment trusts	3,899,223			
Common collective				
trusts	22,803,101			
Limited partnerships	<u>214,150</u>			
	<u>\$ 108,667,470</u>			

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note D: Fair Value Measurements (Continued)**

Fair Value Measurement at April 30, 2024

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Money market funds	\$ 487,104	\$ -	\$ 487,104	\$ -
Mutual funds	<u>72,730,997</u>	<u>72,730,997</u>	<u>-</u>	<u>-</u>
	73,218,101	<u>\$ 72,730,997</u>	<u>\$ 487,104</u>	<u>\$ -</u>
Investments measured at NAV:				
Real estate investment trusts	4,547,110			
Common collective trusts	21,792,735			
Limited partnerships	<u>5,382,767</u>			
	<u>\$ 104,940,713</u>			

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note D: Fair Value Measurements (Continued)**

At year end, the fair value, unfunded commitments, and redemption limitations of those investments are as follows:

	Fair Value as of April 30,		Unfunded	Redemption	Redemption
	2025	2024	Commitments	Frequency, If	Notice Period
				Eligible	
Real estate investment trusts:					
RREEF American REIT II, L.P.	\$ 1,992,651	\$ 2,383,188	\$ -	Quarterly	15 Days
Clarion Partners Lion Industrial Trust	1,906,572	2,163,922	-	Quarterly	15 Days
Common collective trusts:					
AFL-CIO Building Investment Trust	1,745,440	1,700,267	-	Quarterly	12 Months
Washington Capital Mortgage Income Fund	5,196,064	4,946,952	-	Monthly	15 Days
US Core Partners Collective Investment Trust, CL 1	3,167,291	3,455,760	-	Quarterly	75 Days
NIS High Yield Fund, LLC	590,209	434,261	-	Monthly	15 Days
NIS High Absolute Return Fund, LLC	1,168,503	1,364,466	-	Monthly	15 Days
NIS Core Fixed Income Fund, LLC	10,935,594	9,891,029	-	Quarterly	15 Days
Limited Partnerships:					
Stockbridge Niche Logistics Fund, L.P.	214,150	2,427,413	-	Quarterly	45 Days
Smart Market Funds, L.P.	-	2,955,354	-	Quarterly	45 Days
	<u>\$ 26,916,474</u>	<u>\$ 31,722,612</u>	<u>\$ -</u>		

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note E: Investments**

The following is a comparison of cost to market value of investments, other than cash, held at April 30, 2025:

	<u>Market Value</u>	<u>Cost</u>	<u>Market Value Overs (Under)</u>
Money market funds	\$ 4,468,737	\$ 4,468,737	\$ -
Mutual funds	77,282,259	44,617,792	32,664,467
Real estate investment trusts	3,899,223	3,117,545	781,678
Common collective trusts	22,803,101	19,349,157	3,453,944
Limited partnerships	<u>214,150</u>	<u>65,730</u>	<u>148,420</u>
	<u>\$ 108,667,470</u>	<u>\$ 71,618,961</u>	<u>\$ 37,048,509</u>

During the Plan years ended April 30, 2025 and 2024 the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$8,104,101 and \$9,004,773, respectively as follows:

	<u>Years ended April 30,</u>	
	<u>2025</u>	<u>2024</u>
Net appreciation in fair value:		
Mutual funds	\$ 6,577,875	\$ 10,411,262
Real estate investment trusts	20,388	(329,604)
Common collective trusts	1,390,785	(753,912)
Limited partnerships	<u>115,053</u>	<u>(322,973)</u>
	<u>\$ 8,104,101</u>	<u>\$ 9,004,773</u>

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note F: Limited Partnerships**

The Plan's investments include ownership interests in limited liability company/partnerships as follows:

Stockbridge Niche Logistics Fund, L.P.

The Plan has invested in this limited partnership and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributed by all partners.

The limited partnership objective is to purchase real estate investments directly or indirectly through joint ventures, co-ownership, or any other capital or vehicle in the target sectors of industrial and logistics sector,

The methodology by which gains and losses, net of expenses of the limited liability company are to be allocated in proportion to the members' capital accounts.

Smart Market Funds, L.P.

The Plan has invested in this limited partnership and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributed by all partners.

The limited partnership will acquire and develop multi-family, retail, and office properties in South America.

The methodology by which gains and losses, net of expenses of the limited liability partnership are to be allocated in proportion to the members' capital accounts.

NIS Core Fixed Income Fund, LLC.

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributed by all partners.

The limited liability company invests in diverse portfolio of fixed income security consisting primarily of U.S. government, corporate and mortgage-backed securities.

The methodology by which gains and losses, net of expenses of the limited liability partnership are to be allocated in proportion to the members' capital accounts.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note F: Limited Partnerships (Continued)**

NIS High Yield Fund, LLC.

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributed by all partners.

The limited liability company invests in diverse portfolio of high yield fixed income corporate securities by emphasizing securities of companies with improving credit ratings in recovering industries.

The methodology by which gains and losses, net of expenses of the limited liability partnership are to be allocated in proportion to the members' capital accounts.

NIS Total Absolute Return Fund, LLC.

The Plan has invested in this limited liability company and holds an ownership interest proportionate to the ratio of its capital contribution to total capital contributed by all partners.

The limited liability company invests in fixed-income securities consisting primarily of the Bloomberg Barclays Aggregate 1-3 Year Index and similar securities.

The methodology by which gains and losses, net of expenses of the limited liability partnership are to be allocated in proportion to the members' capital accounts.

**Note G: Tax Status**

The trust established under the Plan to hold the Plan's assets is qualified and exempt from income taxes pursuant to Sections 401(a) and 501(a) respectively, of the Internal Revenue Code. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor believes the Plan, as amended, continues to qualify and to operate as designed.

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

## OHIO BRICKLAYERS' PENSION FUND

### NOTES TO FINANCIAL STATEMENTS (Continued)

#### Note H: 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 employees or their beneficiaries have been receiving for at least three years, or that employees 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 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 government agency), up to the applicable limitations.
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Whether all participants receive their benefits should the Plan terminate at some time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

#### Note I: Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are 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.

In addition to investments and cash equivalents, financial instruments which potentially subject the Plan to concentrations of credit risk consist principally of cash. The Plan places its cash with tier I financial institutions. At times, the amount of cash on deposit in banks may be in excess of the respective financial institution's FDIC insurance limit.

## OHIO BRICKLAYERS' PENSION FUND

### NOTES TO FINANCIAL STATEMENTS (Continued)

**Note I:**            **Risks and Uncertainties (Continued)**

The Plan's contributing employers are primarily located throughout the Midwest Region. Due to the Plan's dependence on the construction industry and its geographical concentration of contributing employers, the Plan is affected by the economic conditions of the aforementioned region. Consequently, contributions may be affected, either positively or negatively, by changes in economic conditions in this geographic area.

**Note J:**            **Employer Withdrawal Liability**

The Plan complies with provisions of the Multi-Employer Pension Plan Amendments Act of 1980 that require imposition of "Withdrawal Liability" on a contributing employer that partially or totally withdraws from the Plan. The Plan uses the presumptive method, as described in ERISA 4211 (b), to allocate unfunded vested benefits to employers that withdraw. This is the method by statute for use by construction industry plans.

**Note K:**            **Reportable Transactions**

The United States Department of Labor requires all transactions in excess of 5% of the current value of the Plan's net assets for non-participant-directed investments to be disclosed separately in the financial statements as a reportable transaction.

**Note L:**            **Party-in-Interest Transactions**

Plan investments are held at several companies in their capacities as custodians. The transactions of both the custodian and the sweep account qualify as party-in-interest transactions.

Fees paid during the year for third party administrative services (BeneSys Inc.), legal, auditing, investment management, investment advisory, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

**Note M:**            **Subsequent Events**

The date to which events occurring after April 30, 2025, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosures is February 10, 2026, which is the date on which the financial statements were available to be issued.

**OHIO BRICKLAYERS' PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note N: Pension Protection Act Funding Status**

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding certification as of May 1, 2024, which provides an indication of the financial health of the Plan. As of May 1, 2024, the actuary has certified that the Plan is in critical status and is making scheduled progress in meeting the requirements of the Rehabilitation Plan. The plan year ended April 30, 2015, was the first year in which the Plan was certified as being in critical status.

A rehabilitation Plan was adopted on September 18, 2014, that includes increases in contribution rates at various participating locals and changes in the benefits offered by the Plan. Effective August 25, 2014, the Plan eliminated the return of contributions death benefits, return of contributions disability benefit, late retirement back payments plus interest and the qualified joint & survivor annuity with the free pop-up. Effective May 1, 2017, unreduced disability benefits and reduced 'Rule of 85' early retirement benefits were also eliminated. As a result of the Plan's emergence from critical status, the provisions of the Rehabilitation Plan have been subsequently incorporated into a Funding Improvement Plan.

**OHIO BRICKLAYERS' PENSION FUND**  
**SUPPLEMENTAL SCHEDULES**



John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



**INDEPENDENT AUDITOR'S  
REPORT ON SUPPLEMENTAL INFORMATION**

Board of Trustees  
Ohio Bricklayers' Pension Fund  
700 Tower Drive Suite 300  
Troy, MI 48098

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and schedule of reportable transactions for the year ended April 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

*Benda, Grace, Stulz & Company, P.C.*

Sterling Heights, Michigan  
February 10, 2026

OHIO BRICKLAYERS' PENSION FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR  
Employer I.D. No. 51-6029565 Plan No. 001  
April 30, 2025

Party-In-Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>INTEREST BEARING CASH</b>			
*	Cash		\$ 4,468,737	\$ 4,468,737
	<b>MUTUAL FUNDS</b>			
	Fidelity	Internatioanl Capital Appreciation K6 Fund	5,613,974	5,835,272
	Vanguard	Total Stock Market Index Class I Fund	22,036,524	54,714,113
	Baird	Intermediate Bond Fund	16,967,294	16,732,874
	<b>TOTAL MUTUAL FUNDS</b>		<u>44,617,792</u>	<u>77,282,259</u>
	<b>REAL ESTATE INVESTMENT TRUSTS</b>			
	RREEF	America II LP	1,137,939	1,992,651
	Clarion Partners	Lion Industrial Trust	1,979,606	1,906,572
	<b>TOTAL REAL ESTATE INVESTMENT TRUSTS</b>		<u>3,117,545</u>	<u>3,899,223</u>
	<b>LIMITED PARTNERSHIPS</b>			
	Stockbridge Capital Group	Stockbridge Niche Logistics Fund LP	65,730	214,150
	<b>TOTAL LIMITED PARTNERSHIPS</b>		<u>65,730</u>	<u>214,150</u>
	<b>COMMON COLLECTIVE TRUSTS</b>			
	BNY Mellon	Washington Joint Capital Master Trust Mortgage Income Fund	4,500,367	5,196,064
	National Investment Services	Total Absolute Return Fund, LLC	636,573	1,168,502
	National Investment Services	Core Fixed Income Fund, LLC	8,968,324	10,935,595
	National Investment Services	High Yield Fund, LLC	418,605	590,209
	PNC Bank	AFL-CIO Building Investment Trust	1,168,766	1,745,440
	Benefit Trust Company	U.S. Core Partners Collective Investment Trust	3,656,522	3,167,291
	<b>TOTAL COMMON COLLECTIVE TRUSTS</b>		<u>19,349,157</u>	<u>22,803,101</u>
	<b>TOTAL ASSETS HELD FOR INVESTMENT</b>		<u>\$ 71,618,961</u>	<u>\$ 108,667,470</u>

OHIO BRICKLAYERS' PENSION FUND  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Employer I.D. No. 51-6029565 Plan No. 001  
Year Ended April 30, 2025

Identity of Party Involved	Description of Assets (Include Rate of Return and Maturity in Case of Loar	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS</b>								
U.S. Bank N.A.	First Amer Govt Oblig Fund Cl Z 42 purchases 13 sales	\$ 18,201,319				\$ 18,201,319 14,219,684	\$ 18,201,319 14,219,684	-
U.S. Bank N.A.	Vanguard Total Stock Mkt Idx 4 purchases 9 sales	779,083				779,083 3,055,371	779,083 7,940,000	4,884,629

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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 8058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos 1210-0110 1210-0089
	<b>2024</b>	
	This Form is Open to Public Inspection	

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

**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  the DFVC program

**D** Check box if filing under:  Form 5558  automatic extension  special extension (enter description)  the DFVC program


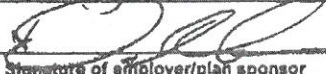
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <b>OHIO BRICKLAYERS PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>2a</b> 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) <b>OHIO BRICKLAYERS PENSION PLAN</b>  <b>700 TOWER DRIVE</b> <b>SUITE 300</b> <b>Troy MI 48098</b>	<b>1c</b> Effective date of plan <b>05/01/1967</b> <b>2b</b> Employer Identification Number (EIN) <b>**-***9565</b> <b>2c</b> Plan Sponsor's telephone number <b>513-381-6886</b> <b>2d</b> Business code (see instructions) <b>238100</b>

**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		2/10/2024	Joshua Hughes
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/10/2026	Daniel Musacchio
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	593
<b>6</b> 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).  <b>a(1)</b> Total number of active participants at the beginning of the plan year <b>a(2)</b> Total number of active participants at the end of the plan year <b>b</b> Retired or separated participants receiving benefits <b>c</b> Other retired or separated participants entitled to future benefits <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. <b>f</b> Total. Add lines 6d and 6e. <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6a(1)</b>	593
	<b>6a(2)</b>	561
	<b>6b</b>	551
	<b>6c</b>	0
	<b>6d</b>	1112
	<b>6e</b>	880
	<b>6f</b>	1992
	<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>

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

**1B**

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

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

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

**a Pension Schedules**

- (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)

Form <b>15315</b> (February 2024)	Department of the Treasury - Internal Revenue Service <b>Annual Certification for Multiemployer Defined Benefit Plans</b>	OMB Number 1545-2111
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This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)  
Complete all entries in accordance with the instructions

For calendar plan year \_\_\_\_\_ or fiscal plan year beginning May 1, 2024 and ending April 30, 2025

**Part I – Basic Plan Information**

1a. Name of plan Ohio Bricklayers Pension Fund	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Board of Trustees, Ohio Bricklayers Pension Fund	1d. Employer identification number (EIN) 51-6029565
1e. Plan sponsor's telephone number (248) 813-9800	1f. Plan sponsor's address, city, state, ZIP code 700 Tower Drive, Suite 300, Troy, MI 48098

**Part II – Plan Actuary's Information**

2a. Plan actuary's name M. R. Rust	2b. Plan actuary's firm name Cuni, Rust & Strenk
2c. Plan actuary's firm address, city, state, ZIP code 4555 Lake Forest Drive, Suite 620, Cincinnati, OH 45242	
2d. Plan actuary's enrollment number 23-06146	2e. Plan actuary's telephone number (513) 891-0270

**Part III – Plan Status**

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input checked="" type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

**Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan**

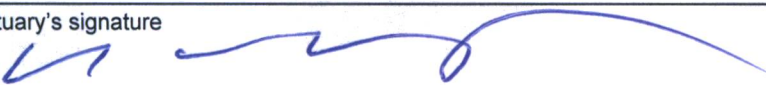
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V – Sign Here**

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 07/29/2024
--	--------------------

## 2024 ACTUARIAL CERTIFICATION OF FUNDED STATUS

*As Required under IRC § 432(b)(3) as Added by the Pension Protection Act of 2006*

### **Plan Identification**

Ohio Bricklayers Pension Fund (“Plan”)  
700 Tower Drive, Suite 300  
Troy, MI 48098  
(248) 813-9800  
EIN/PN: 51-6029565/001  
Plan Year: May 1, 2024 – April 30, 2025

### **Information on Plan Status**

As of May 1, 2024, I hereby certify that the Plan is Critical, NOT Critical and Declining, as defined by the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MPRA) and is meeting the annual standards required under its Rehabilitation Plan which was designed to forestall the Plan’s insolvency.

This certification has been prepared based on the Plan’s May 1, 2023 Actuarial Valuation and the unaudited April 30, 2024 financial statements. The May 1, 2023 Actuarial Valuation was projected to May 1, 2024 for determination of the Plan’s funded percentage and additional projections of later years were used for Funding Standard Account purposes and to determine if the Plan is projected to be insolvent in the future.

As directed by the Board of Trustees, anticipated future Plan contributions and liabilities are based on 840,480 hours worked per year. It is assumed that participants exiting the Plan are replaced by new entrants. All other assumptions used, along with the Plan Provisions reflected in this determination, are summarized in the Plan’s May 1, 2023 Actuarial Valuation Report.

### **Actuarial Certification**

I hereby certify that the projection of the Plan’s most recent Actuarial Valuation presents fairly the actuarial position of the Plan as of May 1, 2024. In my opinion, the assumptions used to determine the Plan’s 2024 PPA funded status are individually reasonable based on Plan experience and represent my best estimate of anticipated future experience under the Plan. The combined effect of the assumptions is expected to have no significant bias on the results presented herein. The projection of the May 1, 2023 Actuarial Valuation has been performed in accordance with generally accepted actuarial principles and practices and the undersigned meets the qualification standards of the American Academy of Actuaries necessary to render an actuarial opinion.

Respectfully submitted,



M. R. Rust, EA, MAAA, ASA  
Enrollment Number: 23-06146

Cuni, Rust & Strenk  
4555 Lake Forest Drive, Suite 620  
Cincinnati, OH 45242  
(513) 891-0270

July 29, 2024

**Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

2024 PPA Funded Status = Critical [NOT Critical and Declining].

Projected Funding Deficiency in 2028.

5/1 Plan Year	Actuarial Value of Assets (1)	PPA Accrued Liability (2)	PPA Funded % (1) / (2)	4/30 Credit Balance	Minimum Required Contribution	Expected Hours Worked	Expected Contributions	Asset Return %	
<b>2023</b>	<b>\$109,073,024</b>	<b>\$145,367,907</b>	<b>75.0%</b>	<b>\$16,166,364</b>	<b>\$0</b> <sup>(1)</sup>	<b>818,244</b>	<b>\$4,402,982</b>	<b>10.6%</b>	<b>Unaudited</b> <sup>(2)</sup>
2024	\$110,050,784	\$147,002,090	74.9%	\$15,262,587	\$0	840,480	\$4,522,637	7.5%	Projected
2025	\$112,468,754	\$148,427,054	75.8%	\$13,137,580	\$0	840,480	\$4,522,637	7.5%	Projected
2026	\$110,850,248	\$149,608,934	74.1%	\$10,268,109	\$0	840,480	\$4,522,637	7.5%	Projected
2027	\$111,139,380	\$150,504,156	73.8%	\$6,458,650	\$2,328,681	840,480	\$4,522,637	7.5%	Projected
2028	\$112,691,357	\$151,127,121	74.6%	\$2,360,489	<b>\$6,614,449</b>	840,480	<b>\$4,522,637</b>	7.5%	Projected
2029	\$113,285,464	\$151,423,932	74.8%	(\$1,925,279)	\$11,304,754	840,480	\$4,522,637	7.5%	Projected
2030	\$113,594,411	\$151,421,665	75.0%	(\$6,615,584)	\$15,638,017	840,480	\$4,522,637	7.5%	Projected
2031	\$113,655,830	\$151,163,778	75.2%	(\$10,948,847)	\$19,283,391	840,480	\$4,522,637	7.5%	Projected
2032	\$113,460,415	\$150,639,169	75.3%	(\$14,594,221)	\$22,251,672	840,480	\$4,522,637	7.5%	Projected
2033	\$113,018,966	\$149,863,402	75.4%	(\$17,562,502)	\$25,094,741	840,480	\$4,522,637	7.5%	Projected

<sup>(1)</sup> May 1, 2023 Actuarial Valuation results.

<sup>(2)</sup> Estimated based on the Plan's unaudited April 30, 2024 financial statements.

**Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

Based on reasonable assumptions, the Plan is not expected to emerge from Critical Status by the end of the Rehabilitation Period. On an annual basis, the Board will review updated actuarial projections based on reasonable actuarial assumptions to confirm that the Rehabilitation Plan is continuing to forestall insolvency and to determine if the Plan can expect to emerge from Critical Status at a later date.

**Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

2024 PPA Funded Status = Critical [NOT Critical and Declining].

Projected Funding Deficiency in 2028.

5/1 Plan Year	Actuarial Value of Assets (1)	PPA Accrued Liability (2)	PPA Funded % (1) / (2)	4/30 Credit Balance	Minimum Required Contribution	Expected Hours Worked	Expected Contributions	Asset Return %	
<b>2023</b>	<b>\$109,073,024</b>	<b>\$145,367,907</b>	<b>75.0%</b>	<b>\$16,166,364</b>	<b>\$0</b> <sup>(1)</sup>	<b>818,244</b>	<b>\$4,402,982</b>	<b>10.6%</b>	<b>Unaudited</b> <sup>(2)</sup>
2024	\$110,050,784	\$147,002,090	74.9%	\$15,262,587	\$0	840,480	\$4,522,637	7.5%	Projected
2025	\$112,468,754	\$148,427,054	75.8%	\$13,137,580	\$0	840,480	\$4,522,637	7.5%	Projected
2026	\$110,850,248	\$149,608,934	74.1%	\$10,268,109	\$0	840,480	\$4,522,637	7.5%	Projected
2027	\$111,139,380	\$150,504,156	73.8%	\$6,458,650	\$2,328,681	840,480	\$4,522,637	7.5%	Projected
2028	\$112,691,357	\$151,127,121	74.6%	\$2,360,489	<b>\$6,614,449</b>	840,480	<b>\$4,522,637</b>	7.5%	Projected
2029	\$113,285,464	\$151,423,932	74.8%	(\$1,925,279)	\$11,304,754	840,480	\$4,522,637	7.5%	Projected
2030	\$113,594,411	\$151,421,665	75.0%	(\$6,615,584)	\$15,638,017	840,480	\$4,522,637	7.5%	Projected
2031	\$113,655,830	\$151,163,778	75.2%	(\$10,948,847)	\$19,283,391	840,480	\$4,522,637	7.5%	Projected
2032	\$113,460,415	\$150,639,169	75.3%	(\$14,594,221)	\$22,251,672	840,480	\$4,522,637	7.5%	Projected
2033	\$113,018,966	\$149,863,402	75.4%	(\$17,562,502)	\$25,094,741	840,480	\$4,522,637	7.5%	Projected

<sup>(1)</sup> May 1, 2023 Actuarial Valuation results.

<sup>(2)</sup> Estimated based on the Plan's unaudited April 30, 2024 financial statements.

**Schedule MB, line 4f – Cash Flow Projections.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

1/1 Plan Year	Market Value of Assets	Expected Hours Worked	Expected Contributions	Expected Benefit Payments	Expected Expenses	Asset Return	Asset Return %
2024	\$107,553,016	840,480	\$4,522,637	(\$10,254,645)	(\$447,121)	\$7,838,948	7.5%
2025	\$109,212,835	840,480	\$4,522,637	(\$10,596,543)	(\$458,299)	\$7,950,433	7.5%
2026	\$110,631,063	840,480	\$4,522,637	(\$10,940,697)	(\$469,757)	\$8,043,706	7.5%
2027	\$111,786,952	840,480	\$4,522,637	(\$11,255,119)	(\$481,501)	\$8,118,388	7.5%
2028	\$112,691,357	840,480	\$4,522,637	(\$11,607,781)	(\$493,538)	\$8,172,789	7.5%
2029	\$113,285,464	840,480	\$4,522,637	(\$11,913,450)	(\$505,877)	\$8,205,637	7.5%
2030	\$113,594,411	840,480	\$4,522,637	(\$12,161,889)	(\$518,524)	\$8,219,195	7.5%
2031	\$113,655,830	840,480	\$4,522,637	(\$12,401,081)	(\$531,487)	\$8,214,516	7.5%
2032	\$113,460,415	840,480	\$4,522,637	(\$12,610,955)	(\$544,774)	\$8,191,643	7.5%
2033	\$113,018,966	840,480	\$4,522,637	(\$12,795,297)	(\$558,393)	\$8,151,245	7.5%
2034	\$112,339,158	840,480	\$4,522,637	(\$12,931,631)	(\$572,353)	\$8,094,725	7.5%
2035	\$111,452,536	840,480	\$4,522,637	(\$13,033,157)	(\$586,662)	\$8,023,963	7.5%
2036	\$110,379,317	840,480	\$4,522,637	(\$13,129,414)	(\$601,329)	\$7,939,387	7.5%
2037	\$109,110,598	840,480	\$4,522,637	(\$13,205,195)	(\$616,362)	\$7,840,889	7.5%
2038	\$107,652,567	840,480	\$4,522,637	(\$13,255,440)	(\$631,771)	\$7,729,120	7.5%
2039	\$106,017,113	840,480	\$4,522,637	(\$13,282,939)	(\$647,565)	\$7,604,866	7.5%
2040	\$104,214,112	840,480	\$4,522,637	(\$13,303,354)	(\$663,754)	\$7,468,293	7.5%
2041	\$102,237,934	840,480	\$4,522,637	(\$13,265,705)	(\$680,348)	\$7,320,855	7.5%
2042	\$100,135,373	840,480	\$4,522,637	(\$13,192,872)	(\$697,357)	\$7,165,219	7.5%
2043	\$97,933,000	840,480	\$4,522,637	(\$13,052,040)	(\$714,791)	\$7,004,585	7.5%

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

1. Effective Date: May 1, 1967.
  
2. Plan Year: May 1<sup>st</sup> through April 30<sup>th</sup>.
  
3. Covered Employees: All employees covered by the Ohio State Conference Collective Bargaining Agreement.
  
4. Eligibility: May 1<sup>st</sup> or November 1<sup>st</sup> after completion of 1,000 Hours of Service.
  
5. Year of Service: 1 year for each Plan Year with 1,000 Hours of Service, with  $\frac{1}{10}$ <sup>th</sup> of a year for each 100 Hours of Service less than 1,000 hours.
  
6. Normal Retirement:
  - a. Eligibility Age 62 and 5<sup>th</sup> anniversary of Plan participation.
  - b. Monthly Benefit \$1.00 per Year of Service before May 1, 1967 (maximum 10 years) plus:

<u>Service</u>	<u>% of Contributions</u>
5/1/1967 – 4/30/1997	3.15%
5/1/1997 – 4/30/2003	2.90%
5/1/2003 – 4/30/2004	2.20%
5/1/2004 – 4/30/2009	1.76%
After 4/30/2009	0.50%

7. Early Retirement:
  - a. Eligibility Age 55 and 5 Years of Service.
  - b. Monthly Benefit Calculated as for Normal Retirement, actuarially reduced for early commencement.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

8. Vested Retirement:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal or Early Retirement.

9. Pre-Retirement Death:

- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for an age 55 Early Retirement, reflecting a 100% Joint & Survivor Annuity payment form payable immediately. Not reduced past age 55.

10. Disability:

- a. Eligibility 5 Years of Service and Total and Permanent Disability with contributions made in the 24 months prior to Disability.
- b. Monthly Benefit Calculated as for Normal Retirement, payable immediately and reduced for early commencement.

11. Actuarial Equivalency:

UP-1984 Mortality Table at 7.00%.

12. Payment Forms:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% or 100% Joint & Survivor Annuity (QOSA). Joint & Survivor Annuities are also offered with an Actuarially Equivalent Pop-Up.

**Schedule MB, line 6 – Summary of Plan Provisions.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

13. Employer Contributions: Varies from \$0.75 to \$11.55, depending on both the Local Union and the job classification.

Contribution rates are scheduled to increase 3.00% per year over the term of the Plan's Rehabilitation Period.

14. Changes Since Last Year: None.

**Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$181,084	\$225,231	\$9,763,281	\$10,169,596
2025	\$540,069	\$445,389	\$9,538,861	\$10,524,319
2026	\$893,265	\$695,594	\$9,302,651	\$10,891,510
2027	\$1,233,331	\$928,855	\$9,055,254	\$11,217,440
2028	\$1,541,000	\$1,250,657	\$8,797,330	\$11,588,987
2029	\$1,808,428	\$1,528,791	\$8,529,507	\$11,866,726
2030	\$2,039,815	\$1,797,052	\$8,252,387	\$12,089,254
2031	\$2,241,875	\$2,053,098	\$7,966,472	\$12,261,445
2032	\$2,421,409	\$2,315,270	\$7,672,195	\$12,408,874
2033	\$2,581,983	\$2,584,213	\$7,369,949	\$12,536,145
2034	\$2,723,908	\$2,815,844	\$7,060,092	\$12,599,844
2035	\$2,851,219	\$3,044,275	\$6,742,994	\$12,638,488
2036	\$2,967,564	\$3,255,782	\$6,419,118	\$12,642,464
2037	\$3,075,913	\$3,447,807	\$6,089,078	\$12,612,798
2038	\$3,180,503	\$3,619,960	\$5,753,645	\$12,554,108
2039	\$3,279,461	\$3,761,363	\$5,413,801	\$12,454,625
2040	\$3,364,266	\$3,912,365	\$5,070,790	\$12,347,421
2041	\$3,430,540	\$4,021,192	\$4,726,073	\$12,177,805
2042	\$3,481,242	\$4,109,992	\$4,381,302	\$11,972,536
2043	\$3,512,495	\$4,152,478	\$4,038,281	\$11,703,254
2044	\$3,534,160	\$4,181,795	\$3,698,942	\$11,414,897
2045	\$3,552,605	\$4,191,325	\$3,365,378	\$11,109,308
2046	\$3,567,033	\$4,173,142	\$3,039,784	\$10,779,959
2047	\$3,568,561	\$4,158,450	\$2,724,412	\$10,451,423
2048	\$3,548,429	\$4,112,320	\$2,421,587	\$10,082,336

1/1 Plan Year	Active Participants	Terminated Vested Participant	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$3,510,868	\$4,047,063	\$2,133,628	\$9,691,559
2050	\$3,460,758	\$3,949,292	\$1,862,714	\$9,272,764
2051	\$3,395,469	\$3,829,890	\$1,610,771	\$8,836,130
2052	\$3,320,676	\$3,706,521	\$1,379,341	\$8,406,538
2053	\$3,247,198	\$3,557,831	\$1,169,485	\$7,974,514
2054	\$3,153,751	\$3,403,531	\$981,716	\$7,538,998
2055	\$3,055,228	\$3,241,070	\$815,959	\$7,112,257
2056	\$2,943,647	\$3,067,767	\$671,615	\$6,683,029
2057	\$2,819,045	\$2,892,816	\$547,618	\$6,259,479
2058	\$2,691,119	\$2,709,078	\$442,529	\$5,842,726
2059	\$2,560,160	\$2,526,436	\$354,637	\$5,441,233
2060	\$2,429,565	\$2,344,654	\$282,074	\$5,056,293
2061	\$2,296,053	\$2,164,773	\$222,906	\$4,683,732
2062	\$2,164,404	\$1,988,854	\$175,210	\$4,328,468
2063	\$2,033,384	\$1,816,959	\$137,162	\$3,987,505
2064	\$1,899,520	\$1,650,911	\$107,084	\$3,657,515
2065	\$1,767,395	\$1,492,779	\$83,484	\$3,343,658
2066	\$1,641,441	\$1,341,910	\$65,081	\$3,048,432
2067	\$1,515,775	\$1,201,782	\$50,787	\$2,768,344
2068	\$1,396,284	\$1,068,102	\$39,702	\$2,504,088
2069	\$1,282,164	\$943,730	\$31,112	\$2,257,006
2070	\$1,173,183	\$828,782	\$24,441	\$2,026,406
2071	\$1,067,240	\$723,296	\$19,241	\$1,809,777
2072	\$966,975	\$627,175	\$15,168	\$1,609,318
2073	\$873,847	\$540,235	\$11,962	\$1,426,044

**Schedule MB, line 8b(2) – Schedule of Active Participant Data.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

Attained Age	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	0			34			6			0			0		
25 to 29	0			24			11			0			0		
30 to 34	0			17			16			10			3		
35 to 39	0			38			13			10			8		
40 to 44	0			20			5			14			19		
45 to 49	0			23			16			12			18		
50 to 54	0			13			11			9			16		
55 to 59	0			8			8			4			14		
60 to 64	0			7			7			6			9		
65 to 69	0			0			0			0			1		
70 & up	0			0			0			0			0		

Attained Age	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	1			0			0			0			0		
40 to 44	7			0			0			0			0		
45 to 49	20			15			0			0			0		
50 to 54	16			13			9			0			0		
55 to 59	18			24			6			3			0		
60 to 64	5			7			11			3			1		
65 to 69	2			2			0			0			0		
70 & up	0			0			0			0			0		

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

5/1 Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$4,522,637	\$0	\$4,522,637
2025	\$4,522,637	\$0	\$4,522,637
2026	\$4,522,637	\$0	\$4,522,637
2027	\$4,522,637	\$0	\$4,522,637
2028	\$4,522,637	\$0	\$4,522,637
2029	\$4,522,637	\$0	\$4,522,637
2030	\$4,522,637	\$0	\$4,522,637
2031	\$4,522,637	\$0	\$4,522,637
2032	\$4,522,637	\$0	\$4,522,637
2033	\$4,522,637	\$0	\$4,522,637

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Ohio Bricklayers Pension Fund

EIN: 51-6029565

PN: 001

**Charge Bases:**

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
05/01/1990	Assumption	\$ 2,123,123	1	\$ 106,879	\$ 106,879
05/01/1992	Amendment	1,485,573	3	84,183	235,340
05/01/1993	Amendment	2,713,606	4	160,455	577,717
05/01/1994	Amendment	2,354,664	5	144,218	627,250
05/01/1995	Amendment	992,625	6	62,566	315,694
05/01/1996	Amendment	843,340	7	54,464	310,115
05/01/1996	Assumption	1,791,119	7	115,674	658,622
05/01/1997	Amendment	1,844,748	8	121,644	765,949
05/01/1998	Assumption	570,654	9	38,313	262,720
05/01/1998	Amendment	3,653,090	9	245,263	1,681,849
05/01/1999	Assumption	83,339	10	5,684	41,945
05/01/1999	Amendment	4,106,695	10	280,074	2,066,641
05/01/2000	Assumption	1,226,785	11	84,824	667,061
05/01/2000	Amendment	4,707,328	11	325,480	2,559,599
05/01/2001	Amendment	211,117	12	14,776	122,857
05/01/2001	Assumption	1,003,823	12	70,254	584,188
05/01/2002	Amendment	3,295,859	13	233,154	2,036,671
05/01/2005	Amendment	3,568,763	16	259,049	2,545,712
05/01/2005	Experience	7,757,530	1	524,550	524,550
05/01/2006	Assumption	430,529	17	31,467	319,130
05/01/2006	Amendment	1,019,536	17	74,518	755,723
05/01/2006	Experience	2,990,167	2	215,768	416,484
05/01/2007	Amendment	15,561	18	1,144	11,943
05/01/2007	Experience	27,062	3	2,054	5,743
05/01/2007	Shortfall	110,000	3	10,036	28,058
05/01/2008	Amendment	375,292	4	29,718	107,002
05/01/2009	Experience	75,381	5	6,177	26,871
05/01/2009	Asset Loss	22,302,252	14	1,773,768	16,187,114
05/01/2010	Assumption	786,559	6	66,333	334,702
05/01/2010	Asset Loss	2,580,531	14	207,415	1,892,842
05/01/2011	Assumption	240,463	7	20,778	118,307
05/01/2011	Asset Loss	1,640,539	14	133,383	1,217,226
05/01/2012	Asset Loss	989,730	14	81,480	743,565
05/01/2012	Assumption	2,096,045	8	184,927	1,164,415
05/01/2012	Experience	6,915,778	8	610,156	3,841,916
05/01/2013	Assumption	1,897,947	9	170,491	1,169,113
05/01/2013	Asset Loss	2,976,434	14	248,389	2,266,749
05/01/2014	Asset Loss	3,499,742	14	296,420	2,705,088

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Ohio Bricklayers Pension Fund

EIN: 51-6029565

PN: 001

**Charge Bases (continued):**

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>5/1/2024</u> <u>Balance</u>
05/01/2015	Assumption	1,161,149	6	122,366	617,443
05/01/2015	Experience	4,076,266	6	429,571	2,167,568
05/01/2016	Assumption	1,547,385	7	163,069	928,488
05/01/2016	Experience	5,768,736	7	607,929	3,461,460
05/01/2017	Experience	4,692,382	8	494,500	3,113,662
05/01/2018	Experience	3,401,809	9	358,494	2,458,309
05/01/2019	Experience	559,049	10	58,915	434,721
05/01/2020	Experience	1,748,363	11	184,249	1,448,944
05/01/2021	Assumption	257,619	12	27,149	225,752
05/01/2023	Experience	1,571,732	14	165,635	1,511,554
05/01/2023	Assumption	319,295	14	33,648	307,071
05/01/2024	Experience	1,259,956	15	132,779	1,259,956
	Total Charges			\$ 9,874,230	\$ 67,938,278

**Credit Bases:**

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
05/01/2002	Assumption	\$ 330,222	8	\$ 26,009	\$ 163,772
05/01/2003	Amendment	5,428,367	9	427,558	2,931,898
05/01/2004	Amendment	3,196,854	10	251,797	1,857,973
05/01/2004	Assumption	2,072,740	10	163,257	1,204,658
05/01/2005	Assumption	659,879	11	51,975	408,727
05/01/2005	Shortfall	51,786	1	4,725	4,725
05/01/2006	Shortfall	301,284	2	27,490	53,064
05/01/2007	Assumption	232,014	13	18,274	159,632
05/01/2010	Experience	11,463,222	1	1,208,035	1,208,035
05/01/2011	Experience	4,881,648	2	514,444	992,999
05/01/2013	Experience	1,311,879	4	138,250	497,777
05/01/2014	Amendment	1,070,150	5	112,776	490,502
05/01/2014	Assumption	518,739	5	54,667	237,764
05/01/2014	Experience	422,484	5	44,523	193,643
05/01/2017	Amendment	2,746,023	8	289,385	1,822,147
05/01/2017	Assumption	1,775,509	8	187,109	1,178,154
05/01/2018	Assumption	344,307	9	36,284	248,815
05/01/2019	Assumption	465,943	10	49,103	362,321
05/01/2020	Assumption	260,576	11	27,460	215,951
05/01/2021	Experience	1,011,375	12	106,582	886,276
05/01/2022	Experience	337,771	13	35,595	310,937
	Total Credits			\$ 3,775,298	\$ 15,429,770

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**

Plan Name: Ohio Bricklayers Pension Fund

EIN: 51-6029565

PN: 001

1.	Net Amortization	\$ 52,508,508
2.	Credit Balance	\$ 15,104,650
3.	Balance Test: [(1) - (2)]	\$ 37,403,858
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	\$147,387,753
	b. Actuarial Value of Assets	109,983,895
	c. Unfunded Accrued Liability: [(a) - (b)]	<u>\$ 37,403,858</u>

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

Effective with the May 1, 2024 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was decreased from \$545,000 to \$400,000.
- The hours worked assumption was decreased from 1,360 to 1,305.
- The withdrawal liability interest rates were updated.

Ohio Bricklayers Pension plan  
Trustees of Ohio Bricklayers Pension Plan  
EIN: 51-6029565  
Schedule R, Line 13e - Information on Contribution Rate and Base Units

Additional Information for Employers Contributing More than 5%

Employer Contributing 5% or More:		Mosser Constr, Inc. Fluor Constructors Int Combs & Weisbrod Masonry Jess Hauer Masonry Inc Houston Brs Waterproof Lencyk Masonry Co Inc ZSR Contracting & Rest Turtle Construction Studer Obringer Inc Hummel Buidligh Co.		
CBA	Classification	Contribution Rate	Unit	
BAC Local 16 OH North Shore Chapter Mentor	Apprentice	\$ 0.50	Hourly	
BAC Local 16 OH CVG 10	Apprentice	\$ 0.50	Hourly	
BAC Local 16 OH North Shore Chapter Mentor	2nd Year Apprentice	\$ 0.50	Hourly	
BAC Local 6 WV CVG 1	Journeyman	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Apprentice	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Industrial	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Apprentice 60%	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Apprentice 70%	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Apprentice 80%	\$ 1.12	Hourly	
BAC Local 6 WV CVG 1	Apprentice 90%	\$ 1.12	Hourly	
Local 18-OH ZONE 2 CVG 20 (Tiler)	APPR	\$ 1.56	Hourly	
Local 18-OH ZONE 2 CVG 20 (Tiler)	JRNY	\$ 1.56	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	Secretarial	\$ 2.92	Hourly	
Local 18 OH Zone 1 CVG 3 (Tile, Terrazzo, & Marble Finishers, Mastic Mechanics Zone 1)	Mason Trainee	\$ 3.04	Hourly	
Marble Masons Zone 1)	Journeyman	\$ 3.16	Hourly	
Local 18 OH Zone 1 CVG 3 (Tile, Terrazzo, & Marble Finishers, Mastic Mechanics Zone 1)	Journeyman	\$ 3.16	Hourly	
Marble Masons Zone 1)	Apprentice	\$ 3.16	Hourly	
Local 18 OH Zone 1 CVG 3 (Tile, Terrazzo, & Marble Finishers, Mastic Mechanics Zone 1)	Apprentice	\$ 3.16	Hourly	
Local 18 OH Zone 1 CVG 3 (Tile, Terrazzo, & Marble Finishers, Mastic Mechanics Zone 1)	2nd Year Apprentice	\$ 3.16	Hourly	
BAC Local 44 OH Ohio Valley Chapter Zanesville	Journeyman	\$ 3.40	Hourly	
BAC Local 44 OH Ohio Valley Chapter Zanesville	Apprentice	\$ 3.40	Hourly	
44-OH-Refractory	db Only 48pprentice	\$ 3.40	Hourly	
44-OH-Refractory	JOURNEYMAN	\$ 3.40	Hourly	
Local 18 OH (Zone 1) Southwest Chapter Cincinnati	Journeyman	\$ 3.58	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	Journeyman	\$ 3.58	Hourly	
Local 18-OH-Z1 Ice Refractory	Apprentice	\$ 3.58	Hourly	
Local 18 OH (Zone 1) Southwest Chapter Cincinnati	Apprentice	\$ 3.58	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	Apprentice	\$ 3.58	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	db Only 48pprentice	\$ 3.58	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	Local	\$ 3.58	Hourly	
Local 18 OH Zone 1 CVG 5 (Glass, Firebrick, & Refractory Zone 1)	Local	\$ 3.58	Hourly	
Local 18-OH-Z1 Ice Refractory	Refractory JRNY	\$ 3.58	Hourly	
Local 46 OH CVG 80	Journeyman	\$ 4.53	Hourly	
46-OH-8 Local 46 CVG 8	Apprentice	\$ 4.53	Hourly	
Local 46 OH CVG 80	Apprentice	\$ 4.53	Hourly	
FREMONT	statewide Agreement 39pprentice	\$ 4.53	Hourly	
46-OH-8 Local 46 CVG 8	statewide Agreement 39pprentice	\$ 4.53	Hourly	
FREMONT	Statewi	\$ 4.53	Hourly	
BAC Local 45 OH Central Ohio Chapter Chillicothe	Journeyman	\$ 4.57	Hourly	
BAC Local 45 OH Central Ohio Chapter Chillicothe	Apprentice	\$ 4.57	Hourly	
Local 10 CVG 1	Journeyman	\$ 4.60	Hourly	
Local 10 OH CVG 5 (Residential)	Journeyman	\$ 4.60	Hourly	
Local 10 CVG 1	Apprentice	\$ 4.60	Hourly	
Local 10 OH CVG 5 (Residential)	Apprentice	\$ 4.60	Hourly	
10-OH Refractory	Apprentice	\$ 4.60	Hourly	
10-OH Refractory	db Only 48pprentice	\$ 4.60	Hourly	
10-OH Refractory	JRNY	\$ 4.60	Hourly	
10-OH Refractory	Refractory APPR	\$ 4.60	Hourly	
10-OH Refractory	Refractory JRNY	\$ 4.60	Hourly	
3rd Yr Tile Finisher)	Journeyman	\$ 4.76	Hourly	
Formerly Local 35 OH)	Journeyman	\$ 5.26	Hourly	
Formerly Local 35 OH)	Apprentice	\$ 5.26	Hourly	
Formerly Local 35 OH)	db Only 48pprentice	\$ 5.26	Hourly	
BAC Local 52 OH CVG 1	Journeyman	\$ 5.47	Hourly	
BAC Local 52 OH CVG 1	Apprentice	\$ 5.47	Hourly	
BAC Local 52 OH CVG 1	db Only 48pprentice	\$ 5.47	Hourly	
BAC Local 16 OH North Shore Chapter Mentor	Journeyman	\$ 6.46	Hourly	

Ohio Bricklayers Pension plan  
 Trustees of Ohio Bricklayers Pension Plan  
 EIN: 51-6029565

Schedule R, Line 13e - Information on Contribution Rate and Base Units

**Additional Information for Employers Contributing More than 5%**

<i>Employer Contributing 5% or More:</i>		Mosser Constr, Inc. Fluor Constructors Int Combs & Weisbrod Masonry Jess Hauer Masonry Inc Houston Brs Waterproof Lencyk Masonry Co Inc ZSR Contracting & Rest Turtle Construction Studer Obringer Inc Hummel Buidligh Co.		
<b>CBA</b>	<b>Classification</b>	<b>Contribution Rate</b>	<b>Unit</b>	
Northwest Chapter Mansfield	APPR	\$ 6.74	Hourly	
Northwest Chapter Mansfield	Commercial Tile Finisher	\$ 6.74	Hourly	
Northwest Chapter Mansfield	Journeyman	\$ 6.87	Hourly	
FREMONT	Journeyman	\$ 6.87	Hourly	
Northwest Chapter Mansfield	Apprentice	\$ 6.87	Hourly	
FREMONT	Apprentice	\$ 6.87	Hourly	
40-OH-Refractory Bricklayers	db Only 48pprentice	\$ 6.87	Hourly	
FREMONT	db Only 48pprentice	\$ 6.87	Hourly	
FREMONT	1st Year Apprentice	\$ 6.87	Hourly	
Northwest Chapter Mansfield	Refractory JRNY	\$ 6.87	Hourly	
40-OH-Refractory Bricklayers	Refractory JRNY	\$ 6.87	Hourly	
BAC Local 39 OH Tri-State Chapter Portsmouth	Journeyman	\$ 7.04	Hourly	
39-OH-Refractory Tri-State Chapter Portsmouth	Journeyman	\$ 7.04	Hourly	
BAC Local 39 OH Tri-State Chapter Portsmouth	Apprentice	\$ 7.04	Hourly	
39-OH-Refractory Tri-State Chapter Portsmouth	Apprentice	\$ 7.04	Hourly	
39-OH-Refractory Tri-State Chapter Portsmouth	industrial Jm 29pprentice	\$ 7.04	Hourly	
39-OH-Refractory Tri-State Chapter Portsmouth	db Only 48pprentice	\$ 7.04	Hourly	

**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 05/01/2024 and ending 04/30/2025

► **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.

<b>A</b> Name of plan <u>Ohio Bricklayers Pension Plan</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Board of Trustees, Ohio Bricklayers Pension Plan</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6029565</u>

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


**1a** Enter the valuation date: Month 05 Day 01 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>107,023,480</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>109,983,895</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>147,387,753</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>147,387,753</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ....	<b>1d(1)</b>	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>242,755,939</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>1,921,454</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>10,184,316</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>10,584,316</u>

**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.

<b>SIGN HERE</b> 	<u>10/20/25</u>
Signature of actuary	Date
<u>Kevin A. Cole</u>	<u>23-09098</u>
Type or print name of actuary	Most recent enrollment number
<u>Cuni, Rust &amp; Strenk</u>	<u>(513) 891-0270</u>
Firm name	Telephone number (including area code)
<u>4555 Lake Forest Drive - Suite 620</u>	
US Cincinnati OH 45242-3760	
Address of the firm	

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

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

Schedule MB (Form 5500) 2024  
v. 240311

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	107,023,480
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	865	123,758,502
(2) For terminated vested participants .....	554	60,827,137
(3) For active participants:		
(a) Non-vested benefits .....		1,703,379
(b) Vested benefits .....		56,466,921
(c) Total active .....	593	58,170,300
(4) Total .....	2,012	242,755,939
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	44.09 %

**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
05/01/2024	0				
04/30/2025	4,654,310				
<b>Totals ▶</b>			<b>3(b)</b>	4,654,310	<b>3(c)</b>
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	74.6 %
<b>b</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 .....	<b>4b</b>	C
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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 <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." .....	<b>4f</b>	9999

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

- |  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |  |  |   |

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b>	Interest rate for "RPA '94" current liability .....	<b>6a</b>	3.56	%
<b>b</b>	Rates specified in insurance or annuity contracts .....	Pre-retirement		Post-retirement
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b>	Mortality table code for validation purposes:			
	(1) Males .....	<b>6c(1)</b>	9P	9P
	(2) Females .....	<b>6c(2)</b>	9FP	9FP
<b>d</b>	Valuation liability interest rate .....	<b>6d</b>	7.50	%
<b>e</b>	Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A
<b>f</b>	Withdrawal liability interest rate:			
	(1) Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
	(2) If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>		
<b>g</b>	Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.4	%
<b>h</b>	Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	10.2	%
<b>i</b>	Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A	
	(1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%	
	(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b .....	<b>6i(2)</b>	400,000	
	(3) If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>	

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,259,956	132,779

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</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. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> 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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....	<b>8d(2)</b>	5
(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? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)) .....	<b>8d(4)</b>	
(5) If line 8d(3) is "Yes," enter the ruling letter approving the extension .....	<b>8d(5)</b>	
(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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> 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) .....	<b>8e</b>	1,803,409

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	1,228,570

<b>c</b> 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 .....	<b>9c(1)</b>	67,938,278	9,874,230
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....		<b>9d</b>	832,710
<b>e</b> Total changes. Add lines 9a through 9d .....		<b>9e</b>	11,935,510
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any .....		<b>9f</b>	15,104,650
<b>g</b> Employer contributions. Total from column (b) of line 3 .....		<b>9g</b>	4,654,310
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date	<b>9h</b>	15,429,770	3,775,298
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....		<b>9i</b>	1,587,377
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	60,949,805	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	111,420,958	
(3) FFL credit .....		<b>9j(3)</b>	0
<b>k</b> (1) Waived funding deficiency .....		<b>9k(1)</b>	0
(2) Other credits .....		<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....		<b>9l</b>	25,121,635
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....		<b>9m</b>	13,186,125
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....		<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year .....		<b>9o(1)</b>	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....		<b>9o(2)(a)</b>	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....		<b>9o(2)(b)</b>	0
(3) Total as of valuation date .....		<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....		<b>10</b>	0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

1. Interest Rates:

- a. Funding/Current Liability 7.50%/3.56%.
- b. Withdrawal Liability 5.50%/4.83%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
  - i. Non-Disabled Blue Collar adjusted Pri-2012.
  - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
  - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
  - iv. Disabled Pri-2012 Disabled Retiree.
  - v. Weighting Amount-weighted.
  - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Generational Mortality Table (IRS Notice 2023-73).

3. Retirement Rates:

		Terminated
	<u>Age</u>	<u>Vested</u>
	55-57	0.01
	58	0.01
	59	0.01
	60	0.01
	61	0.10
	62	0.35
	63-69	0.20
	70	1.00

The weighted average retirement age is 61.0.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

4. Actuarial Cost Method: Unit Credit.

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.1162	0.0002
35	0.1055	0.0002
45	0.0754	0.0004
55	0.0173	0.0011
65	0.0000	0.0012

Termination rate of 0.3000 if less than 3 Years of Service.

<u>Payment Form Election:</u>	<u>Payment Form</u>	<u>% Electing</u>
	Life Annuity	45%
	50% J&S	20%
	50% J&S w/ Pop-Up	0%
	75% J&S	10%
	75% J&S w/ Pop-Up	0%
	100% J&S	15%
	100% J&S w/ Pop-Up	10%

7. Number of Hours Worked: 1,305 per active per year.

8. Expense Load: \$400,000, increasing 2.5% per year.

9. Actuarial Value of Assets: Market Value of Assets less  $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$  of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value of Assets.

10. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

11. Changes Since Last Year:

The withdrawal liability interest rates were updated, the hours worked assumption and expense load were lowered, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

## Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Ohio Bricklayers Pension Plan

EIN: 51-6029565

PN: 001

### Rationale for Selection of Significant Actuarial Assumptions

1. Funding Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Withdrawal Liability Interest Rate: ERISA 4044 select and ultimate interest rates as prescribed by the proposed PBGC withdrawal liability regulations.
3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.
4. Retirement Rates: Based on the Plan's most recent experience study.
5. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
6. Termination/Disability Rates: Based on the Plan's most recent experience study.
7. Payment Form Election: Based on the Plan's most recent experience study.
8. Expense Load: Based on prior year administrative expenses.



1510 OHIO BRICKLAYERS PENSION PLAN

51-6029565

FYE: 4/30/2025

**Federal Statements**

**OHIO BRICKLAYERS PENSION PLAN**

**Plan: 001**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	SEE ATTACHED FINANCIAL STMT		\$	\$